



TOXIC FREE IV: GETTING HARMFUL CHEMICALS OUT OF IV BAGS AND TUBING

August 2024

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EXECUTIVE SUMMARY

In hospitals across the country, Americans may be unknowingly receiving harmful treatments through intravenous (IV) bags and tubing.

IV bags offer a simple and quickly accessible delivery route for medicine, fluids, and nutrition for the [90% of U.S. hospital patients](#) who receive IV therapy or infusion.


Yet, unbeknownst to many patients and practitioners, this ubiquitous, healthcare mainstay may also pose significant health risks. Most IV bags and tubes are made with Polyvinyl chloride (PVC) plastic, which requires a plasticizer like Di(2-ethylhexyl) phthalate (DEHP) to act as a softener, making the plastic more flexible. However, the science is clear: **PVC and DEHP are dangerous to our health** and to the environment, and it goes without saying that **toxic chemicals should not be used in IV bags or tubing.**

IV bags are harming patients when they are at their most vulnerable, receiving treatment and trusting that their doctors are improving their health—and not increasing their risk of harm. Equally troubling is the fact that sometimes

physicians do not know what the IV bags and tubing they're working with are made from, as it's typically the nurse who hooks up the IVs and a separate team of people handling the purchasing.

For almost half a century, research has highlighted the toxicity of DEHP, a phthalate that leaches out of the plastic IV bags and tubing into the medicine and fluids being transfused. It is a potent [endocrine disruptor](#) linked to many adverse health effects, including [breast and other cancers](#), [developmental and reproductive effects](#) including lowered male fertility, [metabolic disorders](#) such as [obesity](#) and type 2 [diabetes](#), and [brain development issues](#) including attention deficit hyperactivity disorder (ADHD).

There is no safe level of exposure to endocrine-disrupting compounds like DEHP, which, even at very low levels, can negatively affect fetuses, infants, and children, whose developing bodies are most susceptible.




Ortho-phthalates, also known as phthalates, are a group of chemicals used to soften and improve the flexibility and durability of plastics. They are endocrine-disrupting compounds (EDCs), and exposure has been linked to breast cancer, developmental issues, decreased fertility, obesity, and asthma.

Toxic IV bags and tubing represent a serious public health concern. Research indicates that DEHP is linked to [breast, liver, lung, and testicular cancers](#), promotes [drug resistance](#) by inhibiting the effectiveness of breast cancer drugs, and [interferes with chemotherapy's ability to fight breast cancer cells](#) by making them 'immortal.' It's also been shown that patients with higher levels of DEHP in their system had [higher rates of relapse and mortality](#). This is especially frightening for the [over 300,000 women each year](#) who are battling breast cancer in the United States.

Other countries have long been aware of DEHP's toxicity. Across Europe, DEHP-free IV bags have been the standard practice for decades and are now considered a market expectation. Their common-sense policies contrast with the U.S., where **approximately 70% of IV bags in use contain DEHP**.

The [American Academy of Pediatrics](#), the [American Medical Association](#), the [American Public Health Association](#), and the [U.S. Food and Drug Administration](#) have been urging hospitals and physicians to reduce and phase out PVC medical device products, especially those containing DEHP. Notably, DEHP has been [banned nationally from toys for years](#) and more recently from [beauty and personal care products](#) sold in California.

DEHP, a toxic chemical found in the majority of IV bags in hospitals nationwide, has been banned from children's toys for years and more recently from beauty and personal care products sold in California. DEHP has been recognized as a California Proposition 65 chemical because it is known to the state to cause cancer and birth defects.



We know it's not safe for a toddler to chew on a rubber ducky made with DEHP or for people to slather it on their bodies, but it's still allowed in IV bags used to treat sick people and to nourish premature babies. This raises concerns about the lack of regulatory oversight and companies that are prioritizing their profits over public health.

The fact that **DEHP and other phthalates are not allowed in toys** because they're too toxic for children to suck on, but we allow them to be pumped into the veins of patients from newborns to people receiving cancer treatment is insanity.

