Date of Hearing: March 24, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
AB 2302 (Celeste Rodriguez) – As Introduced February 19, 2026

SUBJECT: Food safety: Infant Formula.

SUMMARY: Requires infant formula manufacturers to test for toxic elements (aluminum, arsenic, cadmium, lead, and mercury) and make results available on their internet website. Specifically, **this bill**:

1) Requires a manufacturer of infant formula for sale and distribution in this state to test a representative sample of each production aggregate of the manufacturer's final infant formula product at a proficient laboratory for toxic elements at least once per month.

2) Authorizes a manufacturer to test the final infant formula product for toxic elements before packaging individual units for sale or distribution.

3) Requires a manufacturer to provide test results to any authorized agent of the Department of Public Health (DPH) upon their request pursuant to existing law 5) and 6) below.

4) Requires final formula products sold, manufactured, delivered, held or offered for sale in the state to disclose product information to consumers consistent with the following:

    a) Make publicly and easily available on the manufacturer's internet website, in English and Spanish, for the duration of the product shelf life for a final infant formula product plus one month, the name and level of each toxic element present in each production aggregate of a final infant formula product; and,

    b) Provide descriptive information of the internet website to enable accurate identification of the final infant formula product by consumers. Authorizes descriptive information to include, but not be limited to, product name, universal product code (UPC), size, lot numbers or batch numbers.

5) Requires, if a product is tested for a certain toxic element subject to an action level, regulatory limit, or tolerance established by existing law 9) below, the manufacturer to include on the product label both of the following:

    a) A Quick Response (QR) code or other machine-readable code that links to the manufacturer's internet website containing both of the following:

        i) Test results for the toxic element, as provided pursuant to 4) a) above; and,

        ii) An internet website link to an internet website of the United States Food and Drug Administration (FDA) where consumers can find the most recent FDA guidance and information about the health effects of the toxic element on children.

        iii) A statement that reads: "For information about toxic element on this product, scan the QR code."

6) Requires the proficient laboratory that analyzes the final infant formula 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 (IEC) 17925:2017 regarding the general requirements for the competence of testing and calibration laboratories;

   b) Use an analytical method that is at least as sensitive as that described in the FDA Elemental Analysis Manual 4.7; and,

   c) Demonstrate proficiency in quantifying each toxic element to at least six micrograms of the toxic element to kilogram of food (ug/kg) through an independent proficiency test. Proficiency means that laboratories achieve a z-score that is less than, or equal to, plus or minus two.

7) Prohibits a person or entity from selling, manufacturing, delivering, holding, or offering for sale in this state infant formula that does not comply with this bill.

8) Defines the following for purposes of this bill:

   a) "Final infant formula product" to mean the finished product of infant formula with a unique universal product code;

   b) "Infant formula" to have the same meaning as defined in 8) of existing law below;

   c) "Product label" to mean a display of written, printed, or graphic material that is affixed to a product or its immediate container;

   d) "Product shelf life" to mean the time, measured in the number of means, between the date of manufacture and the expiration date for a final infant formula product;

   e) "Production aggregate" to mean a quantity of product that is intended to have uniform composition, character, and quality and is produced according to a master manufacturing order;

   f) "Proficient laboratory" to mean a laboratory that meets the criteria listed in 6) above.

   g) QR code to mean a machine-readable code, consisting of an array of squares, used for storing an internet website in order to access a web page.

   h) "Representative sample" to mean 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.

   i) "Toxic elements" to mean aluminum, arsenic, cadmium, lead and mercury.

EXISTING LAW:

State Law

1) Establishes the Sherman Food, Drug, and Cosmetics Law (Sherman Law), administered by DPH, which regulates the packaging, labeling, and advertising of drugs and devices, including dietary supplements. [Health & Safety Code (HSC) §§ 109875-111929.4]

2) Adopts, under Sherman Law, the federal definition of infant formula. Requires DPH to review all changes to the federal definition of infant formula before those changes are incorporated by reference to the Sherman Law, as specified. [HSC § 109951]

