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Consumer Product Safety Improvement Act Stakeholders Meeting January 6, 2011

The American Academy of Pediatrics (AAP) maintains that child safety should be the central principle of the regulation of children's products. The addition of lead to most children's products, particularly toys, is not central or even necessary to the function or purpose of the product. Using lead in children's products because it is inexpensive or readily available does not represent a compelling rationale for including a poisonous substance in a product specifically designed for use by or with children.

In accordance with our past recommendations, the AAP proposes the following improvements to the Consumer Product Safety Improvement Act of 2008:

- Lead in children's products should be limited to 40 parts per million, a science-based standard that represents roughly one half of the amount of lead calculated to cause blood lead level to rise and cause the loss of one IQ point.
- The CPSC should be directed to develop clear, meaningful restrictions on content of cadmium and other heavy metals for all children's products (not only toys, which are currently covered by the ASTM's F-963 standard), as well as guidance to industry on compliance.
- The provisions in the bill regarding all-terrain vehicles (ATVs) should be strengthened to discourage or prohibit the operation of ATVs by children younger than age 16. ATVs require as much or more skill to operate as a motor vehicle and expose the rider to considerable more physical risk.

The AAP would be unable to support any initiative that proposed to:

- Raise the permissible lead levels in children's products above those limits specified in the law, or shift away from a standard based on total lead content.
- Lower the age limit in the definition of a children's product below the age of 12 years.
- Require the CPSC to evaluate the risk posed by hundreds of thousands of individual children's products.

The AAP welcomes the opportunity to discuss with other stakeholders reasonable, targeted solutions to specific challenges raised by the CPSIA. However, such solutions should not sacrifice child health for economic gain or convenience.