Senate Maryland Testimony - Arshia Verma.pdf
Uploaded by: Arshia Verma
Position: FAV

TESTIMONY FOR BILL 602 -
Establishing prohibitions and requirements regarding the sale of diet pills to individuals under the age of 18 years
Submitted by Arshia Verma

Hello Members of Maryland State Senate,

I'm Arshia Verma, a freshman at the University of Texas at Austin. Today, I am testifying through my involvement with the Youth Advocacy Corps of the Harvard University Strategic Training Initiative for the Prevention of Eating Disorders. Through this testimony, I hope to share my perspective backing Bill 602.

I grew up in Elkridge, Maryland and this bill is deeply important to me because it will protect the health of countless youth in Maryland by prohibiting the sale of over-the-counter diet pills to minors. I implore you to vote in favor of this bill that will take care of your young and impressionable constituents.

As an 18 year old girl, I understand the heavy influence of social media, marketing, and beauty standards. I have seen my friends get on social media as early as 6th grade at the age of 11, and quickly get addicted to the shiny image of influencers and models. As our generation grows up with sponsored posts and neverending advertisements on every corner of the internet, it is becoming harder and harder to escape the beauty ideals that we are expected to meet.

It is the hope of looking like the heavily-edited models and influencers that may drive youth just like me to seek out these products in hopes of losing weight and fitting in. However, what many young people don't know, is that these supplements are often laced with banned pharmaceuticals, heavy metals, pesticides, and other toxic ingredients. With the common sale of these products at trusted pharmacies and local corner stores, it is all too easy to blindly purchase and consume these dietary supplements with no suspicions as to their true ingredients.

In an effort to serve in the state youth's best interest, I strongly urge you to vote in support of Bill 602.

Thank you,
Arshia Verma

Senate Speech.pdf
Uploaded by: Benjamin Nathan
Position: FAV

My name is Benjamin Nathan and I am a 17 year old from Howard County, Maryland.

As a kid who has previously struggled with my body image, I can attest to the feelings of hopelessness and shame these issues invoke. These feelings build up, and can lead us to a simple yet life-changing google search: information about diet pills. These pills are supposed to solve our problem with one simple capsule. So step 1: get the pills.

(place pills on the table)

These are diet pills. I purchased them myself, as a minor, from my local 7/11. I showed no ID, and bought them over-the-counter in under 30 seconds. Diet pills such as these are everywhere: convenience stores, gas stations, pharmacies, etc. This gives me and other teens endless opportunities to supply ourselves with as many pills as we want.

It is phrases on the packaging like “the world’s strongest fat burner” and “increase energy,” which instantly catch the eye. As a kid viewing these pills in a store, I see the “solution” to body image insecurities, a struggle that is so common for teenagers in this country. And while there is a label at top that says “not recommended for use by minors,” there is nothing that forces us to follow it.

(2 second pause)

Step 2: Take the pills. I could, right now, take one of these pills, consuming toxic chemicals that will disrupt my hormones, growth, and mental health.

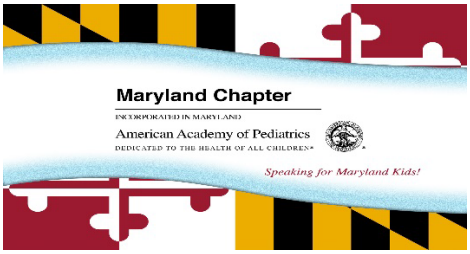
There was and remains nothing preventing me from attaining or taking these pills that I have in front of you, nor is there anything preventing the more than one million other minors in the state of Maryland.

Today, I ask you, support the children. Honorable members of the Maryland State Senate, I ask that you vote in favor of Senate Bill 602.

SB0602_FAV_MDAAP_PH - Sale of Diet Pills to Minors

Uploaded by: Christine Krone

Position: FAV



TO: The Honorable Melony Griffith, Chair
Members, Senate Finance Committee
The Honorable Joanne C. Benson

FROM: Christine K. Krone
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
410-244-7000

DATE: March 16, 2023

RE: **SUPPORT** – Senate Bill 602 – *Public Health – Sale of Diet Pills to Minors – Prohibition (Protecting Teenagers From Unregulated Diet Pills)*

The Maryland Chapter of the American Academy of Pediatrics (MDAAP) is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of **support** for Senate Bill 602.

Senate Bill 602 would establish prohibitions and requirements regarding the sale of diet pills to individuals under 18 years old. Dietary supplements are classified by the Food and Drug Administration as food and, therefore, don't undergo scientific and safety testing like prescription drugs and over-the-counter medications do. These products are unregulated and easily accessible. "Study after study has documented that, particularly, supplements sold for weight loss and muscle building are often laced with dangerous and illegal ingredients, including banned and undisclosed pharmaceuticals, anabolic steroids, and experimental and excessive stimulants. The American Academy of Pediatrics has strongly cautioned against teens using these products for any reason," said Dr. S. Bryn Austin, Professor at the Harvard Chan School of Public Health, whose research is focused on eating disorders[1]. A good example of the presence of excessive stimulants, such as those found in muscle-building supplements, contain extremely high levels of caffeine, typically 250-300mg per dose. To put it in perspective, an 8oz cup of coffee has about 95mg of caffeine. The dangers of diet pills can also be magnified when taking them in conjunction with prescribed or over the counter medications.

Youth who struggle with body image fall prey to targeted advertising on social media that promises extreme weight loss or enhanced performance. Youth are also more likely to experiment without researching the harmful effects of the ingredients in diet pills. Dr. Jason Nagata, a pediatrician at UCSF Benioff Children's Hospital in San Francisco who cares for children and young adults with life-threatening eating disorders, believes

[1] Ahmed, R. (no date) *Student advocates lead the way to ban minors from purchasing diet pills and muscle-building supplements*, *The Science Survey*. Available at: https://thesciencesurvey.com/editorial/2022/02/01/student-advocates-lead-the-way-to-ban-minors-from-purchasing-diet-pills-and-muscle-building-supplements/# (Accessed: February 27, 2023).

that easy access to diet pills contributes to his patients' conditions. Nagata said the number of patients he sees with eating disorders has tripled since the pandemic began. They are desperate to get diet pills, "we've had patients who have been so dependent on these products that they will be hospitalized and they're still ordering these products on Amazon," he said[2].

For the reasons stated above, MDAAP urgers a favorable report on Senate Bill 602.

[2] *California and New York aim to Curb Diet Pill sales to minors* (no date) *US News*. Available at: https://www.usnews.com/news/health-news/articles/2022-09-13/california-and-new-york-aim-to-curb-diet-pill-sales-to-minors (Accessed: February 27, 2023).

SB602_MD Youth Advisory Council_Fav.pdf
Uploaded by: Grace Minakowski
Position: FAV

Maryland Youth Advisory Council
c/o Governor's Office of Crime
Prevention, Youth, and Victim Services
100 Community Place,
Crownsville, MD 21032

March 1, 2023

Re: SB602 | Public Health - Sale of Diet Pills to Minors - Prohibition (Protecting Teenagers From Unregulated Diet Pills)

Dear Senators,

The Maryland Youth Advisory Council prides itself on being a coalition of diverse young advocates and leaders who serve as a voice for youth in the state of Maryland. As leaders in our communities, and as appointees of the Governor, President of the Senate, Speaker of the House, Maryland Association of Student Councils, Maryland Higher Education Commission and the University System of Maryland, we take every opportunity to address relevant issues by influencing legislation, spreading public awareness and serving as a liaison between youth and policymakers regarding issues facing youth.

For decades, the diet and supplement industry has preyed upon our children. Coupled with exposure to the media and cycling through unrealistic, "trending" body standards, our generation faces a serious risk of developing an eating disorder. A University of California San Francisco study found that 44% of teenage girls believed they were overweight with 60% of teenage girls attempting to lose weight despite being in a medically-health weight class.[1] Further, a study conducted among 9th graders found that about 56% of females and 44% of males engaged in one or more disordered eating behaviors (including fasting or skipping meals, diet pills, vomiting, laxatives or smoking cigarettes; and binge-eating).[2] The Food and Drug Administration (FDA) does *not* regulate the dietary supplement market, raising alarms for the safety and purity of these items. A company is not required to back marketing claims with science nor must the supplement be effective. Most disturbing is the lack of a federal mandate prohibiting the sale of diet pills and other supplements to minors. One Harvard Research study found that teens who use/abuse diet pills are 4-6 times more likely to develop an eating disorder than their peers, and a similar pipeline between muscle-enhancing supplements and anabolic steroids is found with a 2-5 times increase.[3] In addition to most diet pills being blatantly ineffective, these products have been linked to symptoms such as liver damage, insomnia, high blood pressure, stroke/seizure, and death.[4] By failing to address the

[1] Ozer EM, Brindis CD, Millstein SG, et al. , *America's adolescents: Are they healthy?*San FranciscoUniversity of California, School of Medicine, 1998

[2] CROLL, J., et al. "Prevalence and Risk and Protective Factors Related to Disordered Eating Behaviors Among Adolescents: Relationship to Gender and Ethnicity." *Journal of Adolescent Health*, vol. 31, no. 2, Elsevier BV, Aug. 2002, pp. 166–75. https://doi.org/10.1016/s1054-139x(02)00368-3.

[3] "Out of Kids' Hands." *Harvard School of Public Health*, www.hsph.harvard.edu/striped/out-of-kids-hands. Accessed 14 Feb. 2023.

[4] Mayor Clinic Staff. "Dietary Supplements for Weight Loss." *Mayo Clinic*, www.mayoclinic.org/healthy-lifestyle/weight-loss/in-depth/weight-loss/art-20046409. Accessed 14 Feb. 2023.

disordered-eating epidemic among Maryland teens, policy makers are also failing the physical & mental health of our generation.

SB602 prohibits the sale of dietary supplements to minors (as defined by drugs/supplements whose marketing claims include enhanced muscle growth or weight loss and whose prescription is not required under the Federal Food, Drug, and Cosmetic Act). The act further requires the Maryland Department of Health to issue visible warnings of risk factors where diet pills are sold and requires these products to be stored in a locked case/behind a counter. Finally, the act gives the Maryland Department of Health authority in evaluating which drugs/supplements are subject to the Act. The Council has voted in favor of **SB602** as it aligns with the Council's Legislative Platform supporting:

a) Holistically protecting the physical and social health of Maryland Youth (Article IV) which includes proper education about health-promoting behavior & prevention measures not provided by current curriculum.
b) Efforts to eliminate illegal use of tobacco, alcohol, and other drugs (Article IV, Section B)
c) Initiatives designed to promote positive mental health and well-being in youth (Article IV, Section B)

Regulation over Maryland's dietary supplement industry is imperative. It is ludicrous that we control the sale of alcohol and tobacco products to minors but not unregulated diet supplementation with scientifically-proven risks. Keeping diet products out of the hands of Maryland youth safeguards them from adverse health effects, risky behavior, and eating disorders. The Council believes it the duty of the Maryland General Assembly to pass legislation which will create a safe, healthy future for our generation. For these reasons, the Council supports **SB602** and respectfully requests a favorable report from the committee.

