

**HTH HEARING**

**03-11-13**

**HB 396, HD2**

**TESTIMONY**



March 11, 2013

To: The Honorable Jose Green, Chair  
Members, Hawaii Senate Committee on Health

From: Tim Shestek, Senior Director  
State Affairs

Re: **HB 396 HD 2 – OPPOSE**

The American Chemistry Council (ACC) must respectfully oppose **HB 396 HD 2**, legislation that proposes to restrict the use of certain child care articles that contain Bisphenol-A (BPA).

In short, ACC believes the legislation runs contrary to the consensus of the scientific community and international regulatory agencies that have concluded BPA is safe as used and if enacted, would create unnecessary marketplace confusion given recent actions taken by the US Food and Drug Administration (US FDA).

#### **BISPHENOL-A (BPA)**

HB 396 HD 2 proposes to restrict the use of BPA in child care articles, specifically empty food or drink containers “designed and intended by the manufacturer to be filled with food or liquid and to be used by a child.” In July 2012, the US FDA amended the federal food additive regulations to no longer allow for the use of BPA containing polycarbonate plastic in products such as infant feeding bottles (baby bottles) and spill-proof cups, including their closures and lids. This action was taken because manufacturers are no longer using BPA containing materials to make these products.

The abandonment of these products by manufacturers however should not be interpreted to be an indication that BPA containing products are somehow harmful to human health. The scientific evidence supporting the safety of BPA has been comprehensively and recently examined by many government and scientific bodies worldwide. The weight of evidence consistently supports the safety of BPA containing products. Please consider the following:

#### **Health Canada**

In September 2012, Health Canada released an updated assessment of BPA. Experts concluded that “current dietary exposure to BPA through food packaging uses is not expected to pose a health risk to the general population, including newborns and young children.”

#### **U.S. Food and Drug Administration (FDA)**

In a March 2012 update, FDA stated that it has found “no convincing evidence” to support the belief that bisphenol A (BPA) is a hazard to people. As noted by FDA: “We make public health decisions based on a careful review of well performed studies, not based on claims or beliefs.” Based on its objective review, FDA’s assessment is that “the scientific evidence at this time does not suggest that the very low levels of human exposure to BPA through the diet are unsafe.” To address remaining uncertainties about the safety of BPA, FDA is carrying out in depth studies with the National Toxicology Program. The studies published to date provide additional strong support for the safety of BPA in food-contact materials



### **Food Standards Australia New Zealand (FSANZ)**

In April 2012, FSANZ, an independent statutory agency responsible for setting food standards in the two countries, reaffirmed the safety of BPA and stated: “The weight of scientific evidence indicates that exposure to BPA in food does not present a significant human health and safety issue at current exposure levels.”

### **European Food Safety Authority (EFSA)**

In December 2011, EFSA updated their comprehensive scientific assessment of BPA that had been conducted by a panel of independent scientific experts from throughout the European Union. The update reaffirmed the panel’s previous conclusion (September 2010) that they “could not identify any new evidence which would lead them to revise the current Tolerable Daily Intake,” which is a safe intake level.

### **World Health Organization (WHO) and Food and Agriculture Organization of the United Nations (FAO)**

In September 2011, an international panel of experts organized by WHO and FAO released a report on their review of all the latest scientific evidence on BPA and concluded that “initiation of public health measures would be premature.” The experts also concluded that BPA does not accumulate in the body, is rapidly eliminated in urine, and that it is difficult to interpret the relevance of studies claiming adverse health effects from BPA.

### **Japanese National Institute of Advanced Industrial Science and Technology (AIST)**

In July 2011, AIST concluded that “the risk of BPA with regard to human health was believed to be very small.” This conclusion is consistent with AIST’s previous 2005 BPA risk assessment. Of note, in its 2011 assessment, the data uncertainty factor was reduced to 25 as compared to 100 in the previous assessment, indicating higher confidence in the scientific data supporting the 2011 conclusion.

### **Advisory Committee of the German Society for Toxicology**

In its April 2011 review published in *Critical Reviews in Toxicology*, the Advisory Committee concluded, that “BPA exposure represents no noteworthy risk to the health of the human population, including newborns and babies.” After reviewing all available evidence and controversial arguments, the Committee concluded that the “current Tolerable Daily Intake (TDI) level for BPA is adequately justified.” In its specific evaluation of studies reporting that low doses of BPA cause adverse health effects in laboratory animals, the Committee found that these studies “failed to meet minimal quality criteria for experimental design and statistical analysis” and that their results were inconsistent with more robust studies on similar endpoints

For the above listed reasons, ACC urges you to oppose HB 396 HD 2. Thank you in advance for considering our views. If you have any questions or comments, please do not hesitate to contact me or ACC’s Hawai’i based representatives Red Morris and/or John Radcliffe at 808-531-4551.



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**Date:** Sunday, March 10, 2013 1:09:08 PM

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HB396

Submitted on: 3/10/2013

Testimony for HTH on Mar 11, 2013 15:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
sherrian witt	Individual	Support	No

Comments: I support the banning of any toxic substances for children under the age of 3 yrs. old. Research shows that BPH is found in the blood stream of most adults in U.S.

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