

## WHAT CPSC'S STAFF EXPERTS CONCLUDED

The experts concluded that substances in the petition **cannot be treated as a class** due to their differing physicochemical properties and toxicological profiles.

The experts concluded that the class approach **cannot be taken under the FHSA** because not every ANOFR could be classified as toxic as part of the FHSA's definition of hazardous substance. Some, they concluded, present no toxicity at all.

The experts concluded that many of the **studies cited by the petitioners were "insufficient"** to conclude that [ANOFRs] are all likely to cause similar effects in humans."

The experts concluded that most of the studies cited by the petitioners **cannot be linked to specific products.** Additionally, they determined that the mere presence of a chemical is not enough to demonstrate that an adverse health effect may occur.

## HOW THREE CPSC COMMISSIONERS RESPONDED

**They rejected it**, saying it would be too time consuming to deal with ANOFRs on a case-by-case basis. They also said the "overwhelming" data presented to them and provided through public comment supported the Commission's ability to regulate these substances as a class under the FHSA.

**They ignored it**, and moved to grant the petition and convene a Chronic Health Advisory Panel (CHAP). The recommendation to convene a CHAP shows that they fully know this area merits further study. Nonetheless, they released public guidance, refusing to accept the fact-based determinations of CPSC staff – or wait for an independent group of scientists to deliver its findings.

**They dismissed it** with the issuance of a public guidance document. What's more, they developed their own conclusion that ANOFRs in these products are a possible hazard to public health.

**They defied it**, and weighed the claims of a group of special interest groups over the comprehensive scientific analysis conducted by CPSC's own set of accomplished experts.