Date of Hearing: July 15, 2025

ASSEMBLY COMMITTEE ON ENVIRONMENTAL SAFETY AND TOXIC MATERIALS
Damon Connolly, Chair
SB 646 (Weber Pierson) – As Amended July 10, 2025

SENATE VOTE: 38-0

SUBJECT: Prenatal multivitamins

SUMMARY: Requires, under the state's Sherman Food, Drug, and Cosmetic Law (Sherman Law), manufacturers of prenatal multivitamins to test their products for toxic elements (arsenic, cadmium, lead, and mercury); requires brand owners to disclose specified information to the public on their websites, including the levels of toxic elements in their prenatal multivitamins; requires brand owners to include, on the same webpage showing toxic element levels, nutrient information and a statement about toxic elements and ingredients in prenatal vitamins, as specified. Specifically, **this bill**:

1) Establishes the following definitions:

   a) "Brand owner" means the person who owns or licenses the trademark that is the most prominent trademark on the principal display panel of the prenatal multivitamin product label; provides that the manufacturer of a prenatal multivitamin for another person who owns the trademark is not the brand owner.

   b) "Bulk prenatal multivitamin product" means the bulk prenatal multivitamin product in finished dosage form before it is packaged and labeled; provides that "bulk prenatal multivitamin product" does not mean the constituent ingredients of prenatal multivitamins.

   c) "Lot" means a batch, or a specific identified portion of a batch, that is uniform and that is intended to meet specifications for identity, purity, strength, and composition, or, in the case of a dietary supplement produced by continuous process, a specific identified amount produced in a specified unit of time or quantity in a manner that is uniform and that is intended to meet specifications for identity, purity, strength, and composition.

   d) "Manufacturer" means a person who is either of the following:

      i) A brand owner that manufactures, as defined under Sherman Law, a prenatal multivitamin; or,

      ii) A person who manufactures, as defined under Sherman Law, but is not the brand owner of a prenatal multivitamin.

   e) "Packaged prenatal multivitamin product" means the bulk prenatal multivitamin product that has been packaged for sale or distribution to the public or health care professionals and whose product label bears a universal product code (UPC).

   f) "Prenatal multivitamin" means a dietary supplement that contains one or more vitamins or minerals and is represented or purported to be specifically used, or intended to be used, to support the health of individuals who are pregnant, planning to become pregnant, or

lactating; specifies that "prenatal multivitamins" also use Reference Daily Intakes and Daily Reference Values that are specified for this intended group when calculating percent Daily Values, as required under the federal Food, Drug, and Cosmetic Act (FD&C Act).

g) "Product label" means a display of written, printed, or graphic material that is affixed to a product's immediate container.

h) "Product shelf life" means the time, measured in the number of months, as printed on the product label, between the date of manufacture and the expiration date for a packaged prenatal multivitamin product.

i) "Proficient laboratory" means a laboratory that meets the criteria specified in SB 646.

j) "Representative sample" means a sample that consists of a number of units that are drawn based on rational criteria, such as random sampling, and intended to ensure that the sample accurately portrays the material being sampled.

k) "Toxic elements" means arsenic, cadmium, lead, and mercury.

2) Requires a manufacturer of a bulk prenatal multivitamin product or a packaged prenatal multivitamin product that is sold, manufactured, delivered, held, or offered for sale in the state to test a representative sample of each lot of the manufacturer's prenatal multivitamin product at a proficient laboratory for toxic elements.

3) Requires a proficient laboratory, including a manufacturer's in-house laboratory, that analyzes the bulk prenatal multivitamin product or packaged prenatal multivitamin product for toxic elements to meet all of the following criteria:

a) Be accredited under the standards of the International Organization for Standardization/ International Electrotechnical Commission 17025:2017 regarding the general requirements for the competence of testing and calibration laboratories, as they pertain to the testing of toxic elements; provides that, to the extent such standards contradict the requirements of any federal regulations under the FD&C Act pertaining to supplements, the federal regulations shall control;

b) Use an analytical method that is at least as sensitive as that described in the United States Food and Drug Administration's (FDA) Elemental Analysis Manual 4.7; and,

c) Demonstrate proficiency in quantifying each toxic element to at least 10 micrograms (μg) of the toxic element to kilogram (kg) of supplement (μg/kg) through an independent proficiency test; provides that "proficiency" means that laboratories achieve a z-score that is less than, or equal to, plus or minus two ($\leq \pm 2$).