3) Defines the following under the Sherman Law:

   a) A "label" to mean a display of written, printed, or graphic matter upon a food, drug, device, or cosmetic or upon its immediate container. [HSC § 109955]

   b) "Manufacture" to mean the preparation, compounding, propagation, processing, or fabrication of any food, drug, device, or cosmetic. Includes in the definition 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. Does not in the definition include repackaging from a bulk container by a retailer at the time of sale to its ultimate consumer. [HSC § 109970]

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

5) Authorizes, for purposes of enforcement of the Sherman Law, any authorized agent of DPH, upon presenting appropriate credentials and at a reasonable time, to do any of the following:

   a) Enter any factory, warehouse, or establishment in which any food, drug, device, or cosmetic is manufactured, packed, or held; enter any vehicle that is being used to transport or hold the food, drug, device, or cosmetic; or enter any place where any food, drug, device, or cosmetic is suspected of being held in violation of the Sherman Law; and,

   b) Inspect any factory, warehouse, establishment, vehicle, or place, and all pertinent equipment, raw material, finished and unfinished materials, containers, and labeling in the factory, warehouse, establishment, vehicle, or place. In the case of any factory, warehouse, establishment, or consulting laboratory in which any food, drug, device, or cosmetic is manufactured, packed, or held, requires the inspection to include any record, file, paper, process, control, and facility that has a bearing on whether the food, drug, device, or cosmetic is adulterated or misbranded, or falsely advertised within the meaning of this part or whether it has been or is being manufactured, packed, transported, sold, or offered for sale in violation of the Sherman Law. [HSC § 110140]

6) Defines "health officer" (LHO) to mean the health officer appointed by a county board of supervisors, by the governing body of a city, by the governing body of a city and county, or by a local health district board. Authorizes DPH upon the request of an LHO, to authorize a local health department (LHD) to enforce the Sherman Law and the regulations adopted

pursuant to it that pertain to retail food establishments, as defined by regulation, if DPH determines that the LHD has sufficient personnel with adequate training to do so. Authorizes an LHD, that is authorized by DPH, to enforce the Sherman Law to make inspections, take samples, make laboratory examinations, impose and remove embargoes, hold informal hearings, certify facts to the district attorney, and institute proceedings for the forfeiture, condemnation, and destruction of food found to be adulterated or misbranded. Gives the LHO and their deputies the same powers and authorities as an inspector of DPH's Bureau of Food and Drug to enforce, as specified. Limits the enforcement to the area under the jurisdiction of the LHD. [HSC § 111015, *et seq.*]

7) Establishes, through the initiative process, Proposition 65, commonly known as the Safe Drinking Water and Toxic Enforcement Act of 1986, which requires businesses to provide warnings to Californians about significant exposures to chemicals that cause cancer, birth defects, or other reproductive harm. Specifies that these chemicals can be in the products that Californians purchase, in their homes or workplaces, or that are released into the environment. Proposition 65 prohibits California businesses from knowingly discharging significant amounts of listed chemicals into sources of drinking water. Proposition 65 requires California to publish a list of chemicals known to cause cancer, birth defects, or other reproductive harm. This list, which must be updated at least once a year, has grown to include approximately 900 chemicals since it was first published in 1987. [HSC §§ 25249.5 - 25249.14]

Federal Law

8) Defines, under federal law, "infant formula" to mean a food which purports to be or is represented for special dietary use solely as a food for infants by reason of its simulation of human milk or its suitability as a complete or partial substitute for human milk. [21 United States Code (U.S.C.) § 321(z)]

9) Authorizes, by regulation, the establishment of tolerances, regulatory limits, and action limits for added poisonous or deleterious substances.

   a) Provides that a tolerance may prohibit any detectable amount of the substance in food;

   b) Provides that a regulatory limit may prohibit any detectable amount of the substance in food. The regulatory limit established represents the level at which food is adulterated under the federal Food, Drug and Cosmetic Act (FDCA);

   c) Provides that an action level may be established to define a level of contamination at which a food may be regarded as adulterated. Requires a notice to be published in the Federal Register whenever an action level is established or changed, as specified. [21 Code of Federal Regulations (CFR), Part 109]; and,

   d) Authorizes a regulation to be established to identify a food containing a naturally occurring poisonous or deleterious substance which will be deemed to be adulterated under the FDCA. States that these regulations do not constitute a complete list of such foods.