Sincerely,

Samuel Desai

Samuel Desai, Chair
Maryland Youth Advisory Council

Nagata-Letter-of-Support-Maryland.pdf
Uploaded by: Jason Nagata
Position: FAV

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LETTER OF SUPPORT FOR HB 634/SB 602

Sale of Diet Pills to Minors - Prohibition (Protecting Teenagers From Unregulated Diet Pills)

Submitted by Jason M. Nagata, MD, MSc
Assistant Professor of Pediatrics, University of California, San Francisco
Attending Physician, UCSF Benioff Children's Hospitals
Co-Chair, International Association for Adolescent Health Young Professionals Network

March 1, 2023

Dear Maryland State Representatives:

I, Dr. Jason Nagata, am a pediatrician at UCSF Benioff Children's Hospital and a faculty member at the University of California, San Francisco. I would like to share research supporting HB 634/SB 602 and to strongly urge you to sign critically important bill into law.

The U.S. weight-loss supplement industry generates over $2.5 billion in annual revenue and youth are prominent consumers of these products.[1,2] We have all seen these products in local pharmacies, grocery stores, and health food stores. What many people don't know is that weight-loss supplements are not reviewed by the US Food and Drug Administration (FDA) for safety or effectiveness before they enter the market.[3] However, research assessing the composition of these supplements have found that many are adulterated with banned substances, prescription drugs, stimulants, steroids, and other toxic ingredients.[4,5] These additives are often associated with serious and detrimental health consequences.[4,5]

Rigorous scientific study after study has shown that these types of supplements pose serious health risks to consumers. A recent study found that youth using weight-loss supplements were three times more likely than those using ordinary vitamins to experience severe medical harm, including hospitalization, disability, and even death.[6] Studies have linked weight loss supplements to organ failure, heart attacks, stroke, and death.[6–11] The CDC estimates that supplement use leads to 23,000 emergency room visits every year, with a quarter due to the weight-loss category alone.[12]

The American Academy of Pediatrics recently issued a report strongly cautioning against teens using these products for any reason.[13] Youth who use over-the-counter diet pills are six times more likely to be diagnosed with an eating disorder compared to nonusers.[2,14] As a pediatrician specializing in adolescent eating disorders, I have cared for countless youth in the Bay Area who have used weight loss supplements, developed eating disorders, become critically ill, and required hospitalization. Hospitalizations for eating disorders have doubled at UCSF with similar trends around the state since the start of the COVID-19 pandemic. Diet pills, weight loss supplements, and eating disorders affect youth of all races, genders, sexual orientations, sizes, and

socio-economic backgrounds. Weight loss supplements worsen health inequities and disproportionately affect people of color, low-income households, and those without health insurance.[15,16] We need to get these dangerous products out of the hands of our kids.

HB 634/SB 602 gives Maryland lawmakers the opportunity to take action now to protect our children. This bill would prevent the sale of weight-loss supplements and over-the-counter diet pills to minors across the state. Additionally, it would move these products from open shelves to behind the counter, just as we have done with other harmful products such as cigarettes. I urge you to sign HB 634/SB 602 into law. We must act now to protect the children of Maryland.

Thank you for your time and leadership on this important issue.

Sincerely,

Jason M. Nagata, MD, MSc
Assistant Professor of Pediatrics
Division of Adolescent and Young Adult
Medicine University of California, San Francisco

Citations

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Senate Ayaz Diet Pill Testimony.pdf
Uploaded by: Lamia Ayaz
Position: FAV

TESTIMONY ON SB0602

Good afternoon, ladies and gentlemen. My name is Lamia Ayaz, and I am a junior at Howard High School in Ellicott City, Maryland. Thank you for the opportunity to speak here with you today in strong support of SB 602, sponsored by Senator Benson.

I am 16 years old. And I, alongside my peers, have grown up surrounded by social media. Every single day, starting from the ages of 4 or 5, we are bombarded with images and videos of people's bodies. The vast majority of this content has heavy editing; jawlines are enhanced, skin is smoothed, faces are made slimmer, certain features are made larger and others smaller. It has become the standard, to the point where a 2021 study found that 90 percent of young women today filter their photos.

But it would be ludicrous to suggest that this issue is limited solely to young women. Popular influencers, both male and female, filter and edit their bodies as well. Some with millions of followers promote appetite-suppressant candies and diet pills. We have created a culture where body image issues are cultivated for profit.

Being exposed to this content once or twice may not be significant. But when you are exposed to this content every single day, for multiple hours a day, we find ourselves confronted with a much larger issue. We compare ourselves to the content we consume, and we begin to find fault with every part of our body. Unattainable and unrealistic images become our standards. For this reason, social media has undoubtedly contributed to the rise of body image issues.

It's true that people often will choose short-term benefit over long-term safety, and this is especially true for teenagers. And when we see something cunningly marketed as a fix-all solution, an easy way to lose large amounts of weight when nothing else has worked, to fix the features we have been taught to hate, is it really surprising that it can be difficult for vulnerable adolescents to say no?

Providing minors easy access to something as unregulated and untested as diet pills is unacceptable. I implore you to vote yes to SB 602. Thank you for your time.

Health-Inequities-in-OTC-Diet-Pills.pdf
Uploaded by: Monique Santoso
Position: FAV

A Threat to Health Equity

Weight-loss supplements are dangerous.

With **limited FDA oversight**, some dietary supplements laced with banned pharmaceuticals, steroids, and other toxic ingredients [1-4]

Annual revenue of U.S. weight-loss supplement industry = **$2.56 billion** [5]

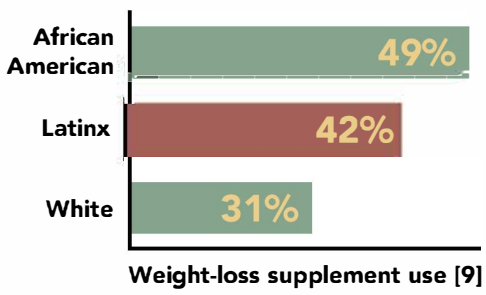
23,000 ER visits per year in U.S. due to supplements [6] – 25% of these sold for weight loss – which may result in organ failure, heart attack, stroke, and death [1-4]

According to the FDA adverse event reporting system, weight-loss supplements are **3x more likely to cause severe medical injury** than vitamins [7]

Youth who use over-the-counter (OTC) diet pills are **6x more likely to be diagnosed with an eating disorder** within 3 years than nonusers [8]

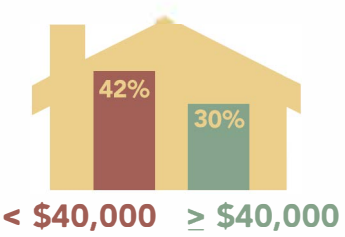
Weight-loss supplements worsen health inequities.

Among adults trying to lose weight, unacceptable inequities in lifetime use of harmful weight-loss supplements:



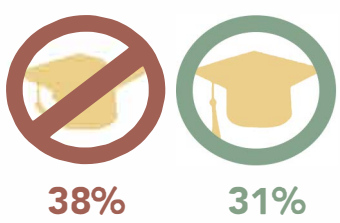
African American & Latinx adults at **higher risk** than white adults [9]

People in households with annual income **less than $40,000** at higher risk than those with higher income [9]



Women have **twice the risk** as men [9]

People with high school education or less at **higher risk** than those with higher education [9]



Uninsured adults **3x more likely** to use harmful weight-loss supplements than insured adults [10]

Latinx teens **40% more likely** to use OTC diet pills than white teens [11]

Since the COVID-19 pandemic started, African-American adults **3x more likely** than white adults to start using weight-loss supplements [12]

Immigrants with low English proficiency at **higher risk** of not understanding FDA alerts/recalls on supplements compared to those with high English proficiency [10]

STRIPED
A PUBLIC HEALTH INCUBATOR
Strategic Training Initiative for the Prevention of Eating Disorders

Designed by Marlena Skrabak

Find out more about the dangers of weight-loss supplements and threats to health equity at: https://www.hsph.harvard.edu/striped/out-of-kids-hands/

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Maryland-Letter - Senate.pdf
Uploaded by: Monique Santoso
Position: FAV

March 15, 2023

Senator Griffith and Senatoe Klausmeier
Chair and Vice-Chair, Finance Committee

Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

Re: Senate Bill SB0602 (Senator Benson) - Sale of Diet Pills to Minors - Prohibition (Protecting Teenagers From Unregulated Diet Pills)

Dear Delegates Wilson and Crosby,

We are a group of adolescents and young adults in Maryland who are **in support of SB0602**, a bill to protect minors from dietary supplements for weight loss and over-the-counter (OTC) diet pills, and we are writing to strongly urge you to vote in favor of this important bill.

As youth today, we are growing up in a digital world that constantly bombards us with unrealistic and biased body and appearance ideals. This online influence can lead to very real offline threats to our health and the health of our friends. One of the ways that many youths fall into this pressure is through the use of dietary supplements for weight loss and OTC diet pills, which are widely available and used by people our age. We all know of friends, teammates, and peers who have easily purchased these products within their neighborhoods and online, often with little knowledge of the dangers they present.

Research supports our personal experiences. Over 11% of teens report ever using dietary supplements for weight loss. These products also disproportionately affect Latinx youth, who are 40% more like to use over-the-counter diet pills than White teens. Although the American Academy of Pediatrics has strongly discouraged the use of dietary supplements for weight loss and OTC diet pills, many teens still feel pressure to use them to achieve unrealistic and dangerous appearance goals. As a result, youth who use weight-loss supplements and OTC diet pills are six times more likely to be diagnosed with an eating disorder within three years than nonusers.

Weight-loss supplements and OTC diet pills are not harmless — in fact, these products can be deadly. Studies have found that supplements can be laced with pesticides, heavy metals, anabolic steroids, and pharmaceuticals that can cause strokes, cancer, and severe liver injury, which sometimes require transplants or cause death. However, the Food and Drug Administration (FDA) does very little to regulate these products, leaving youth in Maryland vulnerable.

The dietary supplement industry has gone under-regulated for years, which has allowed the industry to prey on youth and young adults through deceptive marketing and social media influencers, selling us their lies and dangerous products . It is clear that **action must be taken to protect Maryland youth**. SB0602 gives lawmakers the opportunity to take action to protect us, our teammates, our friends, and our peers from these harmful products. We urge you to vote in support of **SB0602**.

Please feel free to contact Pari Patel, with any questions at ppate347@nyit.edu. Thank you for your time and leadership on this important issue.