4) Requires both manufacturers and brand owners to provide test results to any authorized agent of the California Department of Public Health (CDPH) upon request; authorizes a brand owner to comply with this requirement by providing the test results of the manufacturer used to produce the bulk prenatal multivitamin product or packaged prenatal multivitamin product, if the brand owner does not manufacture the prenatal multivitamin product.

5) Requires, commencing January 1, 2027, a brand owner of packaged prenatal multivitamin products sold, manufactured, delivered, held, or offered for sale in the state—including, without limitation, prenatal multivitamins that are sold by a retailer or prenatal multivitamins that are sold directly to consumers—to disclose product information to the public consistent with all of the following:

   a) Make publicly available on the brand owner's website, for the duration of the product shelf life for a packaged prenatal multivitamin product plus one month, the name and level of each toxic element present in each lot of a packaged prenatal multivitamin product; requires the brand owner to include, on the same webpage containing this information, information from the product's supplement facts panel, including the level per serving of each nutrient ingredient, and the following statement:

      "Prenatal multivitamins may contain varying levels of toxic elements. Unless the ingredients come from sources with low levels of toxic elements, the prenatal multivitamins may also contain higher levels of toxic elements. The levels of toxic elements can also vary with the types of ingredients included in a prenatal multivitamin. For more information, speak with your physician about choosing a prenatal multivitamin that meets your specific nutrient needs."

   b) Make the toxic element testing information available to the public user, without the user having to provide a UPC number, lot number, or proof of purchase;

   c) Provide descriptive information on its internet website to enable accurate identification of the packaged prenatal multivitamin product by the public, including information that makes the levels of toxic elements available to the public by lot; provides that descriptive information can include, but is not limited to, product name, UPC, size, or lot numbers;

   d) Provide a website link to the FDA's most recent webpage, where the public can find information relating to toxic elements in food; and,

   e) On the brand owner’s webpage describing a packaged prenatal multivitamin product, include a prominent statement that reads, "For information about toxic element testing on this product," followed by a link to the webpage containing the testing results; for products sold in retail stores, on the outermost package of any packaged prenatal multivitamin product sold, include a statement that reads: "For information about toxic element testing on this product, visit," followed by the webpage specified in this provision.

6) Prohibits a person from selling in the state or manufacturing, delivering, holding, or offering for sale in the state any prenatal multivitamin—including, without limitation, prenatal multivitamins that are sold by a retailer or prenatal multivitamins that are sold directly to consumers—that does not comply with the requirements of SB 646.

EXISTING LAW:

1) Defines, for the purposes of the FD&C Act, "dietary supplement" to mean a product (other than tobacco) intended to supplement the diet that bears or contains one or more of the following dietary ingredients: a vitamin; a mineral; an herb or other botanical; an amino acid; a dietary substance for use by man to supplement the diet by increasing the total dietary

intake; or, a concentrate, metabolite, constituent, extract, or combination of any of the prior ingredients described. (21 United States Code (USC) § 321(ff))

2) Prohibits, under the FD&C Act, the introduction or delivery for introduction into interstate commerce any food, drug, device, tobacco product, or cosmetic that is adulterated or misbranded. (21 USC § 331(a))

3) Provides that a food, including a dietary supplement, shall be deemed adulterated under specified circumstances, including if it is a dietary supplement or contains a dietary ingredient that presents a significant or unreasonable risk of illness or injury under conditions of use recommended or suggested in labeling, or if it bears or contains any poisonous or deleterious substance which may render it injurious to health. (21 USC § 342(f))

4) Prohibits the FDA from establishing, as specified, maximum limits on the potency of any synthetic or natural vitamin or mineral within a food, as provided; prohibits the FDA from classifying any natural or synthetic vitamin or mineral (or combination thereof) as a drug solely because it exceeds the level of potency which the FDA has determined is nutritionally rational or useful; prohibits the FDA from limiting, as specified, the combination or number of any synthetic or natural vitamin, mineral, or other ingredient of food, within a food for special dietary use. (21 USC § 350)

5) Establishes the state's Sherman Law, administered by CDPH, which regulates the manufacture, packaging, labeling, and advertising of food, drugs, and cosmetics. (Health and Safety Code (HSC) § 109875-111929.4)