- Suzanne Price, CEO,
Breast Cancer Prevention Partners

Fortunately, legislation in California that has received bipartisan support and is expected to be voted on at the end of August 2024, would ban DEHP from IV bags and tubing, transforming the healthcare industry nationwide. If passed, **the California Toxic-Free Medical Devices Act (AB 2300)**, introduced by Assemblywoman Lori Wilson, would eliminate the unnecessary exposure of millions of Californians to toxic DEHP. AB 2300 would prohibit the manufacture, sale, or distribution of IV bags and tubing

in California intentionally added DEHP, effective 2030 for IV bags and 2035 for IV tubing. It would also prevent the practice of 'regrettable substitution,' in which manufacturers replace a banned chemical with an alternative that is equally or more toxic - by prohibiting the replacement of DEHP with any of the other 11 chemicals that make up the class of ortho-phthalates.

No regulation of any kind on the use of DEHP in IV bags and tubing exists at the state or federal level. California is the 5th largest economy in the world, so any state changes in the health arena would naturally impact the U.S. health system as a whole. California's AB 2300 would create a first-ever regulatory floor for patient safety by banning intentionally added DEHP from IV bags and tubing, raising the bar for patient safety across the country.

The good news is that **making IV bags and tubing without PVC or DEHP is entirely possible and cost-effective, and many suppliers have already done so.** Three out of four of the nation's major IV bag manufacturers already have a large portfolio of FDA-approved DEHP-free IV bags, meaning they will not have to develop or certify new technology to comply with the AB 2300 ban. This includes [B. Braun](#) and Fresenius-Kabi,



which exclusively manufacture DEHP-free IV bags. [ICU Medical](#) also offers a portfolio of FDA-approved, DEHP-free bags. By investing in new and modernized manufacturing facilities and through strategic supply collaborations, these companies have significantly expanded their ability to manufacture and provide DEHP-free IV solutions for patients.

Health care providers should not have to be concerned that the medical device being used to treat their patients' illness might be making them sicker or contributing to an even worse health condition. To protect the health of the millions of Californians who receive medical infusions every year, the California Senate should support this urgently needed, common-sense legislation.

- Dr. Lisa Bailey, MD, 40-year veteran breast cancer surgeon

Although the California legislation allows 5-7 years to phase DEHP out of IV bags and 10 years for tubing, switching to toxic-free IV bags does not have to be an expensive, multi-year process for hospitals. Leading California health systems, including Kaiser Permanente, Loma Linda University Health, and City of Hope, made the change years ago. In fact, [Kaiser Permanente converted its entire hospital system](#) to DEHP-free IV bags and tubing in 2012. The transition took them six months and [saved them \\$5 million](#) in annual costs.



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INTRAVENOUS THERAPY: A VITAL MEDICAL TREATMENT

Intravenous (IV) therapy originated in the late 19th and early 20th centuries as a method to deliver fluids directly into the bloodstream.

Initially used to treat dehydration and other medical conditions, physicians and researchers used glass bottles to contain IV fluids and rubber tubing to connect these bottles to needles, which were inserted into patients' veins, allowing for slow, controlled infusions.

Today, IV bags are one of the most common items in hospitals. Millions of [U.S. patients](#) receive IV therapy or infusion each year. IV bags and tubing facilitate a wide range of medical treatments and interventions essential for managing acute and chronic conditions, including providing nutritional support, blood transfusions, and delivering chemotherapy for cancer patients.

In the 1950s, Dr. Harry S. Wolf pioneered what was thought to be a significant advancement with the introduction of polyvinyl chloride (PVC) plastic IV bags. The plastic bags were lightweight, less likely to break, and easier to transport and handle. In the 1970s,

the development of substances like plastic, Teflon, and polyurethane led to the advent of flexible IV bags and IV catheters. At that time, the impact of industrial chemicals leaching into intravenous fluids and hurting human health was not yet widely known.

By the mid-20th century, PVC plastic IV bags had become widely adopted in medical practice.



As early as the 1970s, scientists were sounding the alarm about the health and environmental risks associated with PVC during production, use, and disposal. As a result, efforts were made to develop safer alternatives for IV bag materials like polyolefins (polyethylene, polypropylene), bio-based polymers, multi-layer films, co-polyester (used in bags), and polyurethane (used in tubing). It has been proven that DEHP exposure can be avoided by using PVC-free and DEHP-free alternatives. Using PVC-free products eliminates the concern over DEHP exposure because alternative polymers do not contain phthalates. These alternative polymers are naturally flexible and do not require a softening agent.