Sincerely,

Pari Patel, 17
Hagerstown, MD

Prutha Patel, 19
Hagerstown, MD

Janya Patel, 15
Hagerstown, MD

Vrunda Patel, 17
Hagerstown, MD

Aislinn O'Connor, 15
Hagerstown, MD

Ella Murthy, 17
Hagerstown, MD

Kristin Chen, 20
Baltimore, MD

Nora Lewis, 17
Hagerstown, MD

Tre Puckett, 15
Williamsport, MD

Leia Patel, 17
Hagerstown, MD

Nathan Lanza, 18
Hagerstown, MD

Pragat Patel, 18
Ellicott City, MD

Kelly Bokoum, 17
Hagerstown, MD

DaShawn Napier, 17
Hagerstown, MD

Sharon Oh, 19
Gaithersburg, MD

Jeimy Herrera, 17
Hagerstown, MD

Akanksha Patibandla, 19
Clarksville, MD

Avi Patel, 13
Hagerstown, MD

Reanna Talwar, 20
Towson, MD

Wyatt Yonker, 13
Williamsport, MD

Stuti Rao, 18
Ellicott City, MD

Nick Popat, 19
Hagerstown, MD

Emma Dube, 19
College Park, MD

Ramel Washington, 21
Laurek, MD

Adriana Cox, 19
Hagerstown, MD

Lyla Kaufmann, 15
Hagerstown, MD

Riya Patel, 22
Fulton, MD

Minal Khurshid, 14
Baltimore, MD

Sydney Bidle, 18
Boonsboro, MD

Mariama Cham, 18
Hagerstown, MD

Merin Thomas, 17
Salisbury, MD

Nancy Tobar Guzman, 18
Hagerstown, MD

Nashrah Rahman, 19
Ellicott City, MD

Aleena Syed, 18
Hagerstown, MD

Leah McCafferty, 15
Hagerstown, MD

Isha Patel, 18
Catonsville, MD

Liliana Soler, 18
Columbia, MD

Nadia Baig, 19
Ellicott City, MD

Andrew Le, 19
Gaithersburg, MD

Henry Lewis, 15
Hagerstown, MD

Het Sheth, 15
Hagerstown, MD

Rishi Bhat, 15
Hagerstown, MD

Eden Teodorovici, 18
Hagerstown, MD

Tanish Gupta, 19
Hagerstown, MD

Jasmine Jenkins, 18
Columbia, MD

Megan Stuller, 18
Hagerstown, MD

Mae Crews, 17
Hagerstown, MD

Nathan Silla, 17
Hagerstown, MD

Caleb Kline, 15
Hagerstown, MD

Maddie Mcgray, 13
Williamsport, MD

Lena Yu, 19
Rockville, MD

Aamna Alvi, 19
Cambridge, MD

MD Testimony.pdf
Uploaded by: Najman Mahbouba
Position: FAV

TESTIMONY
Submitted to the Maryland State Senate Committee on Finance in support of SB0602, Dietary supplements for weight loss and over-the-counter diet pills

Submitted by Najman Mahbouba, Junior at Los Gatos High School

Dear Honorable Members of the Maryland Finance Committee

I am Najman Mahbouba, a Junior at Los Gatos High School. I conducted academic research at UCSB and Oxford on an array of public policy-related initiatives, served as a policy intern for numerous think tanks, and currently am the Executive Director at The Policy Initiative Institute, the only youth-run nonprofit promoting policy studies among students. I am also deeply involved in local government, serving on numerous town and district level commissions and boards, including the 18th Congressional District Advisory Board, and have had award-winning public policy writing published on numerous platforms, including the Stanford University Daily. I chose to be here today to share all this with you to demonstrate that I am a young United States resident who cares deeply about responsible public policy and the well-being of my community. And recently, in light of the exposure regarding the predatory and deceptive nature of numerous prominent diet pill companies, I am concerned -- deeply concerned -- about the well-being of my peers.

I strongly urge you to vote in favor of SB0602.

Dietary supplements sold with false promises to lead to weight loss are readily found across many online vendors and brick-and-mortar stores throughout Maryland. But due to the Dietary Supplement Health and Education Act, which Congress passed in 1994, the FDA is prohibited from prescreening dietary supplements before they end up on store shelves and online listings, leaving manufacturers to be expected to adhere to an honor system and self-assess the safety of their own products.

Due to this lack of prescreening and conflict of interest, a myriad of dietary supplements sold for weight loss on the consumer market have been identified to contain p

Additionally, as a youth residing in the United States, I have personally observed the severity and prevalence of this issue. With the growth of social media, a culture that emphasizes appearance, and the exploitation of the natural emotional fluctuations of puberty, many of my personal friends and peers have been pushed to experiment with weight loss diet pills. But due to the aforementioned current under regulated state of these substances, they pose a dangerous risk to youth health and well-being, making this a clearly pertinent threat in our state.

Because Bill SB0602 would ban the sale of over-the-counter diet pills and supplements sold for weight loss to minors younger than 18 years old, it gives Maryland lawmakers the opportunity to respond to this threat, and protect state youth from harmful products.

I urge you to vote in support of Bill SB0602, with your support, we will be able to propel Maryland to become the first state in the country to ban the sale of these toxic products to children! Thank you.

Sincerely,

Najman Mahbouba

SB 602 LOS 2023 Leg NAPNAP.pdf

Uploaded by: National Association of Pediatric Nurse Practition Maryland Chesapeake Chapter
Position: FAV

National Association of Pediatric Nurse Practitioners℠
MD: CHESAPEAKE

Support: SB 602 Public Health - Sale of Diet Pills to Minors - Prohibition (Protecting Teenagers From Unregulated Diet Pills)

2/28/2023

Maryland Senate
Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair and Members of the Committee:

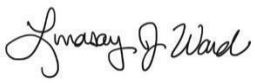
On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our support of **SB 602 Public Health - Sale of Diet Pills to Minors - Prohibition (Protecting Teenagers From Unregulated Diet Pills).**

This bill would prohibit retailers from selling dietary supplements for weight loss, muscle building and over-the-counter diet pills to anyone under the age of 18 without a prescription. Weight loss supplements and pills, and muscle building supplements aren't regulated by the Food and Drug Administration (FDA). The FDA has also warned the public of the dangers of certain weight loss products, highlighting contaminated pills that have been tainted with dangerous ingredients. The American Academy of Pediatrics has released two reports strongly cautioning against teens using diet pills and muscle-building supplements for any reason. These products can be sold to consumers of any age without restriction, so any child can go to their local grocery store, convenience store, or gym or go online to buy these unsafe products.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their support to **SB 602 Public Health - Sale of Diet Pills to Minors - Prohibition (Protecting Teenagers From Unregulated Diet Pills) and requests a favorable report.**

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The members of Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners memberships includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for Maryland's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the Chesapeake Chapter President, Lindsay J. Ward at 410-507-3642 or at lindsayjward@hotmail.com.

Sincerely,



National Association of Pediatric Nurse Practitioners℠
MD: CHESAPEAKE

Lindsay J. Ward CRNP, RN, IBCLC, MSN, BSN
Certified Registered Nurse Practitioner- Pediatric Primary Care
International Board-Certified Lactation Consultant
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter President

Evgenia Ogordova

Evgenia Ogordova-DNP
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter Legislative Chair

_Pari Patel Youth Advocacy Story (1).pdf

Uploaded by: Pari Patel
Position: FAV

Youth Advocacy Story
Pari Patel

My name is Pari Patel and I am a college student here to share my personal story about the dangers of over-the-counter diet pills and muscle-building supplements. Thinking back to my earlier years as a young teen battling new challenges in the world, a dreadful experience comes up. Over time, due to the pressure of something I dearly enjoyed, I became sucked into a whirlwind of unrelenting commitment to go beyond my limits and achieve what I desired. Being an athlete and playing at high levels in my adored sport of basketball, it soon occurred to me that I would fall behind physically in comparison to my teammates. This fear developed into a deep want for growth and maintaining a certain physique. My naïveté convinced me I would be practical and not take any ill actions. The small steps I took turned into large shifts in my lifestyle, which unknowingly proved detrimental to my long term health. This desire led me down a path of disordered eating. I became obsessed with counting my macronutrients and calories and turned to over-the-counter diet pills and muscle-building supplements as a way to see immediate results. It felt too late to turn back - the only way forward was to keep doing more.

I was exposed to supplements at the age of 14, and as a competitive athlete, I believed that they were necessary to enhance my performance and reach my goals. They became my sense of identity and falsely convinced me of healthy habits.

During this period of struggle, I went to my local grocery store and saw aisles and aisles of various types of supplements, from so-called performance-enhancing to weight loss and body detox powders. I decided to try a version of every supplement on the shelves. Unfortunately, no one was there to speak to me about the dangers of these products, and my friends, coaches, and teammates even recommended the use of these supplements. Was everyone sucked into this whirlwind of marketing hype and deception?

I began using these supplements alongside a severe and unhealthy caloric deficiency and spent about two hours at the gym daily after my basketball practices, along with extra training early in the morning. Because I expected good results, I couldn't see the damage I was doing to my own body.

With no prior experience in this realm, the only source of information I had was the internet which too was severely biased and exaggerated the benefits of supplements greatly. Finally through deep research, I eventually realized these supplements might be dangerous. But still, it was hard for me to believe because I so firmly trusted that our government would not let dangerous products like these be sold to me. I was convinced that our government would put a

stop to this if these supplements were truly bad. It took months of repeated introspection, inevitably forcing me to doubt myself amidst my new realization.

Malnourishment was engulfing me, snuck up and eventually, I even lost my menstrual periods at the age of 15. It took me over four years to overcome this and completely get over my disordered eating. And to think, it took me only about three weeks to develop a severe sickness from these supplements. My story is one of millions. If I didn't have the thought to look deeper into these supplements, who knows what would have happened? But this begs the question, how do we expect teens to understand the negative effects of these drugs? Are we going to let them get sucked into this whirlwind of deception too because in every case and scenario, the results are dreadful. It pains me to even think of the possibilities of another teen being deceived by these companies to unknowingly take risks with their health.

The under-regulated supplements industry is predatory, profiting off of youth insecurities and eating disorders. These products are marketed towards young people, who are often under immense pressure to perform and look a certain way. They prey on their vulnerabilities and insecurities, promising quick and easy results. However, these products are often dangerous and can lead to serious health consequences, as was the case with me. Letting these supplements go unregulated means taking away the immense potential in each of these individuals at an early age, setting them up for lifelong pain and difficulty. The consequences of using these supplements are not easy to recover from. Not only does it take a long time to overcome, but the damage stays with a person throughout their lifetime - serving as a constant reminder.

I was provided with misinformation by individuals and companies on the internet, promoting these products as a quick fix for achieving the results I desired. Now this was my story, someone inherently obsessed with finding the root meaning behind things - especially medicine. Not all teens, especially athletes with sheer dedication, have the time or motivation to look into what they consume. At the surface level, all of these products seem purely amazing.

It is time for our government to take action and ban the sale of dangerous over-the-counter diet pills to youth. We need legislation that will protect our youth from the predatory practices of the supplement industry. We must prioritize the health and well-being of our young people and ensure that they are not being misled and put at risk by these harmful products.

Riley Ramseier Bill SB 602 Testimony.pdf
Uploaded by: Riley Ramseier
Position: FAV

Dear Honorable Members of the California Legislature,

My name is Riley Ramseier, and I am a 16-year-old from Fresno, California where I currently attend University High School. On top of my rigorous schooling, I am a teen athlete and a member of a competitive rock climbing team. Testifying through my involvement with the STRIPED Youth Corps Policy Translation Team, I am here today to share my story and to communicate my support of Assembly Bill SB 602.

As a teenager going through the difficult phases of life, I have observed the effects of negative body image on numerous others around me, as well as experienced it firsthand. At the age of 13, I developed an eating disorder, and can recall the feelings of exhaustion and helplessness I experienced as I struggled through it. I know what it is like to yearn for the perfect body and recognize the lengths to which teens will go to achieve this. While I did not resort to diet pills and weight loss supplements, it is terrifying how many people do, and for the wrong reasons. Teens like me have the ability to obtain these unrestricted products with great ease since they can be found readily at your local Walgreens or Target, and can even be bought online through Amazon. One could easily purchase these products to use at their own discretion without anyone stopping them.