6) Establishes the following definitions under Sherman Law:

   a) "Person" means any individual, firm, partnership, trust, corporation, limited liability company, company, estate, public or private institution, association, organization, group, city, county, city and county, political subdivision of this state, other governmental agency within the state, and any representative, agent, or agency of any of the foregoing. (HSC § 109995)

   b) "Label" means a display of written, printed, or graphic matter upon a food, drug, device, or cosmetic or upon its immediate container. (HSC § 109955)

   c) "Manufacture" means the preparation, compounding, propagation, processing, or fabrication of any food, drug, device, or cosmetic; provides that the term "manufacture" includes repackaging or otherwise changing the container, wrapper, or labeling of any food, drug, device, or cosmetic in furtherance of the distribution of the food, drug, device, or cosmetic; provides that the term "manufacture" does not include repackaging from a bulk container by a retailer at the time of sale to its ultimate consumer. (HSC § 109970)

7) Requires all labels of foods, drugs, devices, or cosmetics to conform to federal requirements, as specified. (HSC § 110340)

8) Prohibits, under the Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65), a person in the course of doing business from knowingly and intentionally exposing any individual to a chemical known to the state to cause cancer or reproductive toxicity without first giving clear and reasonable warning to such individual. (HSC § 25249.6)

9) Requires, under Sherman Law, manufacturers of baby food for sale or distribution in this state to, among other things, test a representative sample of each production aggregate of the manufacturer's final baby food product for toxic elements (arsenic, cadmium, lead, and mercury); disclose, on and after January 1, 2025, specified information to consumers on the manufacturer's website, including the levels of toxic elements present in each production aggregate; and, include a QR code on the product label that links to the manufacturer's website containing test results for toxic elements, for those toxic elements for which the FDA has established an action level, regulatory limit, or tolerance. (HSC § 110962(b))

FISCAL EFFECT: Unknown.

COMMENTS:

Need for the bill: According to the author:

> "Prenatal vitamins are essential for supplementing the nutritional needs of pregnant individuals, helping to prevent birth defects, low birth weight, and pregnancy complications. While a balanced diet is ideal, many Americans, including Californians, do not consume adequate nutrients. Prenatal vitamins commonly contain folic acid, iodine, iron, and other essential nutrients for a pregnant individual. Recent studies highlight concerns over toxic element contamination of prenatal vitamins with lead, arsenic, cadmium, and mercury. A [United States Government Accountability Office (GAO)] study found lead, a heavy metal with no safe level of exposure, in half of the sampled prenatal vitamins, with some independent studies finding contamination, exceeding California's Proposition 65 limits. Given the risks associated with heavy metal exposure and the absence of federal or state regulations specific to prenatal vitamins, legislative action is needed to enhance transparency, which allows consumers to make informed choices, incentivizes companies to reduce toxic element contamination, and, if needed, provide a basis for setting safety standards."

Health consequences of heavy metal exposure: This bill requires testing of prenatal multivitamins for arsenic, cadmium, lead, and mercury, as well as disclosure of the results to the public. Below are descriptions of these heavy metals, including common sources of exposure and their human health implications.

- *Arsenic:* According to the federal Agency for Toxic Substances and Disease Registry (ATSDR), arsenic can be found in soil, water, food, and air. As a result, people may take in arsenic in the air they breathe, the water they drink, and the food they eat. Some of the effects of arsenic exposure can include irritation of the stomach and intestines, blood vessel damage, skin changes, and reduced nerve function. There is also some evidence that long-term exposure to inorganic arsenic in children may result in lower IQ scores, and that exposure in early life (including gestation and early childhood) may increase mortality later in life, in young adulthood.

- *Cadmium:* According to the ATSDR, in the United States, the primary source of cadmium exposure for nonsmokers is from the food supply. In general, potatoes, grains, peanuts, soybeans, sunflower seeds, and leafy vegetables such as lettuce and spinach can contain high levels of cadmium. Because cadmium binds strongly to organic matter, it can enter the food supply by accumulating in aquatic organisms and agricultural crops.

According to a literature review by Flannery et al. (2022) in *Regulatory Toxicology and Pharmacology*, 90% of cadmium exposure is dietary in those who are not exposed through smoking or occupation. In adults, cadmium is known to accumulate in organs over time, leading to kidney dysfunction and decreased bone density, among other adverse effects. More studies are needed to better understand the adverse effects of cadmium exposure in infants and children, although the ATSDR states that the health effects seen in children from exposure to toxic levels of cadmium are expected to be similar to the effects seen in adults (kidney and lung damage). A few studies in animals suggest that younger animals absorb more cadmium than adults, and that young animals are more susceptible to bone loss and decreased bone strength resulting from cadmium exposure.

