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CONSUMER PRODUCT SAFETY COMMISSION

Better Data Needed to Help Identify and Analyze Potential Hazards

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Consumer Product Safety Commission: Better Data Needed to Help Identify and Analyze Potential Hazards

Mr. Chairman and Members of the Subcommittee:

We are pleased to be here today to discuss our work on the Consumer Product Safety Commission (CPSC). CPSC was created to protect consumers from "unreasonable risk of injury," and in doing so it oversees about 15,000 consumer products, ranging from kitchen appliances and children's toys to hot tubs and garage door openers. With a budget of about $42.5 million, CPSC enforces existing federal consumer product regulations and also develops agency projects to address products with a potential hazard not covered by existing regulations.[1] These projects may result in CPSC's issuing new regulations concerning a specific product, assisting in the development of voluntary industry standards, or providing information to consumers about how to use a product safely.

Contending that the agency is ineffectively allocating its resources, some industry representatives and other individuals have voiced dissatisfaction with the agency's selection of certain projects and have questioned the validity of CPSC's cost-benefit and risk assessment analyses supporting those projects. Congressional and interest-group critics have also raised concerns about the agency's procedures for ensuring the accuracy of manufacturer-specific information before it releases the information to the public, maintaining that such releases can mar the reputation of responsible corporations. In light of these concerns, you asked us to discuss CPSC's project selection, use of cost-benefit analysis and risk assessment, and information release procedures. Today, we are also releasing our report on CPSC, which covers these issues in more detail.[2]

To do our work, we reviewed internal CPSC documents, relevant legislation, regulations, and legal cases, and the literature on cost-benefit analysis and on consumer product safety issues. In addition, we interviewed current and former CPSC commissioners, CPSC staff, consumer advocates, industry representatives, and outside experts to obtain their perspectives on CPSC's work. We identified CPSC projects by compiling from various agency documents a list of 115 potential product hazards examined by the agency from January 1990 to September 30, 1996, and we reviewed available agency documentation on each of these projects. We

[1]Projects vary widely in scope, and CPSC has no standard definition of what constitutes a project. For our review, we defined a "project" as work CPSC conducted on any specific consumer product that was associated with a potential hazard or hazards not covered by existing regulation.

[2]Consumer Product Safety Commission: Better Data Needed to Help Identity and Analyze Potential Hazards (GAO/HEHS-97-147, Sept. 29, 1997).

examined the agency's internal databases to obtain project information and assess the agency's information on product hazards.

In summary, although CPSC has established criteria to help select new projects, with the agency's current data, these criteria can be measured only imprecisely if at all. CPSC has described itself as "data driven," but its information on product-related deaths and injuries is often sketchy, and its lack of systematized descriptive information on past or ongoing projects makes it more difficult for agency management to monitor current projects and to assess and prioritize the need for new projects in different hazard areas. CPSC's data are often insufficient to support rigorous application of risk assessment and cost-benefit analysis. In addition, the cost-benefit analyses conducted by CPSC between 1990 and 1996 were frequently not comprehensive, and the reports on these analyses were not sufficiently detailed. We also found that CPSC has established procedures to implement statutory requirements restricting the release of manufacturer-specific information. Although industry representatives, consumer advocates, and CPSC expressed differing views on the merits of these restrictions, available evidence suggests that CPSC complies with these statutory requirements.

Background

CPSC was created in 1972 under the Consumer Product Safety Act (P.L. 92-573) to regulate consumer products that pose an unreasonable risk of injury, to assist consumers in using products safely, and to promote research and investigation into product-related deaths, injuries, and illnesses. CPSC currently has three commissioners, who are responsible for establishing agency policy.[3] One of these commissioners is designated as the chairman, who directs all the executive and administrative functions of the agency.

In fiscal year 1997, CPSC carried out its broad mission with a budget of about $42.5 million and a full-time-equivalent staff of 480. After adjusting for inflation, the agency's budget has decreased by about 60 percent since 1974. Similarly, CPSC's current staffing level represents 43 percent fewer positions as compared with the agency's 1974 staff.

Although CPSC has broad regulatory powers, many of the agency's efforts are carried out using nonregulatory methods. For example, CPSC frequently assists industry and private standard-setting groups in developing

[3]The Consumer Product Safety Act provides for the appointment of five commissioners by the President of the United States for staggered 7-year terms. However, since 1986, no more than three commissioners have been in office at one time.

voluntary product safety standards.[4] CPSC also addresses product hazards by providing information to consumers on safety practices that can help prevent product-related accidents. In addition to its own efforts to disseminate information, CPSC provides considerable amounts of information in response to requests from the public.