As an athlete, talk of weight loss supplements and diet pills is even more prevalent in my daily life. Teens like me with great fitness aspirations will oftentimes look for the easiest route to achieve their goals. Unfortunately, diet pills and weight loss supplements are readily available to them and on the surface, they look like the quickest fix. In reality, these supplements and pills can result in poor side effects when used irresponsibly. Teens who are not properly educated on the effects of supplements can cause permanent damage to their bodies.

While these dietary supplements deceptively claim to promote healthy weight loss, many of them have been found to contain prescription drugs, banned substances, and stimulants which can be very dangerous for unsuspecting users. Due to the Dietary Supplement Health and Education Act of 1994, manufacturers are not required to prove the safety of the supplement they are producing, nor is the accuracy of the label regulated. With the lack of regulation in place, these pills pose more of a threat than one may think.

The companies who create these products deliberately target the younger generations by placing ads on social media platforms commonly used by teens. Once a teen gets hooked on one of these easily obtainable products, who knows how many others will also get peer pressured into experimenting with them as well. This is why I urge you all, dedicated lawmakers, to vote in support of Bill SB 602. If this bill is passed, thousands of young people like me would be protected against the potentially harmful effects of weight loss supplements and diet pills. Us teens need your help.

Thank you all for your time and support on this pressing matter,
Riley Ramseier

SBAustin-Letter of Support for MD SB602 w.Addendum
Uploaded by: S. Bryn Austin
Position: FAV

Boston Children's Hospital
Until every child is well™

HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH
Department of Social and Behavioral Sciences

S. Bryn Austin, Sc.D.
Professor
Boston Children's Hospital
Division of Adolescent/Young Adult Medicine
333 Longwood Avenue, Boston, MA 02115
phone 617-355-8194 | *fax* 617-730-0185
bryn.austin@childrens.harvard.edu

Mar. 14, 2023

Re: Maryland Senate Bill 602 (Sen. Benson) "Public Health – Sale of Diet Pills to Minors – Prohibition"

Dear Esteemed Members of the Maryland Senate:

I am Professor of Pediatrics at Harvard Medical School and Professor in Social and Behavioral Sciences at the Harvard T.H. Chan School of Public Health. I am also the Director of the Strategic Training Initiative for the Prevention of Eating Disorders based at the Harvard Chan School of Public Health. I would like to share research supporting **Senate Bill 602 "Public Health – Sale of Diet Pills to Minors – Prohibition**," authored by Delegate Joe Vogel, and to strongly urge you to sign this important bill into law.

Dietary supplements sold for weight loss are commonly used in the United States, with one in five women and one in 10 men reporting ever using these products.[1] In 2019, American households spent over $2.5 billion on weight-loss supplements, and the sector is estimated to increase to $4 billion in annual revenue by 2027.[2]

These products can be found in most pharmacies, grocery stores, health food stores, and other retailers and online through Amazon, Walmart, and countless other online vendors. What many people do not know is that dietary supplements are not prescreened for safety or efficacy by the U.S. Food and Drug Administration (FDA) before they end up on store shelves. In 1994, Congress passed the Dietary Supplement Health and Education Act, which prohibits the FDA from prescreening dietary supplements before they enter the market. Instead, manufacturers are expected to adhere to the honor system and self-assess the safety of their own products.[3]

In the absence of FDA prescreening, many dietary supplements on the consumer market, especially those sold for weight loss, have been found to be laced with prescription pharmaceuticals, banned substances, heavy metals, pesticides, and other dangerous chemicals.[4-8] A study led by the FDA tested a small selection of the tens of thousands of dietary supplements on the market and found hundreds of those sold for weight loss to be adulterated with pharmaceutical drugs and banned chemicals, which often are associated

with serious health consequences.[8] Similarly, Dr. Pieter Cohen, a global leader in toxicology research on weight-loss supplements, published in the scientific journal *Clinical Toxicology* yet another sobering study exposing the cocktail of illegal, experimental stimulants found in many widely available weight-loss supplements.[5] These mixtures of excessive stimulants can produce in consumers a range of noxious effects, from nausea, vomiting, and sweating to heart palpitations, cardiac arrest, and stroke. ***In February of this year***, the FDA issued yet another warning (which can be found at: Public Notification: Alfia Weight Loss Capsules contain hidden drug ingredient | FDA) for a weight-loss supplement illegally laced by the manufacturer with a controlled substance that had been pulled from the market more than a decade ago for causing heart attacks and strokes. This FDA warning joins a long list of warnings (which can be found at: Tainted Weight Loss Products | FDA) the agency has issued about weight-loss supplements for the serious health risks, some life-threatening, that many pose to consumers. **Importantly, FDA warnings carry no enforcement weight and come much too late to protect consumers,** leaving any meaningful action to protect children from these dangerous products in the hands of state governments.

Weight-loss dietary supplements have also been linked with liver and other organ damage, sometimes necessitating organ transplant or resulting in death.[3,6] In fact, the rate of liver failure has risen 185% in the past decade,[6] and 16% of serious drug-induced liver injury cases in the United States are attributed to dietary supplement use, the majority being those sold for weight loss.[9] Rather than prescreen supplements for toxic ingredients before the products end up on store shelves, the FDA relies on reports of serious adverse incidents, such as injury or fatality, after consumer ingestion to find out that dietary supplements have caused harm to consumers.[3] Since consumers do not always associate health problems with dietary supplements or reveal to their healthcare providers that they are using these products, the true number of adverse incidents due to dietary supplements sold for weight loss is likely far higher than the number reported to the FDA.

A national study by the Centers for Disease Control and Prevention (CDC) estimated that dietary supplements result in over 23,000 emergency department visits every year, and weight-loss supplements in particular account for over a quarter of these visits.[10] Which age group is hit hardest by the dangers of the weight-loss supplements? Young adults ages 20-34 years, and for young people ages 5-19 years, weight-loss supplements make up the largest single type sending them to the emergency department too. Another recent study, this one of reports to poison control centers nationwide, documented nearly 275,000 reports related to dietary supplement use from the period from 2000 to 2012; the study also found that reports of supplements to poison control centers increased 50% between the years of 2005 to 2012.[11] A study in *Journal of Adolescent Health*, a leading international journal in adolescent medicine, conducted by my Harvard-based research team using the FDA's adverse event reporting system database for supplements, found that youth using weight-loss supplements were nearly three times more likely than those using ordinary vitamins to experience severe medical harm, including hospitalization, disability, and even death.[12]

In another study conducted by my Harvard-based research team, with data from over 10,000 adolescent and young adult women followed over a 15-year period, we found that those who used over-the-counter diet pills for weight control were six times more likely than peers who did not use these products to be diagnosed with an eating disorder within one to three years of beginning use of these products.[13] Eating disorders have among the highest mortality rate of any psychiatric disorder.[14]

Weight-loss supplements perpetuate and exacerbate gender and racial/ethnic health inequities among Americans. (See addendum included with this support letter for detailed description of health inequities linked with weight-loss supplements.) Girls and women are two times more likely to use weight-loss supplements in their lifetimes than are boys and men, and Black and Latine communities have a higher lifetime use of weight-loss supplements than white communities.[15] Companies that sell weight-loss supplements have been employing manipulative and predatory tactics deliberately targeting Latine communities around the country for years,[16-18] and these practices are putting the health of Latine youth in particular in jeopardy. In another study from our Harvard research team based on CDC national data from U.S. high schools, Latine girls and boys had nearly 40% higher risk of using over-the-counter diet pills in the past month than their white non-Latine peers. Furthermore, we found the disparities have been worsening over time among high school girls, with 1 in 10 Latina girls reporting over-the-counter diet pill use in the past 30 days in the most recent year assessed compared to 6% of white girls.[19] And finally, in our most recent research, conducted during the first year of the COVID-19 pandemic and forthcoming in the peer-reviewed scientific journal *Frontiers in Public Health,* we found in a national study that weight-loss supplements disproportionately burden Black individuals, who are as much as three times more likely to use these deceptive products than white peers. In this same forthcoming study, we also found that individuals who faced food insecurity and economic hardships were more likely to use these dangerous projects during the first year of the pandemic than were those not facing these hardships. Altogether, these findings paint a bleak picture of a predatory industry that cruelly profits off the mental health struggles of children and the hardships faced by marginalized communities at a time of national public health crisis.

These statistics are disturbing and unacceptable, but they pale in comparison to the stories of young people cut down in the prime of life because of these toxic products. Stories like that of 17-year-old Christopher Herrera: Christopher was hospitalized in Texas with severe liver damage after using a supplement with concentrated green tea extract – a known liver toxin – purchased at a nutrition store to lose weight. Doctors recalled that when he arrived, his chest, face, and eyes were “almost highlighter yellow” and the damage was so severe that Christopher was put on the waiting list for a liver transplant. Although young Christopher survived this near-fatal poisoning by a weight-loss supplement, he can no longer spend much time outdoors or exert himself through sports or exercise.[20] The following year, the Hawaii Department of Health, CDC, and FDA conducted a public health investigation when a number of otherwise healthy patients reported severe acute hepatitis and liver failure. The investigation identified 29 cases of hepatitis and found that 24 (83%) of these patients reported using OxyELITE Pro, a

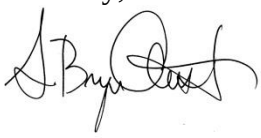
dietary supplement sold for weight loss and muscle building, during the previous two months.[7] These are just two of the many examples of serious health consequences linked with weight-loss supplements.[6-8]

Not surprisingly, dietary supplements sold for weight loss are not recommended by reputable physicians for healthy weight management. In fact, in 2016, the American Academy of Pediatrics issued a report strongly cautioning against their use by teens.[21] Despite these warnings, we have an industry rife with unscrupulous manufacturers that have repeatedly failed to meet their legal obligation to ensure the safety of their products before they are placed on the consumer market. Knowing what we know today about the repeated violations of trust on the part of these manufacturers, how can we continue to let them and the retailers who profit from their products play Russian roulette with the children of Maryland?

It is clear that action must be taken to protect Maryland youth and other vulnerable consumers. State governments have the right and responsibility to act, and legal review has clearly established that there is no federal preemption in this case.[3] House Bill 634 gives Maryland leaders the opportunity to take action to protect children and other vulnerable consumers in the state from these harmful products. This bill would ban sale of supplements sold for weight loss to minors younger than 18 years old in brick-and-mortar stores, by mail-order, or online, putting in place common-sense protections as is already routinely done for other harmful or risky products such as tobacco and pseudoephedrine.

We must act now to put limits on the sale of these dangerous products to protect the children of Maryland. I urge you to sign into law Senate Bill 602. Thank you for your time and leadership on this important issue.

Sincerely,



S. Bryn Austin, ScD
Professor
Harvard Medical School
Harvard T.H. Chan School of Public Health
Director, Strategic Training Initiative for the Prevention of Eating Disorders

Citations

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A Threat to Health Equity

Weight-loss supplements are dangerous.