- *Lead:* According to the Centers for Disease Control and Prevention (CDC), research shows that there is no safe level of lead and even very low levels can have negative and irreversible health effects, especially in children. Childhood lead exposure can seriously harm a child's health and cause well-documented adverse effects, including brain and nervous system damage, slowed growth and development, learning and behavior problems, and hearing and speech problems.

  Children and developing fetuses are particularly susceptible to the harmful effects of lead. However, lead in blood can also result in an increased risk of cardiovascular disease, high blood pressure, and kidney and nervous system problems for adults. Because the human body can store lead in bone, even temporary environmental exposures in childhood can result in many years to decades of recurring or ongoing elevations in blood lead levels. One study by Nie et al. (2009), published in the *Journal of Occupational and Environmental Medicine,* reports that lead stored in bone can release back into the blood, resulting in elevated blood lead levels during periods of illness (e.g., with skeletal or dental disease) and during multiple life stages, including childhood, pregnancy, lactation, and menopause.

- *Mercury:* According to the ATSDR, food is the most common route of exposure to mercury. Most people are exposed to organic mercury compounds (typically methylmercury) in foods such as fish, seafood, and rice. The health effects of mercury exposure depend on a number of factors, including the amount and form of mercury, route and length of exposure, and age. All forms of mercury can affect the nervous system and the kidneys. People who eat foods with high levels of methylmercury may experience tremors, coordination problems, impaired vision, impaired learning and memory, and mood changes. Some children born in communities that ate food with high levels of organic mercury had learning, sensory, and movement problems. In people exposed to high levels of methylmercury in their diets, birth defects have occurred. In addition, research shows that some humans and animals that ate mercury compounds had high blood pressure and alterations in their immune systems, and animals that ate high levels of mercury compounds showed decreased fertility and/or birth defects.

The importance of prenatal nutrition: Proper nutrition before and during pregnancy is critical for both maternal and fetal health. One 2022 study, "Evidence based recommendations for an optimal prenatal supplement for women in the US: Vitamins and related nutrients," published in *Maternal health, neonatology and perinatology,* reviewed the literature to examine associations between vitamin levels and adverse health outcomes. The study's authors found significant evidence for associations between low vitamin levels and numerous potential issues for both maternal health (e.g., anemia, premature membrane rupture, preeclampsia, and gestational

diabetes) and infant health (e.g., bleeding resulting from Vitamin K deficiency, neural tube and other serious birth defects, and preterm birth). Similarly, the same authors found—reporting in the paper "Evidence-based recommendations for an optimal prenatal supplement for women in the U.S., Part Two: Minerals," published in *Nutrients*—significant evidence for associations between low mineral levels and adverse outcomes for both maternal health (e.g., anemia, gestational diabetes, miscarriage, and preeclampsia) and infant health (e.g., anemia, cerebral palsy, neural tube defects, and preterm birth).

Given the critical role that nutrients play in maternal and fetal health, medical experts recommend that persons who are pregnant or trying to become pregnant eat a nutritious, well-balanced diet, as well as take prenatal supplements, to help make up for any nutrients that a person may not be able to get enough of through diet alone. Pregnant persons may need higher amounts of certain nutrients—for example, folic acid and iron—to support a healthy pregnancy. Several factors, including the pregnant individual's current diet, medical history, and food access can also contribute to their ability to obtain appropriate amounts of some nutrients.

FDA regulation of dietary supplements. Under the FD&C Act, as amended in 1994 by the Dietary Supplement Health and Education Act, the FDA regulates dietary supplements—including prenatal supplements—as a special category of food. Therefore, unlike drugs, dietary supplements are subject to a limited pre-market approval process. As a result, the FDA may not discover mislabeling and contamination until after the products are on the market. According to the FDA, it is the responsibility of dietary supplement companies to ensure their products meet safety standards for dietary supplements and are not otherwise in violation of the law. Dietary supplement labels are required to have nutrition information in the form of a Supplement Facts label that includes the serving size, the number of servings per container, a listing of all dietary ingredients in the product, and the amount per serving of those ingredients. They also must have a statement on the front of the product identifying it as a "dietary supplement" or similar descriptive term (e.g., "herbal supplement" or "calcium supplement").