CPSC Has Limited Information Available to Assist in Project Selection

CPSC's Project Selection Process

CPSC's resource base and extensive jurisdiction require the agency to select among potential product hazards. New agency initiatives may come to CPSC in several ways. First, any person may file a petition requesting CPSC to issue, amend, or revoke a regulation. For example, CPSC's cigarette lighter project, which resulted in a new mandatory safety standard, originated with a petition from an emergency room nurse. Second, CPSC can receive a product hazard project from the Congress. The Congress may require CPSC to study a wide-ranging product area (such as indoor air quality) or impose a specific regulation (such as a mandatory safety standard for garage door openers).[5] Third, CPSC commissioners and agency staff can initiate projects or suggest areas to address.

CPSC has wide latitude over which potential product hazards it targets for regulatory and nonregulatory action. Although the agency has little or no discretion over projects mandated by the Congress, it can accept or reject suggestions submitted by petition or proposed by agency staff. Of the 115 projects the agency worked on from January 1, 1990, to September 30, 1996, 59 percent were initiated by CPSC, 30 percent originated from a petition, and about 11 percent resulted from congressional directives.

CPSC has established criteria for setting agency priorities and selecting potential hazards to address. These criteria, which are incorporated in agency regulations, include the following:

[4]The 1981 amendments to the Consumer Product Safety Act require CPSC to defer to a voluntary standard—rather than issue a mandatory regulation—if the Commission determines that the voluntary standard adequately addresses the hazard and that there is likely to be substantial compliance with the voluntary standard.

[5]This mandate was imposed in the Child Safety Protection Act (P.L. 103-267, June 16, 1994).

- the frequency of injuries and deaths resulting from the hazard;
- the severity of the injuries resulting from the hazard;
- addressability—that is, the extent to which the hazard is likely to be reduced through CPSC action—agency regulations note that the cause of the hazard should be analyzed to help determine the extent to which injuries can reasonably be expected to be reduced or eliminated through CPSC action;
- the number of chronic illnesses and future injuries predicted to result from the hazard;
- preliminary estimates of the costs and benefits to society resulting from CPSC action;
- the unforeseen nature of the risk—that is, the degree to which consumers are aware of the hazard and its consequences;
- the vulnerability of the population at risk—whether some individuals (such as children) may be less able to recognize or escape from potential hazards and therefore may require a relatively higher degree of protection;
- the probability of exposure to the product hazard—that is, the number of consumers exposed to the potential hazard, or how likely it is that typical consumers would be exposed to the hazard; and
- additional criteria to be considered at the discretion of CPSC.

Commissioners and staff may select projects on the basis of what they believe are the most important factors. For example, the regulations do not specify whether any criterion should be given more weight than the others, nor that all criteria must be applied to every potential project. Our interviews with present and former commissioners and our review of CPSC briefing packages showed that three criteria—the number of deaths and injuries, the cause of injuries, and the vulnerability of the population at risk—were more strongly emphasized than the others. However, although the commissioners and former commissioners we interviewed generally agreed about which criteria they emphasized for project selection, they expressed very different views on how some of these criteria should be interpreted. For example, their opinions differed about choosing projects on the basis of the cause of injuries. A major issue in this regard concerned the appropriate level of protection the agency should be responsible for providing when a product hazard results, at least in part, from consumer behavior. Some current and former commissioners argued that no intervention was warranted when consumer behavior contributed to injuries; others were more willing to consider a regulatory approach in these situations.

Project Management Information Was Incomplete or Unavailable

Although CPSC conducts a number of projects annually, staff were unable to give us a comprehensive list of projects the agency had worked on in the 6-year period we examined. CPSC was also unable to verify the completeness of the project list that we compiled from agency documents and interviews with staff. According to CPSC staff, internal management systems do not generally contain this information because most projects are accounted for under either broad codes such as "children's products" or activity codes such as "investigations," "product safety assessment," and "emerging problems." In addition, CPSC staff told us that reliable inferences about the characteristics of individual projects, their outcomes, and the resources spent on them cannot be drawn from management information systems because of limitations in the computer system and because no consistent rule exists about how staff time in different directorates is recorded to project codes. Without systematic and comprehensive information on its past efforts, CPSC cannot fully assess whether its projects overrepresent some hazard areas and therefore agency resources might be more efficiently employed. In our report, we recommend that the Chairman of CPSC direct agency staff to develop and implement a project management tracking system to compile information on current agency projects.