Harmful chemicals that might worsen or prolong diseases and chronic health conditions do not belong in medical devices.

Over the years, IV bags and tubing have undergone a series of developments driven by medical necessity and technological advancement. In the 21st century, the next evolution of advancement is upon us, including removing PVC/DEHP to improve patient care and make medical treatments more equitable.



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TOXIC IV BAGS HARM PATIENTS & THE PLANET

Today, 70% of the IV bags and a large percentage of tubing used by hospitals and healthcare systems in both California and nationwide are made of PVC plastic in combination with DEHP which is used to make the plastic flexible. DEHP makes up as much as 40% of an IV bag's weight and 80% percent of IV tubes. Unfortunately, DEHP doesn't stay put in the plastic. It leaches from the bags and tubes into the contents of the fluid being pumped into patients' bodies. IV therapy is especially effective since it bypasses the digestive system and goes directly into the organs, resulting in a 90-100% absorption rate. But that also means DEHP is very effectively being absorbed into patients' bodies.

In 1986, the U.S. Environmental Protection Agency classified DEHP as a [probable human carcinogen](#). For nearly 40 years, scientists and health authorities have warned that DEHP is a dangerous chemical linked to severe health problems, including [endocrine disruption](#), [breast and other cancers](#), [developmental and reproductive effects](#) including lowered male fertility, [metabolic disorders](#) such as obesity and type 2 diabetes, and [brain development issues](#) including attention deficit hyperactivity disorder (ADHD).

In the last 20 years, researchers have been flagging that we're particularly at risk from DEHP exposure through medical devices. Vulnerable populations, including neonates, young children, pregnant women, cancer patients, and underserved communities, may face the most significant risks.



UCSF nurses must sift through piles of IV tubing, 'color' coded to indicate if it can be safely used with at-risk populations or with drugs that warn against being used in combination with IV devices containing DEHP.

Vulnerable Populations	Risks of DEHP Exposure
Pregnant Women	<ul style="list-style-type: none"> • Exposure during pregnancy may lead to preterm birth, delayed mental development, and altered timing of puberty in the child. • Prenatal exposure to infant males can result in hypospadias, undescended testicles, and decreased anogenital distance.
Infants	<ul style="list-style-type: none"> • Linked to adverse health effects in infants including negative impacts on neonatal and postnatal growth, and neurodevelopmental concerns including inattention and hyperactivity.
Cancer Patients	<ul style="list-style-type: none"> • Promotes drug resistance, and inhibits the effectiveness of chemotherapy's ability to fight breast cancer. • Weakens the immune system. • Makes cancer patients sicker. • Increases the growth of human breast cancer cells. • Patients are more likely to develop breast cancer again, and they are also more likely to die. • Linked to multidrug resistance in triple-negative breast cancer cells, the most aggressive form of breast cancer that especially impacts Black women.

PREGNANT WOMEN


DEHP is an endocrine-disrupting compound, meaning it can interfere with the human hormonal system, leading to adverse effects on reproductive health, development, and metabolism. Especially concerning are the negative impacts DEHP can have on the developing fetus. In the U.S., most people (62%) receive continuous “drip” [IV fluids during labor](#). A more [recent survey of California hospital births](#) found that 76% of people received IV fluids during labor with midwives and 87% with an obstetrician attendant. Exposure during pregnancy and birth may lead to preterm birth, delayed mental development, and altered timing of puberty in the child. [Research shows](#) that elevated in utero exposure

to phthalate mixtures has been associated with poorer infant executive function and motor reflexes, and autism spectrum behaviors. Prenatal exposure to phthalates in infant males has been shown to impact reproductive organs and affect long-term male fertility and decline in sperm count.

INFANTS

Every year in the United States, [more than 300,000 infants are admitted](#) to neonatal intensive care units (NICU) where they are exposed to a chemical-intensive hospital environment during a developmentally vulnerable period. [Studies show](#) that infants in neonatal intensive care units (often preterm), where DEHP-containing medical devices are used, have higher exposure to DEHP compared to infants not in contact with DEHP-containing medical devices. These at-risk infants are negatively impacted when receiving nutrition from IV tubing since DEHP is fat-seeking and leaches into the nutrition being infused into the babies. DEHP is linked to adverse health effects in infants including early and chronic complications of prematurity, negative impacts on neonatal and postnatal growth, and [neurodevelopmental concerns](#) including inattention and hyperactivity.