Regarding prenatal supplements, specifically, no federal statutory definition exists for what a "prenatal supplement" is and what these products should contain. According to the GAO—in its 2023 report, "Prenatal supplements: Amounts of some key nutrients differed from product labels" (GAO Report)—this has resulted in a large and highly variable market in terms of nutrient content across products.

California's Proposition 65: In 1986, California voters approved a ballot initiative, the Safe Drinking Water and Toxic Enforcement Act of 1986, commonly referred to as Proposition 65, to address concerns that "hazardous chemicals pose a serious potential threat to their health and well-being, [and] that state government agencies have failed to provide them with adequate protection…" Proposition 65 requires the state to publish a list of chemicals known to cause cancer or birth defects or other reproductive harm. This list, which must be updated at least once a year, currently includes approximately 900 chemicals. Proposition 65 also prohibits businesses from knowingly and intentionally exposing any individual to a chemical known to the state to cause cancer or reproductive toxicity, without first giving clear and reasonable warning, which can take the form of product labels or notices. The Office of Environmental Health Hazard Assessment (OEHHA) administers the Proposition 65 program, including an evaluation of all currently available scientific information on substances considered for placement on the Proposition 65 list.

OEHHA has established No Significant Risk Levels (NSRLs) and Maximum Allowable Dose Levels (MADLs), collectively referred to as "Safe Harbor Levels," for many of the chemicals on the Proposition 65 list. NSRLs are used for cancer-causing chemicals and MADLs are used for chemicals causing reproductive toxicity. Exposure levels that are below these safe harbor levels are exempt from the requirements of Proposition 65. The safe harbor levels for the heavy metals specified in SB 646 are 10 μg/day (NSRL) for arsenic; 4.1 μg/day (MADL) for cadmium; and 15 μg/day (NSRL) and 0.5 μg/day (MADL) for lead. No safe harbor level has been specified for mercury; businesses that expose individuals to mercury are required to provide a Proposition 65 warning, unless they can show that the anticipated exposure level will not pose a significant risk of cancer or reproductive harm.

Heavy metals in prenatal supplements: Several studies and investigations have documented the presence of heavy metals in prenatal supplements. For example, in the 2025 study, "Heavy metals and phthalate contamination in prenatal vitamins and folic acid supplements," published in *Environmental Research*, the authors found after sampling 156 commercially available, over-the-counter prenatal vitamins that lead and cadmium were detected in 83% and 73% of samples, respectively. The authors also found that among the commercially available prenatal vitamins, 15% exceeded the Proposition 65 MADL threshold for daily lead consumption, and that calcium and iron doses were associated with increased lead and cadmium contamination. The authors note that the presence of heavy metals in prenatal supplements is especially problematic because lead and cadmium have chemical similarities to calcium, allowing them to replace calcium in biological processes, which can lead to health problems such as reduced calcium and iron absorption.

Similarly, the GAO Report—which assessed the accuracy of over-the-counter prenatal supplement labels for vitamin and mineral levels, and also investigated whether the supplements contained harmful substances—documented heavy metals in prenatal supplements. Specifically, the GAO Report identified heavy metal contaminants in six of the 12 prenatal supplement products tested, although the GAO concluded that all concentrations were low and unlikely to pose a health concern based on daily exposure limits used by FDA. All six products had trace amounts of lead, and two of these six products also contained trace amounts of cadmium. Arsenic and mercury were below the detection limits in all samples. The GAO Report also notes that its findings are similar to a study conducted by the FDA. The FDA found that lead was the most commonly detected heavy metal in prenatal supplements and occurred at levels not likely to pose a health concern, although the FDA recognizes that no safe level of lead exposure has been identified for fetal brain and cognitive development.

On the question of how heavy metals might end up in prenatal supplements, the GAO Report states:

> "The presence of heavy metals may not be from the manufacturing process, but rather the ingredients chosen for the vitamins or minerals they contain. For example, bioaccumulation—a build-up of environmental substances in an organism—can result in an increased presence of arsenic in rice (e.g., a source of iron and calcium) and mercury in fish (e.g., a source of omega-3 fatty acids). Additionally, research shows a correlation between calcium and lead in naturally occurring sources of calcium such as shells, bone, and rock."

