

During this preliminary rulemaking Ecology, in consultation with Health, plans to propose updates to the list of Chemicals of High Concern to Children ([CHCC](#)) required to be annually reported in children's products. We are following the same basic process to evaluate CHCC revisions as was used to create the original CHCC list in 2011 and update it in 2013. As in 2011, we will prioritize the list of chemicals by focusing on children's health effects and children's potential for exposure and using the most credible scientific evidence.

We will not be repeating the Phase 1 and Phase 2 processes conducted for the 2011 rulemaking. A description of that process is available at the bottom of Ecology's [CHCC webpage](#). The CHCC list update for this rulemaking will focus on flame retardants, stakeholder requests, and agency priority chemicals.

In this rulemaking, Ecology and Health will work with stakeholders to determine if the six flame retardants listed in [RCW 70.240.035](#) should be proposed as additions to the CHCC list, identify other chemicals to propose as additions to the CHCC list, and identify chemicals to propose for delisting from the CHCC list.

The list is designed to be dynamic, responding to new science and emerging information. Since 2011 there have been changes to several of the authoritative sources used to create the CHCC list. Additionally, there are new authoritative sources and scientific data that we consider robust enough to support proposed changes to the CHCC list.

Summary of Toxicity "Criteria"

The law (RCW 70.240.010) defines toxic chemicals as "High Priority Chemicals"

(9) "High priority chemical" means a chemical identified by a state agency, federal agency, or accredited research university, or other scientific evidence deemed authoritative by the department on the basis of credible scientific evidence as known to do one or more of the following:

- (a) Harm the normal development of a fetus or child or cause other developmental toxicity;*
- (b) Cause cancer, genetic damage, or reproductive harm;*
- (c) Disrupt the endocrine system;*
- (d) Damage the nervous system, immune system, or organs or cause other systemic toxicity;*
- (e) Be persistent, bioaccumulative, and toxic; or*
- (f) Be very persistent and very bioaccumulative.*

We will focus on reproductive and development affects, endocrine disruption, and cancer using a weight of evidence approach. The authoritative sources we consider the most credible include:

- California's [Proposition 65 list](#) for cancer, birth defects, or other reproductive harm
- Findings from the [National Toxicology Program](#)
- EPA Integrated Risk Information System ([IRIS](#))
- The International Agency for Research on Cancer ([IARC](#))
- European Union sources:

- Substances [restricted](#) or [authorized](#) under the EU Registration, Evaluation, Authorisation and Restriction of Chemicals ([REACH](#)) regulation
- Candidate list of Substances of Very High Concern ([SVHC](#)) under REACH
- Information from the [Existing Substances Regulation](#)
- [Priority list of chemicals](#) identified as suspected endocrine disruptors, specifically those designated in Category 1
- Consumer Product Safety Commission's [Chronic Hazard Advisory Panel \(CHAP\) report](#) on phthalates
- EPA's [alternatives assessments](#) on flame retardants

As chemicals are proposed for addition to or deletion from the CHCC list, we will consider updates to the sources listed above (for example, changes to California's Prop 65 list or the EU SVHC list) and new sources that we consider credible (for example, the CHAP report on phthalates and EPA's flame retardant alternatives assessments are new 'authoritative sources').

Summary of "Potential for Exposure" Criteria

CHCCs are High Priority Chemicals with potential for exposure (RCW 70.240.030(1)).

...the department shall include chemicals that meet one or more of the following criteria:

- (a) The chemical has been found through biomonitoring studies that demonstrate the presence of the chemical in human umbilical cord blood, human breast milk, human urine, or other bodily tissues or fluids;*
- (b) The chemical has been found through sampling and analysis to be present in household dust, indoor air, drinking water, or elsewhere in the home environment; or*
- (c) The chemical has been added to or is present in a consumer product used or present in the home.*

When considering proposed CHCC chemicals, we will focus on evidence of presence in children's products or potential for population-wide exposure. In 2011, the most robust evidence for presence in children's products was based on [Danish](#) or Dutch environmental agency surveys on chemicals in consumer products or EU or other authoritative risk assessments that indicated possible exposure to children. For population-wide exposure, we relied on the Centers for Disease Control National Health and Nutrition Examination Survey ([NHANES](#)) and other biomonitoring scientific studies and the Washington State list of persistent, bioaccumulative, and toxic ([PBT](#)) chemicals. Additionally, house dust and indoor air studies are included as evidence of potential for exposure.

Stakeholder comments on CHCC list changes during this rulemaking:

The most useful information for stakeholders to provide to Ecology and Health is evidence (full scientific references and web links where possible) that a chemical does or does not meet criteria used to create the list in the 2011 rule. For example, if a chemical has been added or removed from California's Prop 65 list or if new scientific studies have changed the weight of evidence. We would like your comments on sources of information that we should or should not rely on, but we don't intend to change the basic criteria used.