Consorta, Broadlane, Premier, Novation, Catholic Healthcare West, San Francisco General Hospital Deirdre Imus Environmental Center for Pediatric Oncology at Hackensack University Medical Center, Fairview Health Services, Children's Environmental Health Center, Mount Sinai School of Medicine

April 2, 2010

Honorable Barbara Boxer
Chair, Environment and Public Works Committee
U.S. Senate
Washington, DC 20510

Honorable Frank R. Lautenberg
Chair, Superfund, Toxics, and Environmental Health Subcommittee
U.S. Senate
Washington, DC 20510

Honorable Henry A. Waxman
Chair, Energy and Commerce Committee
U.S. House of Representatives
Washington, DC 20515

Honorable Bobby L. Rush
Chair, Commerce, Trade, and Consumer Protection Subcommittee
U.S. House of Representatives
Washington, DC 20515

Dear Senators Boxer and Lautenberg and Representatives Rush and Waxman:

Thank you for your leadership in protecting public health and the environment by working to strengthen chemical regulation in the United States.

On behalf of the signing health care organizations, we are writing to express our support for a strengthened chemical regulatory system that protects human and environmental health. Together, our annual purchasing volumes exceed 87 billion dollars per year.

We are encouraged by the collective call from the Obama Administration, chemical industry, and environmental health advocacy organizations to improve the federal law governing industrial chemicals. Health professional organizations, including the American Medical Association, American Public Health Association, and American Nurses Association, also have called on the federal government to reform the way chemicals are regulated in the United States, consistent with our recommendations below.

While the evidence linking chemical exposures to negative health outcomes continues to rise, including increases in disease and conditions such as cancers, birth defects, and infertility, the federal law created to protect the public from hazardous chemicals has not been enhanced for thirty-four years. Independent reviews have found that the law governing industrial chemicals, the Toxic Substances Control Act (TSCA), does not:

- require adequate testing of existing and new chemicals such that we are

unaware of the full hazardous profile of most chemicals;[1]
- regulate known hazards because TSCA doesn't give regulators adequate authority to do so;[2]
- provide incentives for safer alternatives to come to market or to require their use; or
- allow for sufficient public access even to the limited chemical information provided by chemical manufacturers to the government.[3]

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. Estimates of the proportion of the disease burden that can be attributed to chemicals vary, ranging from 1% of all disease to 5% of childhood cancer. Ten percent of diabetes, Parkinson's disease, and neurodevelopmental deficits, and 30% of childhood asthma are estimated to be linked to environmental exposures.[4] A conservative estimate puts the health care cost savings attributable to a decline in the incidence of chronic diseases due to reductions in chemical exposures at an estimated $5 billion per year.[5]

The health care sector is the single largest user of chemicals. For example, in 2002, health care spent over $106 billion in direct purchases of chemicals and chemical products, more than double the amount spent by the second largest consuming industry sector.[6] 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 current chemical regulatory system places burdens on the health care sector as a user of chemicals. If a health care institution is concerned about the impacts of a product, the burden is on that institution to investigate potential health impacts and to research and test alternatives. Health care institutions also must make product selection decisions with incomplete information about product constituents and toxicity. Finally, health care institutions may inadvertently continue to use hazardous materials due to lack of information, lack of available alternatives, or because the full costs of toxic products are not reflected in the purchase price.

The health care sector has been a leader in taking action when information is available and when safer alternatives exist. Many organizations purchase environmentally preferable products and implement internal policies to help drive the market to safer alternatives. Yet both the lack of information on the chemical constituents in products and safety testing of those constituents hamper our efforts to implement changes. While successfully shifting the market to safer alternatives in some cases, the actions of the health care sector—and those of other business sectors—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 support your commitment to strengthen TSCA. We want to add our voices to the collective call for the government to create credible lists of chemicals of high concern and to require the disclosure of those chemicals in products. We also urge you to support the following critical elements of reform to more appropriately shift the burdens created by the current system:

- **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. Environmental Protection Agency 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. The U.S. EPA also should immediately act to reduce our exposure to other toxic chemicals that can cause serious health problems.

- **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.

- **Ensure chemical manufacturers demonstrate the safety of their products:** Chemical manufacturers should be required to demonstrate the safety of their products based on a health standard that explicitly requires the protection of the most vulnerable subpopulations, including children, workers, pregnant women, and fenceline communities located closest to industrial sources of chemical contamination.

- **Promote safer alternatives:** There should be national support for research into green chemistry and engineering, and policies should favor safer chemicals and products over those with known health hazards.

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 protect public health.

We appreciate your leadership on this issue and look forward to working together to protect public health. If you have any questions or would like to discuss this issue further, please contact Gary Cohen, President, Health Care Without Harm, at gcohen@igc.org or (617) 524-6018.

Sincerely,

Consorta Schaumburg, IL	Broadlane Dallas TX
Premier Charlotte, NC	Novation Irving, TX

Catholic Healthcare West (with hospitals in NV, AZ, CA)

San Francisco General Hospital Deirdre Imus Environmental Center for Pediatric Oncology at Hackensack University Medical Center

Fairview Health Services (Minneapolis, MN)

Children's Environmental Health Center, Mount Sinai School of Medicine (NY)

cc: Senate Environment and Public Works Committee members
House Energy and Commerce Committee members
Administrator Lisa Jackson, Environmental Protection Agency
Steve Owens, Assistant Administrator for the Office of Prevention, Pesticides, and Toxic Substances (OPPTS), Environmental Protection Agency
Bob Sussman, Senior Policy Counsel, Environmental Protection Agency
Nicole Buffa, White House Council on Environmental Quality
Nell McCarthy, White House Domestic Policy Council
Greg Nelson, White House Office of Public Engagement

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[1] "Chemical Hazard Data Availability Study: What Do We Really Know About the Safety of High Production Volume Chemicals?" U.S. EPA, April 1998, http:/www.epa.gov/chemrtk/pubs/general/hazchem.pdf.

[2] "Chemical Regulation: Options Exist to Improve EPA's Ability to Assess Health Risks and Manage Its Chemical Review Program," GAO-05-458, U.S. Government Accounting Office, June 2005, http:/www.gao.gov/new.items/d05458.pdf.

[3] "Chemical Regulation: Options for Enhancing the Effectiveness of the Toxic Substances Control Act," GAO-09-428T, U.S. Government Accounting Office, February 2009, http:/www.gao.gov/new.items/d09428t.pdf.

[4] "The Health Case for Reforming the Toxic Substances Control Act," Safer Chemicals, Healthy Families, January 2010, http://healthreport.saferchemicals.org/.

[5] Ibid.

[6] Wilson, M., "Green Chemistry in California: A Framework for Leadership in Chemicals Policy and Innovation," California Policy Research Center, University of California, 2006, http://coeh.berkeley.edu/FINALgreenchemistryrpt.pdf.