10) Requires an infant formula to be deemed to be adulterated if it: (1) does not provide the required nutrients; (2) does not meet the quality factor requirements; or (3) the processing of

such infant formula is not in compliance with the good manufacturing practices and the quality control procedures. Further sets out requirements for the nutrient content, quality factor, current good manufacturing practice (CGMP), and quality control procedures and requires the Health and Human Services Secretary to establish these requirements by regulation [21 U.S.C. § 350a]

11) Establishes the federal regulations for the composition, labeling and safety of infant formula [21 CFR Part 106 & 107]

FISCAL EFFECT: Unknown. This bill has not been analyzed by a fiscal committee.

COMMENTS:

1) **PURPOSE OF THIS BILL.** According to the author, California has a responsibility to prioritize our babies' health and protect them from harm. During the first few months of life, many babies rely almost entirely on formula for nutrition. This is also one of the most critical stages of development, where even small exposures to toxic elements, such as heavy metals, can have lasting impacts on brain development or lead to other health effects. The author continues that California has already set the bar for protecting babies and pregnant mothers by ensuring that baby food and prenatal vitamins are regularly tested for toxic elements. The author states that this bill builds on that important work to ensure that parents and caregivers can make safe and informed choices about the formula they feed their babies. The author notes that this bill focuses on safety, transparency, and accountability. The author concludes that California parents deserve confidence in the formula they purchase for their babies.

2) **BACKGROUND.** Infant formula is an important source of nutrition for many babies in the U.S., whether used exclusively or in combination with breastfeeding.

   Although breastfeeding is recommended as the optimal choice of nutrition for most infants, many infants in the U.S. rely on infant formula for some or all of their nutrition. According to DPH's website, many low- to medium-income parents who recently gave birth depend entirely or partially on infant formula because they are unable to exclusively breastfeed long term. In California and beyond, breastfeeding initiation and duration rates are lower in communities of color, as well as working and low-income families. Some of the reasons for this disparity may be due to inequities in how lactation support is offered or provided in and out of the hospital setting, and challenges with unsupportive work environments. DPH's website notes that for Black birthing people in the U.S., racial disparities in breastfeeding practices span back centuries to slavery, when enslaved women were made to serve as wet nurses. Inequities persisted as formula was marketed to communities of color as the superior infant feeding source. Today, studies show that Black mothers are more likely to be offered formula in the hospital than their counterparts. As a result, Black birthing people and low- to medium-income parents who must return to work disproportionately miss out on vital breastfeeding benefits.

   a) **How does the FDA regulate infant formula?** According to the FDA's website, the FDA does not approve infant formulas. However, infant formula manufacturers must notify FDA before marketing a new formula in the United States by providing the FDA with a new infant formula submission. The notification review process ensures that all products meet required nutritional and safety requirements. If an infant formula product is sold in

the U.S. and does not meet all applicable requirements, the FDA has the authority to take steps to remove it from the market to protect the health of infant consumers.

The FDA regulations specify 30 nutrients that must be included in any infant formula sold in the United States. New infant formulas are reviewed to ensure they contain adequate protein and support healthy growth in infants. The FDA also requires that all ingredients used in infant formula be approved food additives or generally recognized as safe (GRAS) and suitable for such use. The FDA routinely evaluates individual nutrients to ensure infants receive optimal nutrition based on the most current scientific evidence.

Infant formula manufacturers must follow sanitary controls that are required by federal law to prevent contamination of infant formula during manufacturing. For example, infant formula manufacturers must establish a system of controls designed to ensure that infant formula does not become adulterated due to the presence of microorganisms in the formula. Further, FDA regulations require testing in infant formula for the pathogens *Salmonella* and *Cronobacter*. FDA regulations require that the water companies use to manufacture formulas meets safety standards set by the U.S. Environmental Protection Agency.