With **limited FDA oversight**, some dietary supplements laced with banned pharmaceuticals, steroids, and other toxic ingredients [1-4]

Annual revenue of U.S. weight-loss supplement industry = **$2.56 billion** [5]

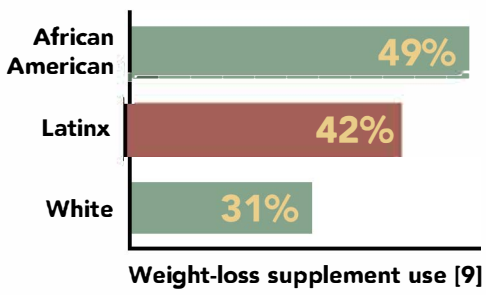
23,000 ER visits per year in U.S. due to supplements [6] – 25% of these sold for weight loss – which may result in organ failure, heart attack, stroke, and death [1-4]

According to the FDA adverse event reporting system, weight-loss supplements are **3x more likely to cause severe medical injury** than vitamins [7]

Youth who use over-the-counter (OTC) diet pills are **6x more likely to be diagnosed with an eating disorder** within 3 years than nonusers [8]

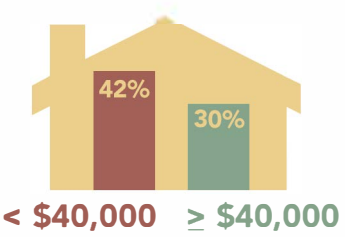
Weight-loss supplements worsen health inequities.

Among adults trying to lose weight, unacceptable inequities in lifetime use of harmful weight-loss supplements:



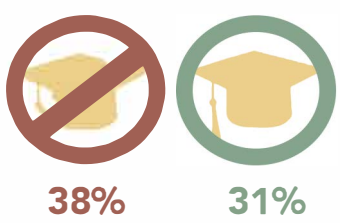
African American & Latinx adults at **higher risk** than white adults [9]

People in households with annual income **less than $40,000** at higher risk than those with higher income [9]



Women have **twice the risk** as men [9]

People with high school education or less at **higher risk** than those with higher education [9]



Uninsured adults **3x more likely** to use harmful weight-loss supplements than insured adults [10]

Latinx teens **40% more likely** to use OTC diet pills than white teens [11]

Since the COVID-19 pandemic started, African-American adults **3x more likely** than white adults to start using weight-loss supplements [12]

Immigrants with low English proficiency at **higher risk** of not understanding FDA alerts/recalls on supplements compared to those with high English proficiency [10]

STRIPED
A PUBLIC HEALTH INCUBATOR
Strategic Training Initiative for the Prevention of Eating Disorders

Designed by Marlena Skrabak

Find out more about the dangers of weight-loss supplements and threats to health equity at: https://www.hsph.harvard.edu/striped/out-of-kids-hands/

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SB0602 Saifa Sowa.pdf
Uploaded by: Saifa Sowa
Position: FAV

TESTIMONY FOR BILL 602 -
Establishing prohibitions and requirements regarding the sale of diet pills to individuals under the age of 18 years
Submitted by Saifa Sowa

Good afternoon. My name is Saifa Sowa, and I am a senior in high school. Growing up, I witnessed the devastating consequences of social media body dissatisfaction, which was exacerbated by teens' access to diet medicines.

I opened my first Instagram account while I was in middle school, and I was suddenly exposed to a multitude of influencers. They were tall and slender at times and curvaceous at others, but their bodies always conformed to the prevailing standards. The majority of the women I saw on my page were marketing diet teas and pills. Although I have always been aware of the negative consequences of diet pills, seeing them widely used on social media gave the impression that they weren't as horrible as they were made out to be. I tried my first diet pill because I wanted to look like the women I saw. That was the one and only time I ever took them. That's because I was fortunate enough to have teachers and parents who educated me about the consequences of detox teas and diet pills on children's bodies, and their guidance instantly came to mind.

I was one of the lucky ones. I had people who talked to me about the dangers surrounding diet supplements. Not many teens are fortunate enough to have that. According to data, 75% of teenagers have not had an adult discuss the dangers of nutrition and muscle-building supplements with them. Social media will always exist, and body standards will remain until something is done about it. This means that teenagers will be vulnerable to body dysmorphia and other body image issues and a majority of the time they will turn to over-the-counter diet pills, ones which will have detrimental effects. We must prohibit the sale of over-the-counter diet supplements to minors in order to stop this from occurring. To protect our children and younger family members. To protect our youth.

Sincerely,
Saifa Sowa

Testimony Public Health – Sale of Diet Pills to Mi

Uploaded by: Senator Benson

Position: FAV

Joanne C. Benson
Legislative District 24
Prince George's County

Budget and Taxation Committee
Education, Business and Administration Subcommittee
Pensions Subcommittee
Chair, Rules Committee

Joint Committees
Audit and Evaluation Committee
Children, Youth, and Families
Ending Homelessness
Fair Practices and State Personnel Oversight
Joint Committee on Pensions

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Testimony of Senator Joanne C. Benson

SB 602: Public Health – Sale of Diet Pills to Minors – Prohibition

Good afternoon Chair Griffith, Vice Chair Klausmeier and members of The Finance Committee. I am here to present SB0602 Public Health – Sale of Diet Pills to Minors – Prohibition

This bill is for the purpose of protecting our children from the dangers of over-the-counter dietary pills consumption. Our children are at risk of digesting these medicated pills, without proper regulation, causing adverse health risks. These health risks are critical as these dietary pills have a list of substances that when overconsumed have been linked to severe liver injury and even induced death. We do not want our children to have the option to simply purchase these pills. Currently these children can go to their nearest pharmacy and purchase these pills without any identification or limitation. As an educator for over forty years, I see the harmful effects that medication can have over our precious children's mental and physical health. With the recent discussions of mental health, it is important that we take care of our children in their tender ages, as they can be susceptible to many dangers that the world of medication has to offer. In the United States, there are reports of two million self-poisoning cases and around 30% are due to over-the-counter drugs. We do not want our children to become addicted, let alone use these supplements without the supervision of a legal guardian or health professional.

This legislation prohibits a person from selling, transferring, or otherwise furnishing "diet pills" to an individual younger than the age of 18 without a prescription. This bill will protect our youth from the dangers of overconsumption of these dietary pills. It would provide an age restriction, along with a proper prescription to be able to consume these dietary pills. We do not want our children getting their hands on these supplements without the guidance of a legal adult, guardian, or doctor advising them on the proper usage. Over-the-counter supplementation should not be the standard, as unregulated access of these pills is becoming an issue across our state. This is a process where we all must step in to fight for our children, protect our future, and do our due diligence in keeping them safe.

Thus, I respectfully urge the committee to issue a favorable report for SB602.

CHPA Oppose - SB 602 .pdf
Uploaded by: John McLuckie
Position: UNF

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March 15, 2023

Senator Melony Griffith, Chair
Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Re: SB 602 - Sale of Diet Pills to Minors - Oppose

Dear Chair Griffith:

On behalf of the Consumer Healthcare Products Association (CHPA), the national trade association representing the leading manufacturers of over-the-counter (OTC) medicines, dietary supplements, and consumer medical devices, I'm writing to express strong opposition to SB 602. As currently drafted, the bill seeks to prohibit sales of many dietary supplements to individuals under the age of 18 and it places impractical sales restrictions on retailers offering these products for sale to the public. The bill threatens the ability of Marylanders to supplement their diet with beneficial vitamins, minerals, and other dietary supplements. We, therefore, cannot support the legislation as currently written.

A Federal Framework Ensuring Dietary Supplement Safety Is Already in Place

Dietary supplements are regulated by the Food and Drug Administration (FDA) via the Dietary Supplement Health and Education Act (DSHEA). DSHEA explicitly defines dietary supplements as a category of food, and they are intended to "supplement" an individual's diet to fill nutrition gaps and support general health and wellness.

FDA has established good manufacturing practices (GMPs) regulations that supplement manufacturers must follow to ensure the production of safe, high-quality products. GMP regulations cover the identity, purity, quality, strength, and composition of dietary supplements and their ingredients. Additionally, the FDA periodically inspects facilities that manufacture supplements to ensure that companies are adhering to the GMP standards.

Dietary supplement manufacturers are responsible for having evidence that their products are safe, and that label claims are truthful and not misleading. If the FDA finds a dietary supplement to be unsafe, it may remove the product from the marketplace or ask the manufacturer to voluntarily recall the product.

Additionally, the Federal Trade Commission (FTC) monitors dietary supplement advertising, requiring that information about supplement products is truthful and not misleading. The FTC may work with the FDA and act against companies that market supplement products that claim to treat diseases or otherwise misrepresent the product. Enforcement of violations may include warnings and fines.

Despite this oversight, the federal government has not identified teen abuse of weight loss supplements as a significant problem.

Industry Enhances Federal Regulations with Additional Measures

In addition to existing federal government regulation, certain retailers have quality assurance programs that include additional standards to help ensure supplement products are safe and accurately labeled. These programs provide consumers with an additional layer of protection from fraudulent labeling claims and/or inclusion of illegal and/or undeclared ingredients. These programs may require product testing by a third-party certification program with requirements such as certifying that a product was manufactured according to GMPs, contains only ingredients that are lawful and safe and that the concentration of ingredient(s) listed on the label is accurate and safe.

The Advertising Self-Regulatory Council under the Better Business Bureau has a very active advertising review program to help set standards for truth and accuracy in advertising. It includes a dispute resolution program in which competitors, the council staff, or consumers themselves can bring complaints about advertisements, including dietary supplements.

Unintended Consequences of Supplement State Regulation

The list of specific ingredients for the Department of Health to consider for sales restrictions, beginning on page 4, line 24, could impact the availability of many health promoting products. For example, creatine is not only used for weight loss or muscle gain, but also utilized for additional health benefits. Creatine is used by some individuals to support heart and bone health amongst other reasons. Similarly, green tea extract is a common ingredient used as an antioxidant in dietary supplements. Antioxidants protect cells and tissues from damaging free radicals and found in many dietary supplements that support general health.

Furthermore, the inclusion of the term “or process by which nutrients are metabolized” in the list of restricted labeling or marketing terms on page 4, beginning on line 26, is vague and applies to many nutrients not related to weight loss. For example, consuming Vitamin D and Vitamin K helps the body metabolize calcium to support strong bones. Additionally, digestive enzymes are used after a meal to help break down lactose in lactose sensitive individuals. Listing specific ingredients for the Department to consider for sales restrictions could result in the unintended consequence of restricting access to a wide range of legitimate health promoting products not used for weight loss or muscle building.

Enforceability

The FDA does not keep a comprehensive list of dietary supplements sold in the U.S. and no such list exists. Without a definitive list of dietary supplement products defined as “diet pills”, it would be impossible for retailers to comply with this proposed regulation. In fact, no state has passed a law age restricting dietary supplements. Bills passed in 2022 by legislatures in California and New York, were ultimately vetoed as both state governors determined enforcement by the state and compliance by retailers were unattainable.

Conclusion

Dietary supplements and other readily available over-the-counter medications play a critical role in the wellness regimen of millions of Americans. Instituting an age restriction for dietary supplements and mandating a “behind-the-counter” policy for retailers, will have a negative

impact on public health. Dietary supplements play a critical role in supporting the health and development of children and young adults. Restricting their sale will prevent parents, guardians, and adults from readily and affordably accessing products that help maintain general health, support mental and sports-related performance, and immune system support.