Significant Gaps Exist in CPSC's Data on All Selection Criteria, Including Product-Related Injuries and Deaths

CPSC has developed a patchwork of independent data systems to provide information on deaths and injuries associated with consumer products. To estimate the number of injuries associated with specific consumer products, CPSC gathers information from the emergency room records of a nationally representative sample of 101 hospitals. CPSC also obtains information on fatalities by purchasing a selected group of death certificates from the states. Because neither emergency room nor death certificate data provide detailed information on hazard patterns or causes of injuries, CPSC also investigates selected incidents to obtain more detailed information.

CPSC's data give the agency only limited assistance in applying its project selection criteria. Data on all CPSC's project selection criteria suffer from major limitations, as shown in table 1. In fact, none of the criteria are supported by complete data that are available for most projects at the time the project is selected.

Table 1: CPSC's Regulatory Priority-Setting Criteria and Their Major Limitations

Criterion	Major limitations
Number of deaths	Incomplete because not all certificates are gathered and not all product-related incidents are noted on the certificates
Number of injuries	Generally limited to injuries treated in emergency room, excluding injuries treated in other settings
Severity of injuries	Not representative of the severity of all injuries
Chronic illnesses	Little systematic information
Predicted future injuries	Questionable validity, given changes in medical care over time
Vulnerable populations	Incomplete—information available only on age and not on other vulnerable populations, such as people with disabilities
Exposure	Exposure surveys are time consuming and expensive, not done for all projects, and done only after project is well under way
Addressability/ causation	Often impossible to make an informed judgment until project is well under way; investigations are time consuming and expensive
Preliminary cost-benefit analysis	Quality data are frequently not available; data from early stages of project are of limited accuracy

CPSC staff identified four data-gathering areas as key concerns: (1) lack of data on injuries treated in physicians' offices and other settings outside the emergency room; (2) lack of data that would identify chronic illnesses that may be associated with consumer products; (3) sketchy information about accident victims, which limits the ability to assess which hazards disproportionately affect vulnerable populations; and (4) lack of data on exposure to consumer products.

CPSC's injury and death data allow at best an incomplete view—and at worst a distorted one—of the incidents that result from consumer product hazards. Product-related injuries may be treated in a variety of settings—a hospital emergency room, a physician's office, or an outpatient clinic, for example. CPSC systematically collects information only on deaths and on injuries treated in the emergency room; injuries treated in other settings (such as physicians' offices) are generally not represented in CPSC's data. Because CPSC's data reveal only a portion of the injury picture, the agency underestimates the total numbers of deaths and injuries associated with any given consumer product. The extent of this undercount is unknown, but it may be increasing; pressure to contain health care costs has led to more injuries and illnesses being treated outside the hospital setting.[6] In addition, CPSC's incomplete injury information raises doubts about whether the agency can reliably discern long-term trends in injuries. Trend

[6]For example, according to the American Hospital Association, hospitalizations decreased by 5 percent on a per capita basis between 1982 and 1994, while between 1983 and 1993 hospital outpatient clinics saw a 53-percent increase in visits on a per capita basis.

information is needed not only because it is a criterion for project selection but also because it is important in evaluating the success of CPSC's injury reduction efforts and determining the need for possible follow-up actions.

According to CPSC staff, identifying chronic illnesses associated with consumer products is nearly impossible with CPSC's current data. CPSC staff stated that little is known about many chronic illness hazards that may be associated with potentially dangerous substances, and even less information is available about which consumer products may contain these ingredients. Chronic illnesses are likely to be especially underestimated in CPSC's emergency room data, because they are underrepresented among emergency room visits and because product involvement is more difficult to ascertain. Similarly, consumer product involvement is seldom recorded on death certificates in the case of chronic illnesses.

Sketchy information about accident victims also limits CPSC's ability to assess which consumer product hazards have a disproportionate impact on vulnerable populations. CPSC's surveillance data systems provide information only on the age of the victim; no systematic or comprehensive information is available to determine whether a given hazard has a special impact on other vulnerable populations such as people with disabilities. A former commissioner told us that the lack of other demographic information (such as race, income, and disability status) made it difficult to know which subpopulations were predominantly affected by a particular hazard. Another commissioner echoed this concern, adding that such information would be useful in targeting public information campaigns on certain hazards to those groups that need the information most.