The FDA has specific requirements for infant formula labels. Information on infant formula labels that is most helpful for caregivers of infants includes directions for preparation and use, a pictogram showing the major steps for preparing infant formula, and a "use by" date. Labels are also required to provide information that is truthful and not misleading.

b) Impacts of Heavy Metals.

i) Lead. According to the Agency for Toxic Substances and Disease Registry (ATSDR) within the U.S. Health and Human Services Agency (HHS), lead is a metal found naturally in the earth's crust. It can be found in all parts of our environment, including air, water, and soil. Lead can combine with other chemicals to make different compounds. Lead is used in the production of batteries, ammunition, and metal products (solder and pipes). Because of health concerns, the use of lead in paints, ceramic products, caulking, and pipe solder has been dramatically reduced. The use of lead as an additive to automobile gasoline was banned in 1996 in the United States. The nervous system is the main target for lead poisoning in children and adults. Long-term exposure can result in decreased learning, memory, and attention, and weakness in fingers, wrists, or ankles. Exposure to high lead levels can severely damage the brain and kidneys and can cause death. In pregnant women, exposure to high levels of lead may cause a miscarriage. In men, it can cause damage to reproductive organs. Children are more vulnerable to lead poisoning than adults because their nervous system is still developing. Children can be exposed to lead in their environment and before birth from lead in their mother's body. At lower levels of exposure, lead can decrease mental development, especially learning, intelligence, and behavior. Physical growth may also be decreased. A child who swallows large amounts of lead may develop anemia, severe stomachache, muscle weakness, and brain damage. Exposure to lead during pregnancy can also result in premature births. Some effects of lead poisoning in a child may continue into adulthood.

According to the American Academy of Pediatrics' (AAP) website, there is no safe level of lead exposure in children, with lasting decreases in cognition documented in children with blood levels as low as 3.5 micrograms per deciliter of lead in blood. At that level, the Centers for Disease Control and Prevention (CDC) recommends evaluation and intervention. However, all elevated lead levels are a concern.

ii) **Aluminum.** According to the ASTDR, aluminum is the most abundant metal in the earth's crust. It is always found combined with other elements such as oxygen, silicon, and fluorine. Aluminum as the metal is obtained from aluminum-containing minerals. Small amounts of aluminum can be found dissolved in water. Aluminum and aluminum compounds have many uses, including beverage cans, pots and pans, airplanes, siding and roofing, and foil, water treatments and are also found in consumer products such as antacids, astringents, buffered aspirin, food additives, cosmetics, and antiperspirants. Only very small amounts of aluminum that you may inhale, ingest, or have skin contact with will enter the bloodstream. Exposure to aluminum is usually not harmful, but exposure to high levels can affect your health. Workers who breathe large amounts of aluminum dusts can have lung problems, such as coughing or abnormal chest X-rays. It is unknown if aluminum will cause birth defects in people. Aluminum is found in breast milk, but only a small amount of this aluminum will enter the infant's body through breastfeeding.

   According to a 2019 report by AAP, aluminum is a contaminant present in most foods and medications. Studies demonstrating long-term toxicity from the aluminum content in parenteral nutrition (which is not infant formula, but rather a solution that contains all the nutrition needed for preterm infants delivered via the bloodstream) components led the FDA to implement rules for these solutions. Large-volume ingredients were required to reduce the aluminum concentration, and small-volume components were required to be labeled with the aluminum concentration. Despite these rules, the total aluminum concentration from some components continues to be above the recommended final concentration. The AAP notes that the concerns about toxicity from the aluminum present in infant formulas and antiperspirants have not been substantiated and require more research.

iii) **Mercury.** According to the ATSDR, mercury is a naturally occurring element, and elemental mercury is a silver liquid at room temperature that can also evaporate into the air as a gas or become a solid at very low temperatures. Mercury is used in a number of industries and products, primarily in the manufacturing of electronics, fluorescent-lighting, and production of chlorine-caustic soda. Most people are exposed to organic mercury compounds (typically methylmercury) in food (such as fish, seafood, rice) or to elemental mercury from dental fillings. Food is the most common form of exposure. Industrial and dental workers who use mercury are primarily exposed to elemental mercury. Some cultures use mercury in traditional medicines or religious practices, although this is not recommended or approved for use in the United States. All forms of mercury can affect the nervous system and the kidneys. Workers exposed to elemental mercury vapor and people who eat foods with high levels of methylmercury experienced tremors, incoordination, 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.