We welcome the opportunity to work with Senator Benson and the Maryland legislature to address any lingering concerns with the safety of dietary supplements. Thank you for taking the time to consider our concerns and feel free to contact me directly with any follow up questions you may have.

Respectfully submitted,

Carlos I. Gutiérrez
Vice President, State & Local Government Affairs
Consumer Healthcare Products Association
Washington, D.C.
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Cc: Members of the Senate Finance Committee

Maryland SB 602 Testimony.pdf
Uploaded by: Kyle Turk
Position: UNF

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March 16, 2023
Testimony of Kyle Turk
Director, Government Affairs
Natural Products Association

Re: Maryland Senate Finance Committee Meeting on SB 602

Founded in 1936, NPA is the nation's oldest and largest nonprofit organization dedicated to the natural products industry. NPA represents over 700 diverse member organizations and more than 10,000 retail, manufacturing, wholesale, and distribution locations, united in providing consumers access to safe products to maintain and improve their health.

As you know, SB 602 would prohibit the sale of dietary supplements marketed for weight loss to people under 18 while restricting access to these safe, popular, and well-researched products to consumers over 18. The legislation fails to list specific ingredients or products of concern, nor is the sponsor capable of pointing to any dietary supplements that are the genesis of this legislation during testimony in the assigned committees. Instead, the legislation tasks the Department of Public Health to replicate the FDA's Center for Food Safety and Applied Nutrition role to determine which dietary supplement shall be prohibited for sale to consumers under 18 without a prescription. It is critical to note that the FDA, the chief regulator of dietary supplements, has not prohibited or restricted the sale of any dietary supplement to people under 18.

If this legislation became law, Maryland would be the first to ban a food product from a specific demographic. While this legislation has been duplicated in a handful of states, it is essential to note that legislative bodies and state executives recognized the faultiness of this legislation. In fact, Governors Gavin Newsom and Kathy Hochul vetoed the legislation because "dietary supplements… are not considered drugs and, therefore, this measure… to evaluate every individual weight loss and dietary supplement for safety, which is beyond the scope of the department's capabilities."

While we understand the legislation intends to reduce youth exposure to eating disorders, you and your conference must know that supplements are natural products found in food and nature. In addition, NPA members and other industry stakeholders invest significant human resources and capital to ensure their products are safe.

Unfortunately, many have mistakenly lumped over-the-counter diet pills as dietary supplements when they are regulated as over-the-counter drugs by the FDA, which differs from how the supplements are regulated.

Our industry has a strong reputation and brand loyalty with the millions of American consumers who use these products daily. Recent estimates suggest that at least 80% of Americans take at least one dietary supplement as a safe, effective, and affordable way to maintain good health and augment inadequate diets. While a healthy diet is a foundation for better health, even the most well-informed and well-intentioned consumers sometimes eat differently than they should. Supplements, which are easy to add to our daily diets, are often the first step many take toward greater nutritional awareness and healthy lifestyle choices. Whether taking a multivitamin, herbal product, or specialty supplement, people can live healthier lives by supplementing their diets.

FDA has a robust regulatory framework to understand what dietary supplements are being sold and who is selling them. Dietary supplements are regulated under several different laws, including the Nutrition

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Labeling and Education Act of 1990 (NLEA), the Dietary Supplement Health and Education Act of 1994

(DSHEA), the 1997 Food and Drug Administration Modernization Act (FDAMA), the Dietary Supplement and Non-Prescription Drug Consumer Protection Act, and the FDA Food Safety and Modernization Act of 2011 (FSMA). In 1994, Congress to an essential step in recognizing dietary supplements' role in promoting health with the passage of the DSHEA. DSHEA ensures access to safe products made to quality standards and emphasizes the importance of communicating the positive health benefits of supplements so consumers can make informed decisions about their health. In addition, this law that regulates dietary supplements requires companies to submit safety data and includes critical provisions:

Definition: DSHEA defines a dietary supplement as any product that contains one or more dietary ingredients, such as vitamins, minerals, herbs, or other botanicals, amino acids, or other ingredients used to supplement the diet. Dietary supplement ingredients may not be regulated as food additives or drugs.

Safety: The legislation maintains the U.S. Food and Drug Administration's (FDA) authority to safeguard the public against unsafe products. FDA has the power to immediately remove products from the market if the FDA believes that the product or ingredient represents a public health hazard. There are several instances of the FDA exercising this authority, most notably with ephedra.

New Products/Ingredients: Before marketing a new dietary ingredient, a manufacturer must provide the FDA with adequate safety data before marketing. A "new dietary ingredient" is defined as a dietary ingredient that was first marketed after the enactment of DSHEA on October 15, 1994. The law requires manufacturers and distributors who wish to market dietary supplements that contain a new dietary ingredient to notify the FDA about these ingredients before interstate commerce. The notification must include information that is the basis on which the manufacturer or distributor has concluded that the dietary supplement containing a new dietary ingredient is expected to be safe under the conditions of use. The NDI provision is a 75-day pre-market system dealing with safety.

Structure/Function Claims: Under provisions outlined in DSHEA, dietary supplement marketers may include truthful and not-misleading claims on product labels that describe a nutrient's role in supporting wellness. These claims are referred to as structure/function claims or nutritional support claims. Manufacturers must provide the FDA with proof of these claims before marketing the supplement. Additionally, The Federal Trade Commission (FTC) and the FDA work together to regulate the marketing of dietary supplements. The FDA is primarily responsible for product labeling claims, including packaging, inserts, and other promotional materials distributed at the point of sale. The FTC is primarily responsible for advertising claims, including print and broadcast ads, infomercials, catalogs, and similar direct marketing materials. Marketing on the internet is subject to regulation in the same fashion as promotions through any other media.

Labeling: A dietary supplement label must list the name and quantity of each active ingredient; identify the product as a dietary supplement; and, for herbal supplements, identify the part of the plant from which it is taken. Nutrition labeling must be present in a format appropriate to the product. The FDA inspects facilities to gather critical information. As part of this evaluation, labeling review is a required element, and labels lacking necessary information are described as misbranded and thus not compliant with the law. In addition, compliance and surveillance samples may be collected during inspections. Samples will generally consist of the label and any labeling available with the product at the time of purchase; this may include labeling and marketing information available on the product page for the website where the product is sold. Dietary supplements that carry a structure/function claim must submit to the Agency no

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later than 30 days after the marketing of the dietary supplement the following:

- The name and address of the manufacturer, packer, or distributor of the dietary supplement product;
- The text of the statement that is being made;
- The name of the dietary ingredient or supplement that is the subject of the statement;
- The name of the dietary supplement (including the brand name); and
- The signature of a responsible individual or the person who can certify the accuracy of the information presented must certify that the information contained in the notice is complete and accurate and that the notifying firm has substantiation that the statement is truthful and not misleading.

Good Manufacturing Practices (GMPs): Under DSHEA, supplements must comply with current good manufacturing practices. The FDA can issue special regulations on GMPs for dietary supplements. Dietary supplement GMPs are modeled after food GMPs. By law, companies must register all facilities that manufacture, process, package, or hold dietary supplements in the United States.

Office of Dietary Supplements: DSHEA's passage established an office within the National Institutes of Health to coordinate research on dietary supplements and disease prevention, develop a database of supplement research, and advise the Secretary of Health and Human Services on supplement regulation, safety, and health claims. FDA regulates both finished dietary supplement products and dietary ingredients. The NIH dietary supplement label database currently houses over 140,000 on-market and off-market dietary supplements providing the FDA with a picture of the dietary supplement market. FDA regulates dietary supplements under a different set of regulations than those covering "conventional" foods and drug products. The FDA enforces authorities against adulterated, misbranded, or misbranded dietary supplement products.

The Dietary Supplement and Non-Prescription Drug Consumer Protection Act legislation was first introduced in 2006, and I am proud of NPA's leadership role in the creation of this law. This critical piece of legislation amended the federal Food, Drug, and Cosmetic Act to require the reporting of adverse events for over-the-counter drugs and dietary supplements. The Adverse Event Reporting (AER) bill resulted from an extensive collaboration between a bipartisan group of lawmakers, including Senators Hatch, Harkin, Enzi, Kennedy, and Durbin. The legislation preempted the states most notably because it was important for the federal government to maintain authority over the interstate commerce of dietary supplements. In addition, the legislation increased responsibilities on the part of manufacturers, and the reporting has shown that the safety record of dietary supplements compares favorably to other health-related health products.

Additionally, the FDA created the adverse event reporting system (AERs) to collect and review adverse event reports on dietary supplements. The AERs provide an essential monitoring tool for identifying potential serious public health issues associated with using a particular product or type of product that needs to be investigated and critically evaluated. FDA's AER system is a multipronged approach that includes detecting adverse events, generating signals of possible health concerns, assessing those signals, and taking appropriate safety actions based on its assessment. An adverse event is an incident of illness or injury that may be associated with a product or ingredient. With further investigation, the association may or may not be confirmed. FDA receives reports from various sources, including consumers and health professionals.

When a possible health problem signal is generated from the adverse event reporting system, the FDA

assesses whether it is a health problem warranting
regulatory action. The FDA can consider these signals by reviewing scientific literature, consulting with experts, reviewing clinical data, conducting laboratory tests, and/or commissioning studies. If FDA confirms that a public health problem exists, such as an

eating disorder, it can take a range of safety actions, such as issuing warnings to consumers and health professionals, issuing import alerts, requesting product recalls, or seizing products. In addition, adverse event reports received by a brand owner or manufacturer must be submitted to the FDA 15 business days after receiving the report.

The AERs are essential in determining a temporal relationship between a product and an eating disorder. The FDA uses this system to add warnings to products it regulates. It is critical to note that this AER system is identical to those used for drugs with a long history of identifying drugs that lead to or exacerbate eating disorders.

Additionally, many supporters of this legislation have cited studies that lack a significant testing protocol called Challenge-Dechallenge-Rechallenge (CDR). The goal of CDR is to determine whether there is a reasonable possibility that a product is etiologically related to the adverse event. Causality assessment includes, for example, temporal relationships through CDR, a medical testing protocol in which a product is administered, withdrawn, then re-administered while being monitored for adverse effects at each stage. CDR is used when statistical testing is inappropriate due to an idiosyncratic reaction by a specific individual, very common with eating disorders, or a lack of sufficient test subjects. The unit of analysis is the individual.

Thus, the hypothesis that supplements lead to or exacerbate eating disorders would then be picked up by AERs if it existed. Fortunately, through the FDA's AER system, FDA makes data for instances like this readily available. In addition, in 2019 and 2022, NPA filed a Freedom of Information Act (FOIA) inquiry into the FDA to explore any adverse events for any cases involving eating disorders and dietary supplements. Thankfully, according to the FDA, no data point connects eating disorders to dietary supplements.

Case reports regarding specific products are also absent from these discussions. It's unclear why these standard pharmacovigilance aspects are absent from the dialogue when they really should be at the heart of any science-based discussion on the assessment of causality. Furthermore, during testimony, those who had testified in support of the legislation failed to mention any dietary supplement or ingredient that is linked to developing an eating disorder. Instead, they referenced over-the-counter drugs regulated differently from dietary supplements, but their AER system standards are identical.

