



House of Representatives

General Assembly

File No. 162

January Session, 2015

Substitute House Bill No. 5653

House of Representatives, March 23, 2015

The Committee on Children reported through REP. URBAN of the 43rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING CHEMICALS OF HIGH CONCERN FOR CHILDREN.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective from passage*) (a) For purposes of this
2 section:

3 (1) "Chemical" means (A) a substance with a distinct molecular
4 composition; or (B) a group of structurally related substances.
5 "Chemical" includes the breakdown products of the substance or
6 substances that form through decomposition, degradation or
7 metabolism; and

8 (2) "Priority chemical" means a chemical identified by the
9 Commissioner of Public Health that is known, on the basis of credible
10 scientific evidence published in peer-reviewed scientific literature
11 generally recognized by the relevant scientific community, to: (A)
12 Harm the normal development of a fetus or child or cause other
13 developmental toxicity; (B) cause cancer, genetic damage or

14 reproductive harm; (C) disrupt the endocrine system; (D) damage the
15 nervous system, immune system or organs or cause other systemic
16 toxicity; (E) be persistent, bioaccumulative and toxic; or (F) be very
17 persistent and very bioaccumulative.

18 (b) Not later than January 1, 2016, the Commissioner of Public
19 Health, in consultation with the Commissioners of Energy and
20 Environmental Protection and Consumer Protection, shall create and
21 maintain a list of priority chemicals that are of high concern for
22 children after considering a child's or developing fetus's potential for
23 exposure to each chemical. The Commissioner of Public Health may
24 include on the list priority chemicals that meet one or more of the
25 following criteria: (1) Credible biomonitoring studies have
26 demonstrated the presence of the priority chemical in human umbilical
27 cord blood, breast milk, urine or other bodily tissues or fluids; (2) the
28 priority chemical has been found through sampling and analysis to be
29 present in household dust, indoor air, drinking water or elsewhere in
30 the home environment; or (3) the priority chemical has been added to
31 or is present in a consumer product used or present in the home.

32 (c) Said commissioners shall review and revise the list of priority
33 chemicals at least once every two years and shall consider (1) adding
34 chemicals that meet the criteria set forth in subsection (b) of this
35 section to said list; or (2) removing chemicals from said list that are
36 known, on the basis of credible scientific evidence published in peer-
37 reviewed scientific literature generally recognized by the relevant
38 scientific community, to no longer meet said criteria.

39 (d) Not later than January 1, 2017, and biennially thereafter, the
40 Commissioner of Public Health shall report to the joint standing
41 committees of the General Assembly having cognizance of matters
42 relating to children and public health on the status of the list of priority
43 chemicals created and maintained in accordance with this section.
44 Such report shall include, but need not be limited to: (1)
45 Recommendations to reduce children's exposure to priority chemicals
46 on the list; (2) a list of products that contain priority chemicals on the

47 list and that may lead to a child's exposure to a priority chemical; (3) a
48 summary of actions taken in other states to restrict children's exposure
49 to priority chemicals on the list; (4) an evaluation of the advantages
50 and disadvantages of measures to reduce children's exposure to
51 priority chemicals on the list, including reporting, product labeling,
52 public advisories, product bans and steps to phase out the sale of
53 products; and (5) an assessment of the feasibility of phasing out or
54 banning products containing priority chemicals on the list, including
55 an analysis of the feasibility of replacing the use of priority chemicals
56 with safer chemicals in such products.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section

KID *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note**State Impact:** None**Municipal Impact:** None**Explanation**

There is no fiscal impact from requiring the Department of Public Health (DPH), in consultation with other departments, to create a list of priority chemicals of high concern and revise this list biennially. Likewise, there is no fiscal impact to the agency from the required biennial report to the Children's and Public Health Committee.

Three other states have lists of chemicals of high concern: Maine ("Chemicals of High Concern"), Minnesota ("Chemicals of High Concern - Priority Chemicals") and Washington ("Reporting List of Chemicals of High Concern to Children). These lists are available online and include links to the scientific research that informed the inclusion of chemicals in their lists. As DPH has toxicologists on staff with expertise to review this existing research and as there is no requirement for the number of priority chemicals that must be included on this list, there is no fiscal impact to DPH anticipated from this requirement.

The Out Years**State Impact:** None**Municipal Impact:** None

Sources: *Maine Department of Environmental Protection*
www.main.gov/dep/safechem/highconcern

Minnesota Department of Public Health
www.health.state.mn.us/divs/eh/hazardous/topics/toxfreekids/priority.html

*Washington Department of Ecology
www.ecy.wa.gov/programs/swfa/cspa/chcc.html*

OLR Bill Analysis**sHB 5653*****AN ACT CONCERNING CHEMICALS OF HIGH CONCERN FOR CHILDREN.*****SUMMARY:**

This bill requires the public health (DPH) commissioner, by January 1, 2016 and in consultation with the commissioners of energy and environmental protection (DEEP) and consumer protection (DCP), to create and maintain a list of “priority chemicals” of high concern for children. In doing so, the commissioner must consider the potential exposure of children and developing fetuses to each chemical.

The commissioners must review and update the list at least every two years. Beginning by January 1, 2017, and biennially thereafter, the DPH commissioner must report to the legislature on, among other things, recommendations to reduce children’s exposure to the priority chemicals.

EFFECTIVE DATE: Upon passage

PRIORITY CHEMICALS

The bill defines a “priority chemical” as a chemical the DPH commissioner identifies that, based on credible scientific evidence published in peer-reviewed scientific literature generally recognized by the relevant scientific community, is known to:

1. harm the normal development of a fetus or child or cause other developmental toxicity;
2. cause cancer, genetic damage, or reproductive harm;
3. disrupt the endocrine system;

4. damage the nervous system, immune system, or organs, or cause other systemic toxicity;
5. be persistent, toxic, and bio-accumulative (i.e., accumulate in an organism); or
6. be very persistent and very bio-accumulative.

Under the bill, a “chemical” is a substance with a distinct molecular composition or a group of structurally related substances. It includes the byproducts formed through decomposition, degradation, or metabolism.

DEVELOPING AND UPDATING THE PRIORITY CHEMICAL LIST

In creating the priority chemical list, the DPH commissioner may include on it any chemical that meets at least one of the following criteria:

1. Credible bio-monitoring studies have found its presence in human umbilical cord blood, breast milk, urine, or other bodily tissues or fluids;
2. Sampling and analysis have found it is present in household dust, indoor air, drinking water, or elsewhere in the home; or
3. It has been added to, or is present in, a consumer product used or present in the home.

The DPH, DEEP, and DCP commissioners must review and revise the list at least once every two years. In doing so, they must consider (1) adding chemicals that meet the above criteria and (2) removing chemicals that, based on credible scientific evidence published in peer-reviewed scientific literature generally recognized by the relevant scientific community, are known to no longer meet the above criteria.

REPORT TO LEGISLATORS

By January 1, 2017 and every two years afterwards, the DPH commissioner must report to the Children’s and Public Health

committees on the status of the priority chemical list. The report must include:

1. recommendations to reduce children’s exposure to the listed priority chemicals;
2. a list of products containing priority chemicals to which children may be exposed;
3. a summary of actions other states have taken to restrict children’s exposure to the listed chemicals;
4. an evaluation of the advantages and disadvantages of measures to reduce children’s exposure to these chemicals, including reporting, product labeling, product bans, public advisories, and steps to phase out the sale of products containing these chemicals; and
5. an assessment of the feasibility of phasing out or banning products containing priority chemicals, including an analysis of the feasibility of replacing the priority chemicals in those products with safer chemicals.

BACKGROUND

Regulation of Dangerous Chemicals

By law, several state agencies regulate certain hazardous chemicals that may be dangerous to children. For example, DCP administers the state Child Protection Act, which, among other things, bans the introduction into commerce of any children’s product designated a banned hazardous substance under federal or state law (CGS § 21a-335 et seq.).

COMMITTEE ACTION

Committee on Children

Joint Favorable Substitute
Yea 10 Nay 3 (03/05/2015)