Testimony of Dr. Andrew Carlson, Division Head of Primary Care at Connecticut Children's Medical Center, to the General Law Committee regarding SB 118, An Act Concerning Baby Food Products and Toxic Heavy Metals

Wednesday, February 18, 2026

Senator Maroney, Representative Lemar, and members of the legislature's General Law Committee, thank you for the opportunity to share my thoughts on SB 118, An Act Concerning Baby Food Products and Toxic Heavy Metals.

My name is Dr. Andrew Carlson, Division Head of Primary Care at Connecticut Children's. Before commenting on the bill, I want to provide some background about our organization. Connecticut Children's is a nationally recognized, 214-bed not-for-profit children's health system driving innovation in pediatrics. With over 3,200 employees and more than 1,300 pediatric experts on our medical staff, we are the only health system in the state dedicated exclusively to the care of children.

The intent of SB 118 aligns strongly with pediatric public health priorities. Reducing exposure to arsenic, cadmium, lead, and mercury in infants and toddlers is unquestionably an important goal. We know there is no safe level of lead exposure in children, and early-life heavy metal exposure has well-established neurodevelopmental implications. From a purely clinical standpoint, the direction of this bill is consistent with preventive pediatrics and our shared commitment to protecting children during critical periods of brain development.

I appreciate that SB 118 ties allowable levels to U.S. Food and Drug Administration (FDA) established action limits rather than creating a separate Connecticut-specific standard. Alignment with federal thresholds reduces regulatory confusion and avoids setting up conflicting compliance requirements. At the same time, FDA guidance in this space continues to evolve, and manufacturers may face progressively tighter standards. While that may be appropriate from a safety standpoint, it could affect product formulation, availability, and cost.

The requirement for routine testing through accredited laboratories is scientifically rigorous and appropriate. However, monthly testing of each production aggregate will almost certainly increase manufacturing costs, and those costs are likely to be passed on to consumers. Many families who rely on commercially prepared baby food are already financially stretched. There is a real potential for unintended equity implications if increased cost or reduced product availability disproportionately affects lower-income families.

The public disclosure requirements; posting heavy metal levels and lot-specific information on manufacturer websites, along with QR code labeling on containers, are perhaps the most operationally impactful elements from a clinical standpoint. Transparency is generally positive and consistent with informed consumer choice. However, in practice, we should anticipate increased parental anxiety and requests for interpretation. Parents may see that a product contains "arsenic" or "lead" without understanding that trace amounts can be naturally occurring and still fall well below FDA action levels. We can expect more messages, phone calls, and office visits asking pediatric providers to interpret numeric values that are technically compliant but understandably alarming to families.

It would be wise for stakeholders, including healthcare providers and state agencies, to proactively develop clear educational messaging for families. It will be critical to explain the distinction between detection and unsafe levels and to reinforce that "below action level" does not mean "zero," but rather within established safety parameters. Without that context, there is a risk of unnecessary fear or avoidance of otherwise nutritionally appropriate foods.

As Division Head of Primary Care at Connecticut Children's, I wish to applaud the goal of this legislation, reducing heavy metal exposure in young children, while urging thoughtful consideration of potential unintended consequences related to cost, equity, and parental interpretation of disclosed data.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Christian Petersen, Connecticut Children's Government Relations Manager, at cpetersen@connecticutchildrens.org.