Similarities and differences relative to prior legislation: This bill is substantially similar to AB 899 (Muratsuchi, Chapter 668, Statutes of 2023), which requires, under the state's Sherman Law,

manufacturers of baby food for sale or distribution in California to test a representative sample of the final product, and to disclose information to consumers about the levels of arsenic, cadmium, lead, and mercury present in each final product. Also similar to SB 646, AB 899 prohibits the sale, manufacture, or distribution of products in the state that do not comply with its requirements.

Unlike AB 899, SB 646 requires companies to ensure that test results are made available to the public, without requiring consumers to provide a UPC number, lot number, or proof of purchase. Also, SB 646 defines "manufacturer" and "brand owner," and specifies that the manufacturer—that is, the company that makes the product—must test it for heavy metals, and the brand owner—that is, the consumer-facing company—must disclose the test results to the public. In combination, these provisions in SB 646 stand to improve the public's access to critical information that can help them make informed consumer choices.

This bill: SB 646 requires manufacturers to test their prenatal vitamins for heavy metal levels, and then requires brand owners to post this information so that it is publicly available. In doing so, this bill would help provide a level of transparency about heavy metals in prenatal supplements that is not currently available to consumers, and allow pregnant persons to make informed decisions when they examine their options for prenatal supplements.

Policy considerations: As noted below, industry stakeholders have raised concerns that some companies might eliminate or reduce nutrients in their products, in an effort to reduce heavy metal levels (since some nutrients can co-occur with certain heavy metals in source materials, like produce used to manufacture prenatal supplements). Without context, these differences in nutrient levels might not be immediately apparent to consumers as they seek out prenatal supplements with the lowest heavy metal levels. To address this concern, SB 646 was recently amended to require companies to post nutrient levels on the same webpage as heavy metal levels, along with an explanatory statement, so that consumers can put the information they are seeing into context. As this bill moves forward, modifications to fine tune the explanatory statement, in furtherance of this goal, might be worth considering.

Arguments in support: According to the American College of Obstetricians and Gynecologists (District IX), Environmental Working Group, and Unleaded Kids:

> "Prenatal vitamins play a critical role in supporting healthy pregnancies, providing essential nutrients that help lower the risk of birth defects, low birth weight, and other complications. However, recent studies have raised significant concerns about contamination of these supplements with toxic elements, including lead, arsenic, cadmium, and mercury—substances known to pose serious health risks, especially to pregnant individuals and developing fetuses.
>
> A Government Accountability Office (GAO) study found that lead, a toxic metal with no known safe level of exposure, was present in half of the prenatal vitamin samples tested. Additional independent studies have documented contamination levels exceeding California's Proposition 65 thresholds. Despite these alarming findings, there are currently no federal or state regulations requiring the testing and disclosure of heavy metal levels in prenatal vitamins.

SB 646 addresses this critical gap by requiring manufacturers to test a representative sample from each production lot for arsenic, cadmium, lead, and mercury. The bill further mandates public reporting of test results to the California Department of Public Health and requires manufacturers to disclose toxic element levels on their websites starting in 2027. Consumers may access this information on the manufacturer's website, which should also include linking to a webpage with FDA guidance on the health risks associated with these heavy metals.

California has long led the nation in protecting public health through transparency and accountability measures, including AB 899 (2023), which requires toxic element testing in baby food. SB 646 builds on that progress by empowering pregnant individuals with vital information to choose safe and reliable prenatal supplements, free from harmful contaminants."

Arguments in opposition: Writing in an opposed-unless-amended position, the Council for Responsible Nutrition (CRN, a trade association for the dietary supplement industry) and Consumer Healthcare Products Association (CHPA, a trade association for the consumer healthcare products industry) state the following:

"While CRN and CHPA appreciate the overall intent of SB 646 and are appreciative of the amendments thus far, we remain concerned that as written SB 646 would incentivize prenatal vitamin manufacturers to reduce essential nutrients in their vitamins so that they can make 'low heavy metal' claims.

To better understand why SB 646 would create this incentive, it is critical to note that many ingredients in prenatal vitamins are derived from natural sources and thus may contain trace levels of heavy metals. For example, calcium, which is essential for developing babies' bones, teeth, and other vital organs, is naturally derived and may contain very small amounts of lead. That fact notwithstanding, it is undisputed that taking adequate amounts of calcium during pregnancy is critical, as inadequate amounts may compromise expectant mothers' bone health and increase the risk of pregnancy complications like preeclampsia…CRN and CHPA have serious concerns that SB 646, by requiring prenatal vitamin manufacturers to publicly disclose levels of heavy metals, will significantly exacerbate this issue by incentivizing manufactures to reduce or eliminate the levels of critical nutrients.