According to "[Phthalates and critically ill neonates: device-related exposures and non-endocrine toxic risks](#)," DEHP exposures in neonatal intensive care are much higher than estimated safe limits. Daily intake of DEHP for critically ill preterm infants can reach 16 mg/kg per day, which is on the order of **4,000 and 160,000 times higher** than desired to avoid reproductive and hepatic toxicities.



Research indicates that **DEHP** promotes drug resistance, inhibits the effectiveness of breast cancer drugs, interferes with chemotherapy's ability to fight breast cancer, and that patients with higher levels of DEHP in their system had higher rates of relapse and mortality.



CANCER PATIENTS

While infants, children, and pregnant women face heightened risks from DEHP exposure, so do cancer patients.


[Recent research published](#) in the *Journal of Biomedicine & Pharmacotherapy* shows that DEHP not only promotes drug resistance and inhibits the effectiveness of breast cancer drugs like tamoxifen – it also interferes with the ability of chemotherapies to fight breast cancer. This means that when DEHP is used in IV bags and tubing to deliver chemotherapeutic agents to women with breast cancer, the very act of providing the medicine weakens the treatments. Laboratory studies have also shown that DEHP increases the growth of human breast cancer cells and turns on a gene known “to promote proliferation, invasion, metastasis, and drug resistance” in human breast cancer cell lines.



As a breast cancer survivor, my journey through treatment has been both challenging and enlightening. I deeply understand how crucial it is to ensure that every aspect of our care is as effective as possible. It's disheartening to learn that many IV bags and tubing still contain a plastic softener called DEHP, which can undermine the effectiveness of chemotherapy. This unnecessary risk weighs heavily on my heart, as even a slight decrease in treatment efficacy could lead to the devastating possibility of recurrence for patients like me.

Thankfully, DEHP-free bags are commercially available, which offers us a logical and ethical choice to protect our health. We owe it to ourselves and to those who will face cancer in the future to advocate for the use of these safer alternatives. By prioritizing patient safety and treatment effectiveness, we can foster a proactive mindset focused on preventing cancer recurrences and ensuring that every patient receives the best possible care.

- Susan Whitehead, Board Chair & Vice President, Bay Area Young Survivors (BAYS)




DEHP can undermine the immune system, so children or adults battling cancer or other severe illnesses in hospitals are at particular risk. In the case of chemotherapy, DEHP leaches into the chemotherapy drug and then into the cancer patient, stopping the chemotherapy from killing cancer cells, making cancer patients more ill, and increasing cancer recurrence and mortality.

New research confirms that patients with higher levels of DEHP were more likely to face increased recurrence of breast cancer and increased mortality.

HEALTH INEQUITIES

Among breast cancer patients, Black women face both disproportionate exposure to carcinogens and the highest risk of serious health impacts from the disease. Black women have a **31% breast cancer mortality rate** – the **highest** of any U.S. racial or ethnic group. Among women **younger than 45**, breast cancer incidence is **higher** among Black women than any other demographic.

A recent U.S. study of over 6,000 pregnancies found higher levels of phthalates in Black and Hispanic participants compared to White participants, contributing to health inequities.