The FTC and the Food and Drug Administration (FDA) share jurisdiction over marketing dietary supplements, foods, drugs, devices, and other health-related products. The agencies coordinate their enforcement and regulatory efforts pursuant to a Memorandum of Understanding – often called the "FDA-FTC Liaison Agreement" – that governs the basic division of responsibilities between them. The FDA has primary responsibility for claims that appear in *labeling*, including the package, product inserts, and other promotional materials available at the point of sale. The FTC has primary responsibility for claims in all forms of *advertising*. Because of this shared jurisdiction, the two agencies work closely to ensure that their enforcement efforts are consistent to the fullest extent feasible. Marketers should be aware that the FDA/FTC Liaison Agreement doesn't limit the FTC's jurisdiction or prohibit the agency from taking action against deceptive labeling claims or obtaining orders that address all forms of marketing, including claims that appear in labeling.

While both the FTC and the FDA require the marketing of dietary supplements and other health-related

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products to be truthful and accurate, there are some key differences in the agencies' legal frameworks and approaches that marketers should keep in mind.

Unlike FDA law, FTC law makes no bright-line distinctions between categories of health-related products or claims. For example, provisions in the Dietary Supplement Health and Education Act of 1994 (DSHEA) regarding "structure/function" claims in labeling don't govern the FTC's assessment of those claims in advertising. As a result, the FTC follows the same basic steps when evaluating any health-related claim regardless of whether, under FDA law, the claim would be considered a health claim, a structure/function claim, or a drug claim. Similarly, the FTC's approach to advertising health-related products is the same regardless of whether, under FDA law, the product is considered a food, a supplement, or a drug.

To determine whether advertising complies with FTC law, it is first necessary to identify all claims the advertising materials communicate to reasonable consumers. Once the claims are identified, the FTC assesses the scientific evidence the company relies on to determine whether there is adequate support for those claims. The following sections describe this two-step process with examples illustrating how ad interpretation and substantiation principles apply in advertising for dietary supplements and other health-related products. Furthermore, the FTC views advertising claims from the standpoint of the intended audience.

The Federal Trade Commission regulates dietary supplement advertising as it does for all consumer products by enforcing truth-in-advertising laws. It applies the same standards across all forms of advertising, whether in print, online, social media, mail or any other form of advertising. Federal law requires any form of advertising of a product must be truthful, not misleading, and backed by scientific evidence.

The Federal Trade Commission's broad mandate is to prevent "unfair or deceptive acts or practices." That includes making sure the information marketers provide about the benefits and safety of dietary supplements is accurate so consumers can make informed decisions. Sections 5 and 12 of the FTC Act, along with the FTC's policy statements on deception and advertising substantiation, are the foundation of FTC truth-in-advertising law and can be distilled down to two common-sense principles:

1) Advertising must be truthful and not misleading; and

2) Before disseminating an ad, advertisers must have adequate substantiation for all objective product claims conveyed, expressly or by implication, to consumers acting reasonably.

A deceptive ad is one that contains a material misrepresentation or omission that is likely to mislead consumers acting reasonably under the circumstances. The type of substantiation needed for a claim depends on many factors, including the product being marketed and the nature of the claim. As a general rule, however, claims about the health benefits or safety of foods, dietary supplements, drugs, and other health-related products require substantiation in the form of competent and reliable scientific evidence.

The term "advertising" refers not only to traditional TV, radio, print, and internet ads but also more broadly to the variety of marketing techniques and promotion methods that marketers engage in to increase consumer interest in, or demand for, their products. Thus, as used here, advertising includes statements or depictions on packaging and labeling; in promotional materials such as brochures or social booklets; on the internet and in other digital content; in social media and influencer marketing; in press releases, press interviews, or other media appearances; at trade shows, conferences, and seminars; and indirectly through healthcare practitioners or other intermediaries. Promotional product information distributed through any of these means must comply with the same truth-in-advertising principles that

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apply to traditional ads.

Marketers of dietary supplements and other health-related products ensure that anyone participating in marketing is familiar with basic FTC advertising principles. In addition, all who participate directly in

marketing and promotion or who have the authority to control those practices have an obligation to make sure that claims are presented truthfully and to check the adequacy of the support for those claims. Accordingly, the FTC has taken action not just against product marketers but also, in appropriate circumstances, against individual owners and corporate officers of the marketer, as well as ad agencies, distributors, retailers, catalog companies, infomercial producers, expert endorsers, and others engaged in deceptive marketing and promotion.

The consequences of deceiving consumers about a product's safety, efficacy, or other benefits can be substantial. The FTC can obtain an order that stops the deceptive claims and requires that future marketing be truthful and substantiated. In appropriate circumstances, the FTC also can mandate certain disclosures or require that a marketer engages in corrective advertising to cure any lingering deception in the marketplace. In particularly egregious instances, the FTC has asked a court to ban a company or individual from engaging in certain marketing activities. The FTC also can seek financial remedies, including, in some instances, consumer refunds or civil penalties.

In addition, I would ask you to focus on the legal infirmities of the legislation, including the following examples:

First, the legislation is preempted by federal law. In passing the Food, Drug, and Cosmetic Act ("FDCA"), Congress charged the FDA to "protect the public health" by ensuring that "foods are safe, wholesome, sanitary, and properly labeled." 21 U.S.C. § 393(b)(2)(A). In 1994, the FDCA was further amended with DSHEA. DSHEA established a new category of food products – dietary supplements – with unique, comprehensive safety, labeling, manufacturing, and other related standards. DSHEA was introduced to counteract unnecessarily stringent federal intervention in the manufacturing, selling, and labeling of dietary supplements. See, e.g., 103 CONG. REC. S17049 (daily ed. Nov. 23, 1993) (statement of Sen. Hatch). Since its passage, the FDA has recognized that "DSHEA's purpose [is] to broaden the scope of labeling claims that may be made for dietary supplements without subjecting them to regulation as drugs." 65 Fed. Reg. 1000-01, 2000 WL 4559, *1024. By requiring some consumers to have a prescription to purchase certain dietary supplements, the legislation treats supplements the same as drugs, contrary to federal law. The bill should be rejected as preempted.

Second, the legislation is vague and ambiguous as to what products it covers. Section G(2)(I) of the bill provides, in relevant part: "'An ingredient approved by the U.S. Food and Drug Administration for Weight Loss; a steroid; or creatine, green tea extract, raspberry ketone, garcinia cambogia, or green coffee bean extract"

Further, the Department of Public Health is not required to consult with the dietary supplement industry or consumers that have benefitted from supplement products. This section, read with the legislative history of the legislation, requires that dietary supplements containing creatine and other safe and well-studied ingredients be regulated and potentially subject to mandatory warnings that are inappropriate and a violation of the First Amendment. The First Amendment protects commercial speech. See, e.g., Va. State Bd. of Pharmacy v. Va. Citizens Consumer Council, Inc., 425 U.S. 748, 770 (1976). This protection has "great relevance" in "the fields of medicine and public health." Sorrell v. IMS Health Inc., 131 S. Ct. 2653, 2664 (2011). Any regulation limiting such speech can be upheld only if (1) "the asserted governmental interest is substantial"; (2) "the regulation directly advances the governmental interest asserted"; and (3) "it is not more extensive than is necessary to serve that interest." Central Hudson Gas &

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Elec. Corp. v. Public Serv. Comm'n, 447 U.S. 557, 566
(1980); see also Sorrell, 131 S. Ct. at 2659 ("Speech in aid of pharmaceutical marketing ... is a form of expression protected by the . . . First Amendment" and striking down a statute that burdened such speech). Any restriction on commercial speech must be no broader than reasonably necessary to prevent deception. See, e.g., FTC v. Brown &

Williamson Tobacco Corp., 778 F.2d 35, 43 (D.C. Cir. 1985). The lack of "significant scientific agreement" about health claims made by dietary supplement manufacturers does not allow the government to ban that speech as false or misleading. The FTC cannot ban speech unless that speech lacks credible evidence. Pearson v. Shalala, 164 F.3d 650, 655 (D.C. Cir. 1999). The speech compelled by the legislation violates the First Amendment.

NPA has taken a leadership role in promoting quality standards and has developed proactive certification programs. For example, NPA was the first organization to offer a third-party good manufacturing practices (GMP) certification program for dietary supplement and ingredient manufacturers. This certification is not only a requirement for NPA members but meets and exceeds the FDA's requirements of 21 C.F.R. Part 111. NPA is also responsible for the TruLabel Program, a dietary supplement registration and random-testing program adopted by NPA in 1990 and made a requirement for membership in 1995. This internal oversight program was designed to create a high level of confidence among retailers and consumers that products sold in the marketplace are accurately labeled, establish an ongoing self-regulatory process within the industry, demonstrate industry maturity to legislators, and provide a comprehensive industry product database. The TruLabel consists of a computerized database containing information from the label contents of dietary supplement products. Products are periodically selected for laboratory analysis to confirm the label. Selection for random product testing may occur through several mechanisms, including:

- Selection of categories
- Selection of sellers
- Selection based on complaints.

The commercial laboratories used for TruLabel testing are selected based on their integrity, experience, and reputation for the required analysis. NPA also partners with the globally recognized testing program *Informed-Choice* to help supplement manufacturers in the United States minimize the risk of contamination. This extensive testing program gives athletes the added confidence to know that the products they use to train and compete contain only the ingredients listed on the label.

In conjunction with the NPA is the Natural Products Foundation (NPF) which was organized exclusively to stimulate and support research, education, and knowledge regarding dietary supplements, nutritional foods, and related products, with the overall objective of advancing the knowledge of the public and thereby, improving public health. NPF is home to the Truth in Advertising Program, which ensures consumers receive accurate information about legally marketed dietary supplements to make an informed decision in promoting and maintaining their health. Additionally, the Truth in Advertising Program regularly meets with the FTC and FDA to present documentation highlighting advertisers responsible for making potentially non-compliant claims on behalf of dietary supplements. The Truth in Advertising Legal Advisory Council will review claims across all mediums as part of the program and send warning letters to noncompliant firms. Since 2010, the program has sent hundreds of warning letters to companies with illegal claims in their advertising. Every year, we find the advertisers increasingly receptive and open to our message of reform. Daily changes improve the industry's larger picture and protect consumers from false or misleading information. Nearly 80% of warning letter recipients have acknowledged the problems highlighted by the NPF investigation and worked to revise their promotional content and advertising practices. In the program's first four years, Truth in Advertising oversaw 600 advertising case

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reviews.

The truth is, prohibiting and restricting the sale of safe, effective, and well-researched dietary supplements will do more to undermine public health. One must also consider that this would be the first time in America's history to ban a food product for use by a specific category of people. As written, the

bill would ban ingredients found in commonly found foods. For example, lipotropic may sound unnatural to some, but it is found in the healthy and recommended foods we want our children to eat. This includes lean cuts of beef, chicken, turkey, bison, dairy, eggs, milk, and even chocolate. Creatine, found in red meat, has a long history of safe use and is the most researched dietary supplement, with more than 1,612 clinical trials, which would be prohibited from sale. Other essential nutrients include branch chain amino acids, Arginine, Citrulline, Glutathione, Carnitine, Iron, Magnesium, Zinc, Theanine, Taurine, Lysine, Beta-Alanine, and Glutamine, which all have an extensive history of safe use, would be banned.

