



MAINE MEDICAL ASSOCIATION

David B. McDermott, MD, MPH *President* • Jo E. Linder, MD *President-Elect* • Nancy M. Cummings, MD *Chair, Executive Committee*
Gordon H. Smith, Esq. *Executive Vice President* • Andrew B. MacLean, Esq. *Deputy Executive Vice President*

January 11, 2010

Susan Lessard, Chair

Board of Environmental Protection

State House Station 17

Augusta, Maine 04333-0017

RE: PROPOSED DEP RULE CHAPTER 880, REGULATION OF CHEMICAL USE IN CHILDREN'S PRODUCTS AND PROPOSED DEP RULE CHAPTER 881, FEES; CHEMICAL USE IN CHILDREN'S PRODUCTS

Dear Ms. Lessard and Members of the Board:

I write on behalf of the Maine Medical Association's Public Health Committee to urge you to adopt without delay the two rules mentioned above, authorized by landmark legislation enacted by the 123rd Maine Legislature - L.D. 2048, *An Act to Protect Children's Health and the Environment from Toxic Chemicals in Toys and Children's Products* (P.L. 2007, Chapter 643) (the "Kid-safe Products Act"). The Maine Medical Association is a professional organization representing more than 3000 Maine physicians whose mission is *to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens.*

- Proposed Chapters 880 and 881 will carry out the legislature's directive in the Kid-Safe Products Act to address the toxic chemicals already identified as being of high concern by independent scientists. This regulatory framework will enable Maine to prioritize the "worst of the worst" chemicals based on children's exposure. It will require manufacturers to disclose the use of priority chemicals in children's products and will authorize the State to require safer alternatives, if available, effective, and affordable. It is critically important that the Board proceed with implementation of this law because our youngest children are at the greatest risk from harmful chemicals in everyday products.

For implementation of Chapter 880 and 881 rules for Maine's Safer Chemical Law two critical issues are of prime importance to consider:

First, is the relationship of dose to toxic effects. Attached to this testimony is the position statement of the Endocrine Society on Endocrine-Disrupting Chemicals, June 2009. Studies are showing that with some toxins, *less is worse*. It is only the smaller amount of some endocrine disruptors that adversely affects the genetic material of organisms. Because it is the DNA of organisms, it can be passed on to subsequent generations. This example points out that rules tied to dose may miss regulating some of the most important environmental toxins.



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Another issue is that of exact science. Some in the industry would like to have an exact cause and effect relationship in human beings proven, before calling for regulation of any toxin. Because of so many variables, this is a very difficult task and may take many years to do so if at all possible. Populations react differently. In some cases it may be just the most vulnerable, such as infants and small children who are at risk. There is much data accumulating from animal studies showing marked adverse effects of a number of environmental toxins. Should these studies not be a red flag to urge us to take precautions? How many studies do we need before action?

There is no doubt that these toxins are present in human bodies. A study was done on a number of our legislators here in Maine and of Health Care workers across the Country. (Attached) Environmental chemicals were found to be present in the bodies of all tested. Delaying important regulation regarding our most toxic chemicals is reminiscent of what happened with lead poisoning in children in the 60s. On an inner City Pediatric hospital ward where I trained, there would always be a child lying stiffly in his crib with stiffened arched backs, unresponsive and seizing. However, it was another 10 years before any legislation limiting lead in the environment was passed. The delay was exceedingly costly- to the children, to their families and to society. These rules should not be attached to minimum dosage or to an exact cause effect relationship in humans.

The most toxic chemicals need to be banned from children's products. Substitutes for lead were found and there are non-toxic substitutes for others. The cost of doing nothing substantive is too great- to our society and to our most vulnerable population. As Chair of the Public Health Committee for the Maine Medical Association, our physicians feel an obligation to speak out to protect public health and strongly support the Department's efforts to prevent human exposure to toxic chemicals.

Thank you for considering the views of the Maine Medical Association's Public Health Committee on this important matter of public health.

Sincerely,

Norma Dreyfus, MD

Chair, Maine Medical Association, Public Health Committee

cc: John James

DEP – BRWM

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