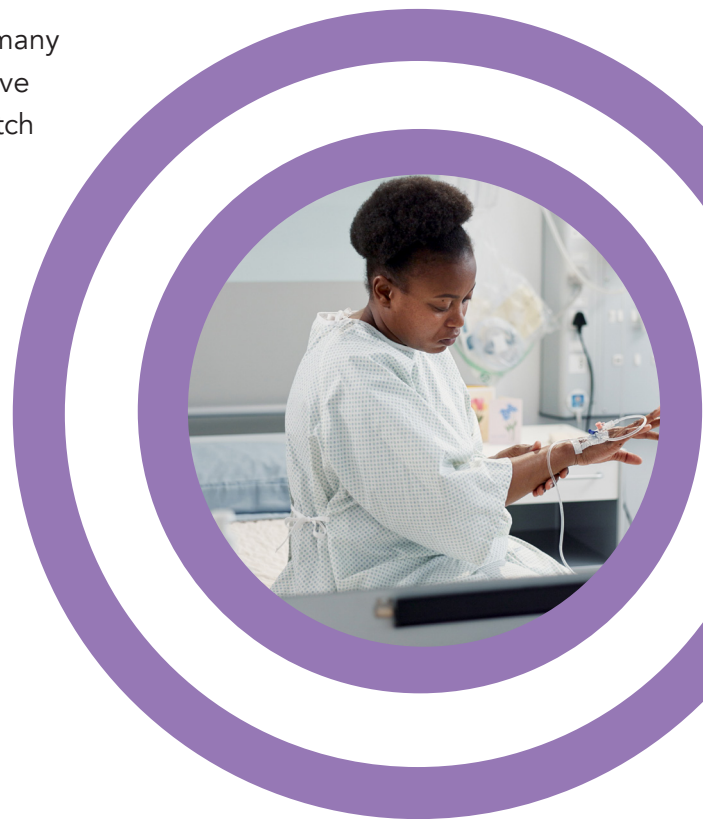


Black women also have an **elevated risk of triple-negative** breast cancers compared to the risk of HR+ breast cancers and compared to White women. Triple-negative breast cancer is a subtype of breast cancer that is more aggressive, more difficult to treat compared to other types of breast cancer, and impacts Black women at a 3x higher rate than any other racial or ethnic group. Research shows that exposure to DEHP has been linked to multidrug resistance in triple-negative breast cancer cells – meaning the DEHP in an IV bag or tubing can stop the drug intended to treat a Black woman's triple-negative breast cancer from working.

The presence of DEHP in IV bags and tubing poses a serious public health concern and contributes to existing health disparities, particularly for Black women who already face higher exposure to toxic chemicals due to where we work, where we live, and the consumer products we use every day. DEHP in IV bags and tubing worsens this situation, especially for those with triple-negative breast cancer, a more aggressive and challenging-to-treat subtype of cancer that disproportionately affects Black women at three times the rate of other racial or ethnic groups. AB 2300 addresses the urgent need to eliminate DEHP from IV therapy to mitigate this disparity and improve health outcomes for all Californians.

- Rhonda M. Smith, Executive Director, California Black Health Network

In addition, rural hospitals, which serve as lifelines for many low-income communities and communities of color, have fewer resources and often can't afford to make the switch to safer IV bags and tubing, a disparity that widens the healthcare equity gap. These hospitals, already struggling with limited resources, face higher rates of patient morbidity and mortality due to outdated and reduced access to medical advancements. use of IV bags and tubing made with DEHP by rural hospitals disproportionately affects vulnerable populations and exacerbates existing inequities. This situation creates a double burden already struggling communities as they endure the health risks of DEHP exposure and the long-term impacts of systemic healthcare neglect. Addressing this issue is critical to ensuring that all patients receive safe and effective medical care regardless of location.



Decreased sperm count; early puberty; hypospadias and undescended testicles; preterm birth, infertility and other adverse effects on reproductive health; as well as negative impacts on development and metabolism have all been associated with DEHP exposure. As a scientist who has studied the multiple health concerns linked to exposure to this toxic, endocrine disrupting compound over the years, I can say without a doubt that **DEHP has no place in IV bags or tubing.**

- Shanna Swan, leading environmental and reproductive health epidemiologist

HEALTH AND ENVIRONMENTAL CONCERNS OF PVC

Most IV bags and tubes are made with Polyvinyl chloride (PVC) plastic, which requires a plasticizer like Di(2-ethylhexyl) phthalate (DEHP) to act as a softener, making the plastic more flexible. No plastic creates more harmful exposures for consumers, workers, communities, or the planet, than polyvinyl chloride (PVC).