iv) **Arsenic.** According to the ATSDR, arsenic is a naturally occurring element widely distributed in the earth's crust. In the environment, arsenic is combined with oxygen, chlorine, and sulfur to form inorganic arsenic compounds. Arsenic in animals and plants combines with carbon and hydrogen to form organic arsenic compounds. Inorganic arsenic compounds are mainly used to preserve wood. Organic arsenic compounds are used as pesticides, primarily on cotton plants. Breathing high levels of inorganic arsenic could cause sore throat or irritated lungs. Ingesting very high levels of arsenic can result in death. Exposure to lower levels can cause nausea and vomiting, decreased production of red and white blood cells, abnormal heart rhythm, damage to blood vessels, and a sensation of "pins and needles" in hands and feet. Ingesting or breathing low levels of inorganic arsenic for a long time can cause a darkening of the skin and the appearance of small "corns" or "warts" on the palms, soles, and torso. There is some evidence that long-term exposure to arsenic in children may result in lower IQ scores. There is also some evidence that exposure to arsenic in the womb and early childhood may increase mortality in young adults. There is also some evidence that inhaled or ingested arsenic can injure pregnant women or their unborn babies, although the studies are not definitive. Arsenic can cross the placenta and has been found in fetal tissues. Arsenic is also found at low levels in breast milk.

   The U.S. Environmental Protection Agency (EPA) has set limits on the amount of arsenic that industrial sources can release to the environment and has restricted or cancelled many of the uses of arsenic in pesticides. The EPA has set a limit of 0.01 parts per million (ppm) for arsenic in drinking water.

   According to the AAP’s website, arsenic is a widespread metallic element naturally occurring in soil and groundwater. It is also released into the environment by industrial sources. Children can be exposed through ingestion, inhalation, and prenatally. Chronic exposure to arsenic can increase risk of bladder, lung, and skin cancers. Early childhood exposure is linked to increased risk of infection, bronchiectasis, altered hepatic function, neurodevelopment and cognitive effects, skin changes (eczematoid eruptions, hyperkeratosis and hyperpigmentation) and increased risk of skin cancer. Public health policies include standards that focus primarily on exposure through drinking water. Exposures may also occur, however, through other items consumed by children, including rice cereals, fruit juices, apple products and brown rice syrup. Children are at increased risk of exposure to arsenic because they eat more food, breathe more air and drink more water per pound of body weight than adults. Children are also more likely to put their hands in their mouths.

v) **Cadmium.** According to the ATSDR, cadmium is a natural element in the earth's crust and is usually found as a mineral combined with other elements such as oxygen (cadmium oxide), chlorine (cadmium chloride), or sulfur (cadmium sulfate, cadmium sulfide). All soils and rocks, including coal and mineral fertilizers, contain some cadmium. Most cadmium used in the United States is extracted during the production of other metals like zinc, lead, and copper. Cadmium does not corrode easily and has many uses, including batteries, pigments, metal coatings, and plastics. Breathing high

levels of cadmium can severely damage the lungs. Eating food or drinking water with very high levels of cadmium severely irritates the stomach, leading to vomiting and diarrhea. Long-term exposure to lower levels of cadmium in air, food, or water leads to a buildup of cadmium in the kidneys and possible kidney disease. Other long-term effects are lung damage and fragile bones. The health effects in children are expected to be similar to the effects seen in adults (kidney, lung, and bone damage depending on the route of exposure). A few studies in animals indicate that younger animals absorb more cadmium than adults. Animal studies also indicate that the young are more susceptible than adults to a loss of bone and decreased bone strength from exposure to cadmium. It is not known if cadmium causes birth defects in people.

