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RANKING MEMBER

ONE HUNDRED THIRTEENTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–6115
Majority (202) 225–2927
Minority (202) 225–3641

July 15, 2014

Dr. Philip J. Landrigan
Dean for Global Health
Ethel H. Wise Professor and Chairman
Department of Preventive Medicine
Professor of Pediatrics
Director, Children's Environmental Health Center
Icahn School of Medicine at Mount Sinai
17 East 102nd Street, Room D3-145
New York, NY 10029

Dear Dr. Landrigan:

Thank you for appearing before the Subcommittee on Environment and the Economy on Wednesday, March 12, 2014, to testify at the hearing on the discussion draft entitled the "Chemicals in Commerce Act."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions and requests with a transmittal letter by the close of business on Tuesday, July 29, 2014. Your responses should be mailed to Nick Abraham, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed to Nick.Abraham@mail.house.gov.

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Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,

John Shimkus
Chairman
Subcommittee on Environment and the Economy

cc: The Honorable Paul Tonko, Ranking Member, Subcommittee on Environment and the Economy

Attachment

The Honorable Henry A. Waxman

The February 2014 draft of the Chemicals in Commerce Act employs the term "potentially exposed subpopulation" instead of referring to "vulnerable populations," and defines the term as follows:

"a group or groups of individuals within the general population who may be differentially exposed to a chemical substance under the intended conditions of use or who may be susceptible to more serious health consequences from chemical substance exposures than the general populations, which where appropriate may include infants, children, pregnant women, workers, and the elderly."

1. Do you have concerns about this definition?

2. Do you have concerns about creating a new term, rather than using the term "vulnerable populations," which has been widely used?

Some have argued that risk assessment under TSCA should focus only on a subset of exposures to a chemical, those from intended uses. The Chemicals in Commerce Act goes further by limiting assessment to only a subset of exposures from those intended uses, those that are found to be significant on their own as opposed to in aggregate. Some have argued that TSCA should be restricted further, by exempting some sources of exposure such as automotive replacement parts.

3. In terms of health effects, does the body distinguish between the exposures from intended and unintended uses?

4. Is there a biological justification for excluding exposures from some sources, such as automotive parts?

5. Is there a biological justification for considering only those exposures that are significant on their own, as opposed to in aggregate?

6. In your view, is it important that aggregate exposures to chemicals be considered in assessing their safety?

The Committee has received testimony that mixtures should not be tested or regulated directly because they have the same health and environmental effects as their components, but research has shown that exposures to chemicals in combination can have additive or synergistic effects.

7. In terms of health effects, can all mixtures be understood simply by assessing the health effects of the mixture's components?