Although CPSC staff identified the need for additional exposure data as a major concern, they also said that obtaining such information can be time consuming and costly. Because exposure data are generally not included in CPSC's ongoing data collection efforts, exposure is assessed either not at all or well after the project has started, precluding the use of exposure as an effective criterion for project selection. Similarly, CPSC's emergency room and death certificate data give little information about the circumstances of the incident. Therefore, CPSC staff follow up on a few selected incidents to obtain additional details. These investigations may include detailed interviews with victims and witnesses, police or fire reports, photographs of the product and the accident site, laboratory

testing of the product, and recreations of the incident. As with exposure data, these investigations are not conducted for every project and are done only after a project has been established. Thus, assessment of causation at the project selection stage is unavoidably speculative.

We believe that improved information on each of these four areas is necessary for CPSC to make informed decisions on potential agency projects. However, we also recognize that such information may be costly to obtain. In our report, we recommend that the Chairman of CPSC consult with experts both within and outside the agency to prioritize CPSC's needs for additional data, investigate the feasibility and cost of alternative means of obtaining these data, and design systems to collect and analyze this information.

Better Data and Methodology Are Needed to Improve CPSC's Cost-Benefit Analysis and Risk Assessment

CPSC uses two analytical tools—risk assessment and cost-benefit analysis—to assist in making decisions on regulatory and nonregulatory methods to address potential hazards. Risk assessment involves estimating the likelihood of an adverse event, such as injury or death. Cost-benefit analysis details and compares the expected effects of a proposed regulation or policy, including both the positive results (benefits) and the negative consequences (costs). The Congress requires CPSC to perform cost-benefit analyses before issuing certain regulations, and CPSC has conducted cost-benefit analyses for these regulations and in other situations in which such an analysis was not required by law. Because most of the agency's projects do not involve regulation, relatively few CPSC projects conducted between January 1, 1990, and September 30, 1996, were subject to these requirements. We identified 8 cost-benefit analyses that CPSC performed in accordance with these requirements and an additional 21 analyses that it conducted when it was not required.[7] Before issuing certain regulations, CPSC is required to consider the degree and nature of the risk of injury the regulation is designed to eliminate or reduce. However, CPSC usually does not conduct a formal, numerical risk assessment before issuing a regulation, and the law does not require it to do so. We determined that CPSC conducted 24 risk assessments between January 1, 1990, and September 30, 1996; only 4 of these were associated with regulatory action.

Both risk assessment and cost-benefit analysis require extensive data. CPSC's data systems are frequently unable to adequately meet the extensive

[7]In addition to the complete cost-benefit analyses, we identified an additional 23 cases in which some information was provided on some economic benefits or costs.

demands for information posed by risk assessment and cost-benefit analysis. As a result, the agency's estimates of risks, costs, and benefits are less accurate because they reflect the substantial limitations of the underlying data. For example, because CPSC's data undercount the deaths and injuries associated with particular consumer products, estimates of risk—and the potential benefits of reducing that risk—appear smaller than they actually are. However, CPSC's data provide information only on whether a product was involved in an accident, not whether the product caused the accident. This can sometimes make the risks assessed by CPSC—and the benefits of reducing those risks—appear greater.

The methodology used to conduct a cost-benefit analysis frequently depends on the circumstances and the context of the analysis. For this reason, there is no complete set of standards for evaluating the quality of an individual cost-benefit analysis. However, the professional literature offers some guidance for analysts, and certain specific elements are frequently used to determine whether a given analysis meets a minimum threshold of comprehensiveness and openness. For example, analysts generally agree that all methodological choices and assumptions should be detailed, all limitations pertaining to the data should be revealed, and measures of uncertainty should be provided to allow the reader to take into account the precision of the underlying data. Similarly, practitioners generally call for sensitivity analysis, which enables the reader to determine which assumptions, values, and parameters of the cost-benefit analysis are most important to the conclusions.