The EPA has determined that exposure to cadmium in drinking water at concentrations of 0.04 ppm for up to 10 days is not expected to cause any adverse effects in a child. The EPA has determined that lifetime exposure to 0.005 ppm cadmium is not expected to cause any adverse effects. The FDA has determined that the cadmium concentration in bottled drinking water should not exceed 0.005 ppm. OSHA has limited workers' exposure to an average of 5 µg/m3 for an 8-hour workday, 40-hour workweek.

c) **Consumers' Reports (CR) Test of Toxic Elements in Infant Formula.** CR tested 41 types of powdered formula for a number of toxic chemicals, including arsenic, lead, BPA, acrylamide, and PFAS. CR reviewed well-known brands, newer startups, popular store brands, and imported brands. About half of the samples tested contained potentially harmful levels of at least one contaminant. The other half of the samples showed low or no levels of concerning chemicals.

d) **FDA efforts.** In April 2021, the FDA announced its Closer to Zero Initiative, related to reducing dietary exposure to contaminants such as arsenic, lead, cadmium and mercury prioritizing foods commonly eaten by babies and young children because their smaller body sizes and metabolism make them more vulnerable to the harmful effects of these contaminants. The Closer to Zero initiative involves the following: 1) research and analysis regarding contaminants, 2) regulation establishing action levels, increasing targeted compliance and enforcement activities, monitoring levels over time to determine potential adjustments to proposed action levels; and 3) encouraging adoption of agricultural and processing best practices by industry to lower levels of environment contaminants in agricultural commodities and products. The FDA's action items for this initiative are focused on baby foods, rather than infant formula.

In March 2025, the FDA announced a new initiative called Operation Stork Speed to strengthen its oversight of the formula industry, which includes, among other things, increased testing for heavy metals and other contaminants and other foods children consume. The federal HHS Secretary recently announced that the FDA is planning to release results from the "Operation Stork Speed" review of infant formula products in April 2026, focused on the presence of contaminants including cadmium, mercury and lead in baby formula.

3) **SUPPORT.** This bill is sponsored by Children Now (CN), who urges support to protect California babies from the heavy metals in infant formula. Existing federal regulations and requirements for manufacturing practice, quality control procedures, and quality factors for

infant formula are more focused on the prevention of contaminants such as microbes, glass, and sanitizing agents, rather than on the presence of heavy metals. CN notes that the FDA has not set safety levels for heavy metals in infant formula, which is particularly concerning given that AAP states that there is no safe level of lead exposure in children, and that even low levels of exposure have been shown to impair cognition and neurodevelopment. CN continues that arsenic exposure is also linked to harmful effects on neurodevelopment and increased risk of cancer, and early life exposures are especially dangerous for children. CN states that the findings from CR article regarding heavy metals in infant formula are very concerning; however, they also show that many formula manufacturers are successfully producing safer alternatives with no or low levels of the identified contaminants. The largest manufacturers—constituting nearly 80% of the national market—all had formula products in both the "best choices" (no or low levels of contaminants) and "worst choices" (levels of contaminants over daily limits) categories, demonstrating that they are currently capable of producing formulas without concerning levels of harmful contaminants. CN concludes that this bill empowers parents and caregivers to make informed choices about the formula that they feed to their babies.

4) **OPPOSE UNLESS AMENDED.** The Infant Nutrition Council of America (INCA) opposes the bill unless amended, stating concerns that this bill overlooks important differences between infant formula and the baby foods currently covered in heavy metals legislation in several other states. INCA states that infant formula is already highly regulated under federal law in a way other baby foods are not, and there have been no congressional reports asserting elevated levels of heavy metals in infant formulas, as there have been for certain baby foods. INCA continues that the FDA is still in the process of determining action levels in infant formulas, unlikely non-formula baby foods, for which certain action levels have already been established. INCA is concerned about products under this bill having to bear a statement about "toxic element testing." INCA notes that the FDA has stated that heavy metals in infant formula do not indicate a public health concern, and the word "toxic" might mislead parents and caregivers into thinking that these products are unsafe and/or jeopardizing infant health with alternatives that are truly unsafe, such as alternative feeding options (e.g. homemade formulas) that do not meet FDA safety and quality standards for complete nutrition and lack the nutrients necessary for infant growth and development, which can be dangerous to infants' health and wellbeing.

