

1   **RESOLUTION  
2   NUMBER**

**AADA 001 (A-26)**

4   **TITLE**

Act to Reduce Per-and Polyfluoroalkyl Substances (PFAS)

6   **INTRODUCED BY**

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9   WHEREAS, environmental carcinogens impact people of all races, ethnicities, genders, and  
10   ages; and

12   WHEREAS, the Environmental Protection Agency (EPA) in March 2023 proposed national  
13   standards that would establish and enforce maximum PFAS contaminant levels in municipal  
14   drinking water supplies to reduce the health effects of these persistent pervasive and toxic  
15   substances;<sup>1</sup> and

17   WHEREAS, nearly all Americans have detectable levels of PFAS in their blood;<sup>1</sup> and

19   WHEREAS, PFAS are added to cosmetic foundation, mascara, lipstick, and personal hygiene  
20   products so the item will last longer, the product will spread more easily, and PFAS are  
21   unintentionally added to products if raw ingredients are stored in PFAS plastics;<sup>2-8</sup> and

23   WHEREAS, Americans unknowingly purchase and use cosmetics and personal hygiene  
24   products unaware known carcinogens are included; and<sup>9,10</sup>

26   WHEREAS, Dermatologic patients can experience conditions such as eczema and psoriasis in  
27   which case the epidermal barrier is compromised to possibly allow increased absorption of  
28   these chemicals;<sup>11,12</sup> and<sup>13-15</sup>

30   WHEREAS, PFAS may play a causative role in dermatologic conditions such as urticaria and/or  
31   lupus;<sup>16-20</sup> and

33   WHEREAS, PFAS are currently found in:

34   Sunscreens

35   Cosmetics (such as powders/foundations/waterproof mascara/ makeup remover),

36   Shampoo and other hair products,

37   Personal care products,

38   Hand sanitizers,

39   Food wrappers,

40   Dental floss, and

42   WHEREAS, the state of Washington 2023 Toxic-Free Cosmetics Act (TFCA) currently restricts  
43   and/or bans certain chemicals (such as PFAS, formaldehyde, heavy metals mercury and lead,  
44   triclosan and specific phthalates) from being included in cosmetics and personal care products  
45   for sale or distribution in that state,<sup>25</sup> and

47   WHEREAS, dermatologists as a medical profession bear responsibility: to help educate patients  
48   about cosmetic and personal hygiene products, to advocate for healthy options for our patients,  
49   and to champion change that will protect both patients and the environment.;

51   THEREFORE BE IT RESOLVED, that the American Academy of Dermatology Association

52 (AADA) support increased awareness about PFAS and other forever chemicals through their  
53 membership and on the AADA's website via campaign awareness efforts; and

54  
55 BE IT FURTHER RESOLVED, that the AADA collaborate with patient advocacy organizations  
56 such as EPA, Environmental working group, Centers for Disease Control and Prevention (CDC),  
57 Safer Chemicals/Healthy Families, Green Science Policy Institute, Silent Spring, and/or Toxic  
58 Free Future to support the removal of PFAS and other forever chemicals from cosmetic and  
59 personal hygiene products; and

60  
61 BE IT FURTHER RESOLVED, that the AADA work with relevant stakeholders such as  
62 industries that produce or manufacture cosmetic and personal hygiene products to reduce and  
63 then ultimately eliminate PFAS and other chemicals from cosmetic and personal hygiene  
64 products.

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80 9/14/25

81  
82 Does the resolution fall within the scope of the AAD and AADA bylaws, mission, vision,  
or strategic goals?

To advocate for healthy skin in all individuals by working with corporations to eliminate PFAS (a  
known carcinogen) exposure in over-the-counter skin products and educate the public to select  
products without PFAS.

**Relevant Background and/or AAD Policy Considerations:**

Various studies have shown that cosmetic products, as well as some sunscreens, may be a  
source of PFAS via dermal exposure.<sup>3-8</sup> However, further studies are needed to determine the  
effects of both short- and long-term exposure to PFAS from these products.<sup>14,15</sup> It is not  
necessary to have a skin condition to be exposed to PFAS via dermal exposure. Additionally, it  
is challenging to determine PFAS absorption levels, as some studies account for individual  
cosmetic products while others focus on cumulative use across multiple products. Individual use  
may also affect the level of PFAS absorbed, since not everyone uses cosmetics consistently.

Personal cosmetics may also be a source of PFAS exposure in pregnant and lactating  
individuals.<sup>9,10</sup> Further studies are needed to determine the effects on pregnancy outcomes and  
on newborns.

PFAS may also have a role in the development of some dermatological conditions, such as psoriasis, atopic dermatitis, and skin aging.<sup>18-20</sup>

PFAS exposure may vary by race and ethnicity, among other socioeconomic factors.<sup>13,21-24</sup>

Relevant Position Statement:

<https://server.aad.org/forms/policies/Uploads/PS/PS-Dermatology%20Workforce%20Diversity%20and%20Health%20Disparities.pdf>

**“Research, scholarship and publication:** The AAD recognizes that an intentional and concerted effort is needed to ensure that research, scholarship and publication ethically addresses, measures, and promotes health equity. We recognize that race is not a reliable proxy for genetic differences and that clinicians, educators and researchers should focus on genetics and biology, and social determinants of health when describing risk factors for disease.<sup>11</sup> We support research, data collection, and evidence based performance measures that promote equity in care and impact social determinants of health to identify and reduce health disparities within dermatology. We support efforts to develop and increase scientific research of dermatology disorders that occur disproportionately in racially and ethnically diverse groups.”

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**Fiscal/Resource Impact:**

40-80 hours of staff time for advocating with government agencies and patient advocacy organizations.

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