Even worse, assuming expectant mothers are aware that their prenatal vitamins contain insufficient nutrients, they would need to get those nutrients from food sources, which could actually expose them to higher levels of heavy metals…prenatal vitamins and the specified elements are already regulated and heavily enforced under Prop. 65, the most health protective warning law in the country…This is why our organizations have offered a revised proposal that focuses on requiring manufacturers to publicly disclose the presence and levels of these elements if they are contained in the product at or above levels that would require a warning under Prop. 65…Our organizations remain committed to this approach but have also expressed a willingness to work with Senator Weber Pierson and her sponsors to address the issues outlined in this letter."

Related legislation:

1) SB 236 (Weber Pierson). Requires the Department of Toxic Substances Control (DTSC) to identify accepted testing methods in hair relaxer products, for specified chemicals that are

prohibited under existing law; requires manufacturers to register their hair relaxer products with DTSC; requires DTSC to enforce the prohibitions for the specified chemicals, as provided; establishes the C.U.R.L. Act Fund for the deposit of penalties and fees, as provided, to support DTSC's implementation costs. This bill is pending before the Assembly Judiciary Committee.

2) SB 754 (Durazo). Requires a manufacturer of disposable tampons or menstrual pads to maintain information regarding the concentrations of lead, arsenic, cadmium, and zinc in their products and to provide that information to DTSC upon request. This bill is pending before the Assembly Appropriations Committee.

3) AB 899 (Muratsuchi, Chapter 668, Statutes of 2023). Requires, under the state's Sherman Law, manufacturers of baby food for sale or distribution in California to test a representative sample of the final product, as specified, and to disclose information, as specified, to consumers about the levels of arsenic, cadmium, lead, and mercury present in each final product; prohibits the sale, manufacture, or distribution of products in the state that do not comply with AB 899's requirements.

4) AB 1200 (Ting, Chapter 503, Statutes of 2021). Prohibits, commencing January 1, 2023, the sale of food packaging that contains PFAS; requires, commencing January 1, 2024, cookware manufacturers to label their product if it contains an intentionally added chemical on specified lists; and prohibits, commencing January 1, 2023, for the internet and January 1, 2024, for cookware packaging, a cookware manufacturer from making a claim that cookware is free of a chemical, unless no chemical from that chemical class is intentionally added to the cookware.

5) AB 1316 (Quirk, Chapter 507, Statutes of 2017). Requires CDPH to revise its regulations for the Childhood Lead Poisoning Prevention Program to redefine the assessment of risks for the purposes of evaluating a child's risk for lead exposure.

6) SB 258 (Lara, Chapter 830, Statutes of 2017). Creates the Cleaning Product Right to Know Act of 2017, which requires manufacturers of cleaning products to disclose specified chemical ingredients on a product label and on the manufacturers' website.

7) SB 1019 (Leno, Chapter 862, Statutes of 2014). Requires manufacturers of upholstered furniture to indicate, on a label currently required by law, whether or not the product contains added flame retardant chemicals.

REGISTERED SUPPORT / OPPOSITION:

Support

A Voice for Choice Advocacy
American College of Obstetricians & Gynecologists District IX
American Nurses Association California
California Environmental Voters
California Medical Association
California Nurse Midwives Association
California Nurses for Environmental Health and Justice
California WIC Association

Center for Community Action and Environmental Justice
Center for Environmental Health
Center for Science in the Public Interest
Children Now
CleanEarth4Kids.org
Consumer Federation of California
Consumer Reports
Consumer Reports Advocacy
Environmental Working Group
Families Advocating for Chemical and Toxics Safety
Friends Committee on Legislation of California
Green Policy Initiative
GMOScience
Healthy Babies Bright Futures
Indivisible Marin
Long Beach Alliance for Clean Energy
Mamavation - Non-toxic Products for Healthy Families
Maternal and Child Health Access
National Health Law Program
Non-toxic Neighborhoods
Planned Parenthood Affiliates of California
Recolte Energy
Ritual
Unleaded Kids

Opposition
Consumer Healthcare Products Association
Council for Responsible Nutrition
Natural Products Association

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