5) **PREVIOUS LEGISLATION.**

   a) AB 899 (Muratsuchi), Chapter 668, Statutes of 2023 requires a manufacturer of baby food for sale or distribution in this state to test a representative sample of each production aggregate of the manufacturer's final baby food product, at a proficient laboratory meeting certain criteria, for toxic elements (arsenic, cadmium, lead, and mercury) at least once per month. Requires a manufacturer to provide test results to any authorized agent of DPH upon their request. Requires a manufacturer of a final baby food product sold, manufactured, delivered, held, or offered for sale in the state on and after January 1, 2025, to provide specified information disclosures to consumers, including making publicly available on its internet website the name and level of each toxic element present in each production aggregate of the final baby food product. If a product is tested for a certain toxic element subject to an action level, regulatory limit, or tolerance established by the FDA, requires manufacturers to include on the product label a QR code that links to a page on the manufacturer's internet website containing, among other information,

test results for the toxic element and a link to the FDA's website where consumers can find the most recent guidance or information about the health effects of the toxic element on children. Prohibits a person or entity from selling in the state or manufacturing, delivering, holding, or offering for sale in the state any baby food that does not comply with this bill.

b) SB 646 (Weber Pierson), Chapter 602, Statutes of 2025 requires manufacturers of prenatal vitamins to test samples of the vitamins for arsenic, cadmium, lead, and mercury, and requires the brand owner of a multivitamin product to disclose the testing results and other information to the public.

6) DOUBLE REFERRAL. This bill is double referred. Should it pass out of this Committee, it will be referred to the Assembly Committee on Environmental Safety and Toxic Materials.

7) POLICY COMMENT. This bill requires an infant formula label to include a QR code or other machine-readable code that links to the manufacturer's internet website containing the toxic element test results, a link to an internet website where consumers can find FDA guidance and information about the health effects of the toxic element on children, and a statement directing consumers to the QR code for toxic element information on the product. These provisions apply if a product is tested for a certain toxic element subject to an action level, regulatory limit, or tolerance established by the FDA pursuant to federal regulations. Both the support and opposition of this bill note that the FDA currently does not have safety levels set for heavy metals in infant formula. As this bill moves forward, the author may wish to amend this bill to reflect that fact.

8) SUGGESTED AMENDMENTS. Due to the possibility that the brand owner of an infant formula product and the manufacturer of the infant formula product may not be the same entity (for instance, a "store brand" of infant formula that outsources manufacturing to another entity), the Committee may wish to consider amending this bill to distinguish between manufacturers and brand owners as follows:

a) Define "manufacturer" to mean a person who is either of the following:

i) A brand owner who manufactures, as defined in Section 109970, an infant formula.

ii) A person who manufactures, as defined in Section 109970, but is not the brand owner of an infant formula.

b) Define "brand owner" to mean the person who owns or licenses the trademark that is the most prominent trademark on the principal display panel of the final infant formula product label and specify that the manufacturer of an infant formula for another person who owns the trademark is not the brand owner.

c) Require both manufacturers and brand owners to provide test results to any authorized agent of DPH. Authorize a brand owner, if the brand owner does not manufacture infant formula or final infant formula product, to comply with this requirement by providing the test results of the manufacturer they use to produce the infant formula or final infant formula product.

d) Impose this bill's requirements to disclose product information to consumers on brand owners rather than on manufacturers.

REGISTERED SUPPORT / OPPOSITION:

Support

Children Now (sponsor)
A Voice for Choice Advocacy
Alliance of Nurses for Healthy Environments
American Nurses Association/california
Breast Cancer Prevention Partners
California Lulac
California Nurses for Environmental Health & Justice
California Wic Association
Calpirg, California Public Interest Research Group
Center for Community Action & Environmental Justice
Center for Environmental Health
Clean Water Action
Cleanearth4kids.org
Environmental Working Group
Facts Families Advocating for Chemical and Toxics Safety
Friends Committee on Legislation of California
Gmo Science
Green Science Policy Institute
Healthy Children Project, INC.
Jonas Philanthropies
Learning Disabilities Association of California
Lift Economy
Non-toxic Neighborhoods
Our Green Challenge
Recolte Energy
Safe Passages
San Francisco Bay Physicians for Social Responsibility
Sonoma County Youth Environmental Action Committee

Opposition

None on file

Analysis Prepared by: Eliza Brooks / HEALTH / (916) 319-2097