Our review of all the cost-benefit analyses that CPSC conducted between January 1, 1990, and October 31, 1996, showed that for six of eight evaluation elements, CPSC's analyses were not comprehensive and not reported in sufficient detail (see table 2).[8] Specifically, CPSC provided descriptive information on proposals and also provided information on a variety of reasonable alternatives in almost 100 percent of cases. But in only 17 percent of its analyses did CPSC provide any statistical information on the precision of the underlying estimates. Similarly, when estimates are based on a relatively small sample size, projections are generally not considered reliable. But CPSC analysts cautioned the reader against drawing conclusions on the basis of small sample data only 45 percent of

[8]From our review of the cost-benefit literature, we developed a list of the elements that are frequently used in evaluating cost-benefit analyses. Although we compared each of these elements with each of CPSC's analyses, not all elements were applicable to each case. For this reason, and to emphasize those areas that we viewed as most critical, we reported only those results that related to key elements, applied to the majority of CPSC's analyses, and for which a determination was possible in all or nearly all cases.

the time. Furthermore, some of CPSC's data sets have a known upward or downward bias because of the way the data were constructed. For example, when estimates of incidents are based only on investigated or reported cases, two potential biases are likely to be introduced into the analysis: (1) the estimates are likely to be biased downward by nonreporting and (2) the incidents reported tend to be the more severe ones. In only 53 percent of applicable cases did CPSC's analysis inform the reader of known limitations inherent in the data being used for cost-benefit analysis.

Table 2: Evaluation of CPSC's Analyses Shows Problems in Several Evaluation Elements

Evaluation element	Percentage of CPSC's analyses that were consistent with this element
Provided descriptive information about a well-defined proposal	98
Addressed multiple alternatives	95
Reported measures of precision for underlying data	17
Cautioned reader about making inferences from data with a small sample size	45
Reported known biases in underlying data	53
Provided any sensitivity analysis information	26
Included all important categories of benefits and costs	54
Considered risk-risk trade-offs[a]	49

[a]A "risk-risk" trade-off refers to an action to decrease a hazard's risk that unintentionally increases that or another risk.

We identified several other areas in which CPSC analyses could benefit from improvement. For example, researchers agree that sensitivity analysis should be incorporated in cost-benefit analyses. CPSC usually did not provide sensitivity analysis information. In addition, only 54 percent of CPSC analyses considered the full range of costs and benefits likely to result from regulation. CPSC analysts frequently did not mention intangible costs or benefits (costs or benefits that are difficult to quantify, such as loss of consumer enjoyment) or potential indirect effects (such as changes in the prices of related goods). CPSC also frequently excluded risk-risk considerations from its evaluation of the costs and benefits of potential actions. Sometimes actions taken to reduce one risk can unintentionally increase that or another risk—such as when individuals take more or

fewer precautions in response to a change in a product's safety features. For example, in establishing a standard for child-resistant packaging that was also "senior-friendly," CPSC considered that because child-resistant medicine bottles can be difficult to open, a grandparent might leave the cover off the bottle, creating an even greater risk than would exist with the original cap. Although CPSC considered such factors in some cases, only 49 percent of its analyses reflected potential risk-risk trade-offs.

CPSC has not established internal procedures that require analysts to conduct comprehensive analyses and report them in sufficient detail. For example, according to CPSC staff, the agency has little written guidance about what factors should be included in cost-benefit analyses, what methodology should be used to incorporate these factors, and how the results should be presented. Staff also told us that CPSC analyses are not generally subject to external peer review. Such reviews can serve as an important mechanism for enhancing the quality and credibility of the analyses that are used to help make key agency decisions. In our report, we recommend that the Chairman direct agency staff to develop and implement procedures to ensure that all cost-benefit analyses performed on behalf of CPSC are comprehensive and reported in sufficient detail, including providing measures of precision for underlying data, incorporating information on all important costs and benefits, and performing sensitivity analysis.

CPSC Has Established Procedures for Complying With Statutory Requirements for Releasing Manufacturer-Specific Information

To help minimize the possibility that a product might be unfairly disparaged, in section 6(b) of the Consumer Product Safety Act, the Congress imposed restrictions on CPSC's disclosure of manufacturer-specific information.[9] Before CPSC can release any information that identifies a manufacturer,[10] it must

- take "reasonable steps" to verify the accuracy of the information and to ensure that disclosure is fair;
- notify the manufacturer that the information is subject to release; and
- give the manufacturer an opportunity to comment on the information.

[9]An exception to these restrictions is given if CPSC has declared that the product is an "imminent hazard" under section 12 of the Consumer Product Safety Act.

[10]These restrictions also apply even if the manufacturer is not named but the information would allow the reader to readily identify the manufacturer from the context. For example, if there is only one manufacturer of a product identified in the information, the information may be subject to restriction even if the manufacturer's name is not given.

These restrictions apply not only to information the agency issues on its own—such as a press release—but also to information disclosed in response to a request under the Freedom of Information Act. Section 6(b) also requires CPSC to establish procedures to ensure that releases of information that reflect on the safety of a consumer product or class of products are accurate and not misleading, regardless of whether the information disclosed identifies a specific manufacturer.

In implementing section 6(b), CPSC established several procedures designed to ensure compliance with these statutory requirements. These include obtaining written verification from individuals of the information they report to the agency, notifying manufacturers by certified mail when manufacturer-specific information has been requested, and giving manufacturers the option to have their comments published with any information disclosed. For example, CPSC has issued clearance procedures for situations when commissioners and staff initiate public disclosures—for example, when CPSC publishes the results of agency research. Under CPSC's guidelines, each assistant or associate executive director whose area of responsibility is involved must review the information and indicate approval for the release in writing. After all other reviews have been completed, the Office of the General Counsel must also review and approve the release.

Information from three sources—industry sources, published legal cases, and data on retractions—suggests that CPSC complies with its statutory requirements concerning information release. Industry sources, even those otherwise critical of the agency, told us that CPSC generally keeps proprietary information confidential as required by law. Our review of published legal decisions found no rulings that CPSC violated its statutory requirements concerning the release of information. Retractions by CPSC are also rare—only three retractions have been issued by CPSC since the agency was established.[11]

Industry observers, CPSC staff, and consumer groups expressed a wide range of opinions on the effectiveness of section 6(b). In response to our inquiries, some CPSC commissioners and former commissioners said that these restrictions serve a useful purpose and should not be changed. However, CPSC's current chairman, industry and advocacy group representatives, and others expressed dissatisfaction with 6(b) and some

[11]Two of these retractions, in 1984 and 1994, were issued in response to requests from firms. A third retraction, in 1990, was issued after CPSC discovered that a report in its public reading room had mistakenly included inaccurate information.

suggested possible changes. Although these individuals raised issues about the extent of the protection afforded to manufacturers and the resources necessary to ensure compliance, we did not assess whether the specific suggestions were necessary or feasible.

CPSC's chairman, other CPSC officials, former commissioners, and the representative of a consumer advocacy group stated that compliance with 6(b) is costly for CPSC and delays the agency in getting information out to the public. To reduce the burden of complying with these requirements, CPSC staff have suggested that the notification requirement that gives manufacturers 20 days in which to comment should apply only to the first time information is released and that, instead of requiring CPSC to verify information from consumer complaints, the agency should be allowed to issue such information with an explicit disclaimer that CPSC has not verified the consumer's report.

Instead of reducing CPSC's verification requirements, some industry representatives suggested expanding them. These manufacturers stated that before CPSC releases incident information, the agency should substantiate it, rather than relying on a consumer's testimony. Industry representatives stated—and CPSC staff confirmed—that many of the requests for CPSC information come from attorneys for plaintiffs in product liability suits. As a result, some industry representatives expressed concern that unsubstantiated consumer complaints could be used against them in product liability litigation. They suggested that 6(b) should require CPSC to substantiate all incident reports by investigating them before they can be disclosed, instead of merely checking with the consumer. However, CPSC officials told us that, because of limited resources, investigations—which are time consuming and costly—can be conducted only on a small proportion of specially selected cases.

Retailers' representatives also suggested specific changes to CPSC's information release requirements. They said that retailers do not receive timely notice of recalls because CPSC has interpreted the law to prohibit advance notification of retailers. Consequently, the retailers said, they sometimes receive notice of recalls at the same time as their customers and have no time to prepare. Retailers' representatives suggested amending 6(b) to provide for 5 business days' advance notice to retailers before the public announcement of a recall. CPSC officials said that typically manufacturers are, and should be, the ones to contact the retailers and make all arrangements for a recall. Although they disagreed on the need for a statutory change, both CPSC staff and a major retailers'

association said they were trying to work out a more satisfactory arrangement.

Mr. Chairman, that concludes my prepared statement. I would be happy to answer any questions you or Members of the Subcommittee might have.

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