PVC is used in a wide range of products, including:

- **Consumer Goods:** Raincoats, shower curtains, and vinyl flooring
- **Building Materials:** Window frames, indoor plumbing, pipes, and carpet backing
- **Packaging:** Blister packs, clamshells, and plastic wraps
- **Healthcare Products:** IV bags, blood bags, urine bags, tubing, oxygen masks, catheters, and disposable gloves

The lifecycle concerns related to the use of PVC plastic include:

- Oil and gas extraction and refining operations release numerous toxic air contaminants that have been associated with an increased risk of cancer including breast, bladder, colon, lung, lymphoma, and prostate cancers.
- PVC production uses numerous highly toxic chemicals, including deadly chlorine gas, the carcinogens ethylene dichloride and vinyl chloride, and filters made of the carcinogen asbestos or toxic PFAS.
- The PVC [train derailment in East Palestine, Ohio](#), and subsequent chemical burn,



resulted in exposure to dangerous levels of incineration byproducts, including dioxins, for residents around East Palestine. This demonstrated with devastating clarity that communities are also at risk during the transportation of chemicals used in plastics. The true extent of the environmental and health disaster created by the estimated 1 million pounds of vinyl chloride and other chemicals that were released and burned in Ohio will not be known for years to come.

- Many chemicals are also added to PVC to provide specific functions or attributes. Plasticizers such as DEHP and other endocrine-disrupting phthalates; heat stabilizers such as heavy metals; antioxidants such as bisphenol A; flame retardants; and an unknown number of other chemicals are/can be added to PVC. All of these chemicals are linked to breast cancer.
- Burning PVC releases highly carcinogenic and persistent dioxins, directly linked to breast cancer.
- Landfills release vinyl chloride - also linked to breast cancer - and other toxic chemicals into the water through leachate and into the air through off-gassing and burning.

Overall, the shift toward safer “non-PVC polymers” for IV bags and tubing reflects a broader trend toward sustainability, reduced environmental impact, and improved patient safety in healthcare settings. More and more healthcare systems are recognizing the importance of choosing non-PVC/DEHP materials that minimize risks to patients and the environment throughout their IV bag production and use.

No plastic creates more harmful exposures for consumers, workers, communities, or the planet, than polyvinyl chloride (PVC). It’s a well-kept secret that the same PVC that’s used in vinyl flooring, shower curtains and building materials is also in the majority of IV bags and tubing found in California and across the nation. This is bad for the environment because PVC is toxic at every stage of its lifecycle from the highly carcinogenic dioxins released into the air when you burn it, to the landfills that discharge vinyl chloride exposing already vulnerable communities to this dangerous breast carcinogen, to the water pollution created when PVC leaches into our waterways. I urge the California legislature to pass this much-needed legislation and pave the way for the rest of the nation’s hospitals to follow suit and get DEHP and PVC out of IV production and use.

- Judith Enck, President, Beyond Plastics and former EPA Regional Administrator

CALLS FOR CHANGE

In 2001, the European Parliament called for restrictions on phthalate use, including DEHP, in medical devices, and the [European Commission later classified DEHP as a reproductive toxicant](#). In 2002, the [U.S. Department of Health & Human Services](#) highlighted the risks of DEHP in medical devices.

The [American Academy of Pediatrics](#), the [American Medical Association](#), and the [American Public Health Association](#) all discourage using DEHP in IV bags. The [California EPA advises the public](#) to request DEHP-free medical devices to protect boys from reproductive harm. In 2021, Congressional [lawmakers urged the U.S. Food and Drug Administration \(FDA\)](#) to take regulatory action on medical devices, particularly IV bags.

Despite these warnings, DEHP remains prevalent in our healthcare system, highlighting a need for regulatory action in response to the overwhelming scientific evidence.

AB 2300's health-protective standard for IV bags and tubing

in California sends a signal across the country to prioritize safer, cost-effective alternatives without PVC/DEHP. We applaud California for leading the way by addressing this urgent public health concern, putting first the needs of those most vulnerable.

- Rachelle R. Wenger, System Vice President, Public Policy & Advocacy Engagement for CommonSpirit Health





SOLUTIONS ARE WITHIN REACH

Presently, three of the nation's four major IV bag manufacturers have a large portfolio of FDA-approved DEHP-free bags. B. Braun and Fresenius-Kabi exclusively manufacture DEHP-free IV bags, and ICU Medical also offers a portfolio of FDA-approved, DEHP-free bags.

Healthcare systems and hospitals have also adopted policies against using DEHP-containing IV medical devices. Examples include Kaiser Permanente, and California's Loma Linda and City of Hope hospitals.