We implore you to recommend opposition to SB 602 in the bill's current form on behalf of the entire dietary supplement industry. Since there is no link between the use of dietary supplements and eating disorders, NPA would support an amendment to the legislation, which would remove dietary supplements from the equation while addressing over-the-counter drugs. Sadly, in its current form, this legislation will prevent consumers from taking their health into their hands and restrict their ability to supplement their potentially nutrient-deficient diets, a fundamental lesson we learned during COVID-19.

Thank you,

Kyle Turk
Director, Government Affairs
Natural Products Association

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Maryland

Board of Pharmacy

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Jennifer L. Hardesty, Board President – Deena Speights-Napata, Executive Director
4201 Patterson Ave. Baltimore MD, 21215 mdh.mdbop@maryland.gov

March 16, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 602 – Public Health – Sale of Diet Pills to Minors – Prohibition

Dear Chair Griffith and Committee Members:

The Maryland Board of Pharmacy (Board) respectfully submits this letter of concern for Senate Bill (SB) 602 – Public Health – Sale of Diet Pills to Minors – Prohibition.

SB 602 would restrict, without a prescription, the sale and provision of "diet pills" to an individual under the age of 18. § 21-259.4(b)(1). SB 602 defines "diet pills" as a (1) dietary supplement[1], as defined in 21 U.S.C. § 321, or (2) drug, as defined in 21 U.S.C. § 321, for which a prescription is not required under the Federal Food, Drug, and Cosmetic Act.[2] § 21-259.4(a)(4).

SB 602 further clarifies that the identified product must be "labeled, marketed, or otherwise represented for the purpose of achieving weight loss or building muscle." § 21-259.4(a)(4).

SB 602 would require a brick and mortar establishment to secure "diet pills" in an area that is directly accessible only by employees. § 21-259.4(b)(2). SB 602 would require a seller to request valid identification from a potential customer prior to completing the sale of a "diet pill" if the individual reasonably appears to be under the age of 18. § 21-259.4(b)(3). SB 602 would require a "delivery seller" to (1) restrict sales to those who can verify that they are not under the age of 18 prior to purchase and (2) implement signature enhanced, delivery release methods. § 21-259.4(c). SB 602 would require any establishment that sells "diet pills" to post a sign indicating "that specified diet pills may contribute to gastrointestinal impairment, tachycardia, hypertension, myocardial infarction, stroke, organ failure, severe liver injury

[1] "Dietary supplement" means 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 above-listed ingredient. 21 U.S.C. § 321(ff).
[2] A food, dietary ingredient, or dietary supplement for which a claim is made…or for which a truthful and not misleading statement is made…is not a drug…solely because the label…contains such a statement. 21 U.S.C. § 321(g)(1).

sometimes requiring a transplant or leading to death, or other serious injuries or death." § 21-259.4(e).

As written, SB 602 may require a pharmacy that also sells general health and wellness products to implement inventory stocking changes so significant that it would be more practicable to prohibit any individual under the age of 18 from entering the premises. SB 602's definition of "diet pills" does not clearly indicate which products would be subject to its provisions; therefore, pharmacy operators may find avoiding the $1,000 fine almost impossible. SB 602 may subject relatively innocuous products, such as protein powder and multivitamins, to an unnecessary level of scrutiny and restriction. The informative notice required by SB 602 may cause unnecessary concern, as it is not specific to a particular product. SB 602 may lead some manufacturers to remove informative labeling in an effort to bypass its restrictions.

If you would like to discuss this further, please do not hesitate to contact Deena Speights-Napata, MA, Executive Director at deena.speights-napata@maryland.gov or (410) 764-4753.

Sincerely,

Deena Speights-Napata, MA
Executive Director

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Uploaded by: Robert Marriott
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AHPA
AMERICAN HERBAL PRODUCTS ASSOCIATION

Testimony regarding
Maryland Bill SB 602
Public Health – Sale of Diet Pills to Minors – Prohibition

While the American Herbal Products Association (AHPA)[1] supports actions that would effectively address the serious public health problem of eating disorders, we must respectfully oppose SB 602. Although this bill is well-intentioned, it would restrict access to lawful and beneficial dietary supplement products and create major challenges for public health regulators and retailers, all without addressing the social forces that are the root cause of eating disorders.

Dietary supplements are already regulated

Dietary supplements are subject to well-established regulation and enforcement systems. The U.S. Federal Food and Drug Administration (FDA) has clear authority over dietary supplements through the Federal Food, Drug and Cosmetic Act and related laws and regulations. FDA is charged with inspecting manufacturing facilities, reviewing product labeling, and monitoring products for safety. Dietary supplement manufacturers are required to report serious adverse events involving their products to FDA. Under federal law, products labeled as dietary supplements that contain drug substances not considered valid dietary ingredients are already classified as unlawfully marketed drugs and should not be sold to anyone under any circumstances. Similarly, products adulterated with contaminants that can cause serious adverse events are already prohibited under federal law. This bill does not address these already unlawful products or the harms they cause.

SB 602 will not be consistently enforceable

AHPA has addressed legislation similar to SB 602 in several states, including New York and California, where it has consistently failed to pass into law. A common issue preventing the passage of such bills is that enforcement is impracticable. State departments of health are not well-equipped or resourced to determine what products are "labeled, marketed, or otherwise represented for" a particular purpose. In practice, the rulemaking and associated enforcement of SB 602 described at paragraph (G)(2) of the bill would require the Maryland Department of Health to evaluate both the composition and marketing of OTC and dietary supplement products sold in or into the state to determine whether they are subject to restriction. Such a regulatory process will be highly resource-intensive, continuous, and necessarily non-exhaustive, resulting in inconsistent enforcement and greater uncertainty among consumers, retailers, and manufacturers. The suggested considerations at paragraph (G)(2)(I) would not substantively reduce these burdens.

[1] The American Herbal Products Association (AHPA) is the national trade association and voice of the herbal products industry. AHPA members include domestic and foreign companies doing business as growers, importers, processors, manufacturers, and marketers of herbs and herbal products, as well as other groups in the dietary supplement industry, including, on this matter, on behalf of its members producing and marketing herbal and nonherbal products in the sports nutrition sector.

SB 602 will limit consumer access to beneficial products

Retail establishments that sell dietary supplements, whether directly or by delivery sale, would face the same insurmountable task of evaluating products for potential coverage under SB 602. In practice, they are likely to respond in one of two ways: First, retailers will simply not carry a wide range of lawful dietary supplements in Maryland, rather than face potential liability and increased cost. The other probable response will be to move any remaining products potentially subject to the restriction "behind the counter," and subject them to the same direct or delivery sale restrictions, making them less accessible to all consumers and increasing associated costs. Both responses will have the effect of limiting consumer access to a variety of lawful and safe dietary supplements, including those not intended for coverage by the bill. Consumers seeking such products, including individuals under 18, will be more likely to pursue unlawful and potentially hazardous products sold through internet fora where the proposed delivery sale restriction at paragraph (C) would be less enforceable.

SB 602 does not address eating disorders

At root, eating disorders are mental and behavioral health conditions. There is no plausible mechanism by which such conditions are induced by the consumption of dietary supplements. SB 602 does nothing to address the forces of weight stigmatization and social pressure present in the school hallway, the locker room, and on social media that can lead to, or even normalize, disordered eating behaviors.

AHPA appreciates the opportunity to comment on SB 602, and are happy to provide additional resources and evidence regarding the inefficacy of this sort of category-specific restriction. We invite members of the Committee to contact our Director of Regulatory Affairs, Robert Marriott, at rmarriott@ahpa.org if they have any further questions regarding this matter.

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Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 16, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

RE: SB 602 - Public Health - Sale of Diet Pills to Minors - Prohibition - Letter of Concern

Dear Chair Griffith and Committee members:

The Maryland Department of Health (MDH) submits this letter of concern for Senate Bill (SB) 602 - Public Health - Sale of Diet Pills to Minors - Prohibition (Protecting Teenagers From Unregulated Diet Pills). SB 602 will prohibit the retail sale, or otherwise providing of diet pills, to a minor under the age of 18 without a prescription. The bill also requires a retailer to verify a person's age at sale through the use of a commercial database that contains and verifies age.

Diet pills and supplements are over-the-counter products that claim to help an individual lose weight or build muscle through curbing appetite, speeding up metabolism, burning fat, and other mechanisms. Historically, diet pills and supplements have been regulated as food items rather than drugs, subjecting them to less oversight and regulation.[1] However, these products often contain a mix of ingredients like caffeine, herbs, extracts, and synthetic substances that are not individually regulated by the federal Food and Drug Administration (FDA). Recent reports have linked the use of some dietary supplements to eating disorders, but the extent of the problem, and the scale of adverse health outcomes that can be attributed to diet pills, is not known.[2,3,4]

MDH has several concerns about SB 602. First, the broad definition of "diet pills" in SB 602 potentially includes every substance marketed as a diet pill or supplement, not just those that can cause harmful biological effects. The definition laid out in U.S.C. § 321 indicates that a dietary "pill" or supplement can include vitamins, minerals, amino acids, and herbs. As written, the bill could impose unintended consequences involving the restriction of substances commonly found outside of diet pills and supplements (e.g., caffeine, green tea extract, herbs), thus restricting those substances in products not labeled as a diet pill or supplement.

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[1] https://www.fda.gov/consumers/consumer-updates/dietary-supplements
[2] Levinson JA, Sarda V, Sonneville K, et al. Diet Pill and Laxative Use for Weight Control and Subsequent Incident Eating Disorder in US Young Women: 2001-2016. Am J Public Health. 2020 Jan;110(1):109-111. doi: 10.2105/AJPH.2019.305390. Epub 2019 Nov 21. PMID: 31751147; PMCID: PMC6893330.
[3] Ghaderi A, Welch E. Appearance and Performance-Enhancing Drugs and Supplements, Eating Disorders Symptoms, Drive for Muscularity, and Sexual Orientation in a Sample of Young Men. Nutrients. 2022 Nov 21;14(22):4920. doi: 10.3390/nu14224920. PMID: 36432606; PMCID: PMC9695459.
[4] Nagata JM, McGuire FH, Lavender JM, et al. Appearance and performance-enhancing drugs and supplements, eating disorders, and muscle dysmorphia among gender minority people. Int J Eat Disord. 2022 May;55(5):678-687. doi: 10.1002/eat.23708. Epub 2022 Mar 30. PMID: 35352378; PMCID: PMC9106876.

MDH is also concerned about potential jurisdictional and subject matter expertise requirements of the bill. Because the federal government regulates these products, MDH does not have any dedicated subject matter experts in this area of policy, and if enacted, SB 602 will necessitate the establishment of an additional unit with appropriate expertise within MDH to meet the requirements of the bill. This is consistent with the experience of other states. California and New York recently enacted similar legislative initiatives which were subsequently met with a gubernatorial veto. In carrying out the veto, both governors cited issues with implementation related to the lack of subject matter expertise and the state's capacity to carry out the provisions of the legislation.

The bill also references a database containing data collected by the government to be used by retailers, raising concerns around the privacy of minors and database stewardship. As written, it is unclear which database will be used and who would have the authority to access or maintain it. However, MDH understands that the sponsor may be amending this section.

If you would like to discuss this further, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at megan.peters@maryland.gov or (410) 260-3190.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary