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Advocate Health Care





May 19, 2014

The Honorable John Shimkus Chairman Environment and the Economy Subcommittee House Energy and Commerce Committee 2151 Rayburn House Office Building Washington, DC 20515 The Honorable Paul Tonko Ranking Member Environment and the Economy Subcommittee House Energy and Commerce Committee 2322A Rayburn House Office Building Washington, DC 20515

Dear Chairman Shimkus and Ranking Member Tonko,

On behalf of the signing health care organizations, we are writing to express our opposition to the Chemicals in Commerce Act (CICA). Four years ago, several of our organizations sent a letter to Congress, articulating policy principles that we considered critical for any Toxic Substances Control Act (TSCA) reform legislation. The CICA does not further those policy principles, and in some cases actually weakens current TSCA. Given that the CICA might actually make the U.S. EPA *less* effective in regulating hazardous chemicals, the critical need to strengthen public health protections remains unmet.

While the evidence linking chemical exposures to negative health outcomes continues to rise, including increases in disease and conditions such as cancers, birth defects, asthma, and infertility, the federal law created to protect the public from hazardous chemicals has not been updated for thirty-eight years. As a result, products and their manufacture and disposal can release hazardous chemicals with the potential to harm human health and the environment. Exposure to these chemicals results in a disease burden that can significantly increase health care costs.

Moreover, the health care sector is one of the largest users of chemicals. The many chemicals to which patients and workers in health care may be exposed include cleaners and disinfectants, chemicals of concern in medical devices, flame retardants and formaldehyde in furniture, and solvents and formaldehyde in labs, among many others. These products also have life cycle impacts, affecting the workers who manufacture them and the communities that host manufacturing or disposal facilities.

The health care sector has been a leader in transitioning to safer products when information is available and when safer alternatives exist. Yet both the lack of information on the chemical ingredients in products and safety testing of those ingredients hamper our efforts to implement changes. While successfully shifting the market to safer alternatives in some cases, the actions of the health care sectorô and those of other business sectorsô alone will not result in the type of protections needed to adequately protect human health and the environment. Changes to the existing regulatory system should accompany the efforts underway by those in the marketplace.

We are deeply concerned that the CICA fails to embrace the following policy principles, which would more appropriately shift the burdens created by the current system:

• Ensure chemical manufacturers demonstrate the safety of their products: Chemical manufacturers should be required to demonstrate the safety of their products based on a standard that explicitly requires the protection of the most vulnerable populations, including children, workers, pregnant women, and fenceline communities located closest to industrial sources of chemical contamination. Like TSCA, the CICA does not require protection for these groups from chemicals that present a significant risk of harm to human health.

• Take immediate action on the worst chemicals: Some chemicals, including persistent, bioaccumulative toxicants (PBTs), are too hazardous to continue using because of the harm they can do to human health and the environment. The U.S. EPA should be given the authority to immediately phase out the use of the worst chemicals to which people can be exposed and should act upon that authority expeditiously. Under the CICA, even if U.S. EPA determines that a chemical poses an unreasonable risk of harm, the agency has to meet a series of requirements that would make it virtually impossible to restrict the use of even the most harmful chemicals.

• **Require and disclose basic information for all chemicals:** Chemical manufacturers should be required to provide full information on the health and environmental hazards associated with their chemicals, how they are used, and the ways that the public or workers could be exposed. The U.S. EPA should be required to make such data easily accessible to the public. Worse than even TSCA, the CICA contains broad protections for information claimed as confidential, including chemical identity. It also would effectively grandfather all information claimed confidential without substantiation during the 35 years of implementing TSCA.

Our organizations are committed not only to healing, but to prevention. Addressing the shortcomings of the chemical regulatory system is one of the most critical initiatives to prevent disease and to protect public health.

We urge the Energy and Commerce Committee to propose meaningful reform of the Toxic Substances Control Act that would enable the U.S. EPA to protect public health and the environment.

Sincerely, Advocate Health Care Catholic Health Association of the United States Deirdre Imus Environmental Health Center at Hackensack University Medical Center Dignity Health Health Care Without Harm Mt. Sinai Childrenøs Environmental Health Center *Advocate Health Care*, named among the nation¢ Top 5 largest health systems by Truven Analytics, is the largest health system in Illinois and one of the largest health care providers in the Midwest. Advocate operates more than 250 sites of care, including 12 hospitals that encompass 11 acute care hospitals, one children¢ hospital with two campuses, the state¢ largest integrated children¢s network, five Level I trauma centers, two Level II trauma centers, one of the area¢ largest home health care companies, and one of the region¢ largest medical groups.

The *Catholic Health Association of the United States* represents more than 600 hospitals and 700 long-term care and other health facilities in all 50 states. The mission of CHA is to advance the Catholic health ministry of the United Statesô the largest group of nonprofit health care providers in the nationô in caring for people and communities.

The *Deirdre Imus Environmental Health Center at Hackensack University Medical Center* (HUMC) represents one of the first hospital-based programs whose specific mission is to identify, control, and ultimately prevent toxic exposures in the environment that threaten childrenøs health. When we are aware of these toxins, we can eliminate and avoid them ó and help our children do the same.

Dignity Health is the fifth largest hospital provider in the nation and largest hospital system in California. Through its family of more than 60,000 caregivers and staff across 17 states, Dignity Health is committed to delivering compassionate, high-quality, affordable health care services with special attention to the poor and underserved.

Health Care Without Harm works to transform the health sector worldwide, without compromising patient safety or care, so that it becomes ecologically sustainable and a leading advocate for environmental health and justice.

Mount Sinai Medical Center ó *Children's Environmental Health Center* supports programs in research, education, and patient care to protect children against environmental threats to health. CEHCøs core work is to conduct research to learn how toxic chemicals in the environment cause disease in children. CEHC also educates medical students, pediatricians, obstetricians, and other practicing physicians to become the next generation of leaders in environmental pediatrics and preventive medicine. CEHC provides medical consultations to families, health care professionals, public health officials, and community organizations.

Cc: Rep. Fred Upton, Chair, House Energy and Commerce Committee Rep. Henry Waxman, Ranking Member, House Energy and Commerce Committee