THE GLOBAL LANDSCAPE

Over the past decade, Europe has been steadily phasing out its use of DEHP and PVC in IVs and other medical devices and

PVC/DEHP-free IV containers are used almost exclusively in Europe today. In 2012, France banned tubes containing the chemical in hospitals' maternity, pediatric, and neonatal departments. In November 2023, the European Commission extended the deadline for removing DEHP from all medical devices from May 2025 to July 1, 2030. However, the use of DEHP-free IV bags has been the standard practice in Europe since 2009, and is now considered a market expectation. Therefore, the extended deadline for medical devices in Europe broadly is not aimed at IV bags, because DEHP-free IV bags are already the standard. The 2030 deadline will merely codify that practice into law.

Kaiser has been using DEHP-free IV bags and tubing to serve nine million Californians since 2012. These safer bags not only work, they save money (\$5 million annually) and ultimately save lives by preventing patients from getting sicker.

In the early 2000s, I learned from fellow nurses employed in the UK's National Health Service that they only used DEHP-free IV bags/tubing. It is appalling to me that similar steps have not been taken in the US, to protect infants and others from the **well-known toxic effects of DEHP exposure from IV bags and tubing.**

- Barb Sattler, RN, DrPH, FAAN, Professor Emeritus, School of Nursing and Health Professions, University of San Francisco and Leadership Council Member of California Nurses for Environmental Health and Justice

CALIFORNIA

California is on the verge of passing historic, first-of-its-kind legislation to ban DEHP and other ortho-phthalates from IV bags and tubing. As the world's fifth-largest economy, enacting [The California Toxic-Free Medical Devices Act \(AB 2300\)](#) would raise the bar for patient safety across the country. Introduced by Assemblywoman Lori Wilson and co-sponsored by Sen. Dave Min, AB 2300 is supported by a coalition of over [50 public health and environmental organizations](#). The bill received unanimous bi-partisan support from both Senate legislative committees where it was heard, signaling broad-based support – on both sides of the aisle – for getting DEHP out of IV bags and tubing.

AB 2300 would prohibit manufacturing, selling, or distributing IV bags made from DEHP as of January 1, 2030, and tubing as of January 1, 2035. The bill gives suppliers ten years to stop making and selling IV tubing with DEHP in California and five to seven years to remove the DEHP from their IV bags. But the good news is that hospitals and healthcare systems don't have to keep their patients waiting that long for toxic-free IV medical devices, given that safer, DEHP-free alternatives are available right now.

Switching to DEHP-free IV bags is not an expensive, multi-year process. The marketplace for these products is very competitive, and there is very little cost difference between DEHP and DEHP-free IV bags and tubing.





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HOW TO TAKE ACTION

It's time to prioritize patient health. The most vulnerable populations across America need protection and change now. The good news is that making IV bags without PVC or DEHP is entirely possible and cost-effective; in fact, some companies have been making these safer alternatives for decades and major healthcare systems have already made the switch.



FOR PATIENTS: ASK WHAT'S BEING USED, DEMAND SAFER OPTIONS

All patients, but especially pregnant women, infants, and patients seeking breast cancer treatment or chemotherapy, should request IV bags and tubing that are DEHP-free. Patients can advocate for safer medical devices by taking the following steps:

- 1. Communicate with Your Healthcare Provider.** Openly and respectfully discuss your safety concerns with your healthcare provider. You have the right to request that your hospital provide you with the safest treatment possible.
- 2. Request DEHP-free IV bags and tubing.** Tell your physician you prefer DEHP-free IV bags and tubing to prevent DEHP exposure.
- 3. Advocate for Change.** Write to the CEO of your hospital or health care system and insist they go DEHP/PVC-free.

FOR CALIFORNIA RESIDENTS: URGE YOUR LEGISLATOR TO SUPPORT THE TOXIC-FREE MEDICAL DEVICES ACT

AB 2300 will ban DEHP from IV bags and tubing sold in California. This crucial bill has already passed the Assembly, but it needs your support to ensure its passage in the Senate.

Everyone deserves toxic-free medical devices. Write to your California Senator today and urge them to support AB 2300 (Wilson) – the Toxic-Free Medical Device Act. Together, we can raise a higher bar for patient safety and ensure safer medical devices for all Californians.

[Learn more about the bill.](#) Visit our action center to [take action.](#)



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Breast Cancer Prevention Partners (BCPP) is the only science-based policy and advocacy organization working to prevent breast cancer by eliminating our exposure to toxic chemicals and other environmental exposures linked to the disease.

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