

next uniform effective date following publication of this rule. This allows firms more than 2 years to implement this final rule providing some regulatory relief and economic savings for small businesses. This should be long enough for most small businesses to coordinate the label change for this rule with other label changes and reprinting. However, in this final rule, FDA has decided not to extend the compliance period for small businesses beyond what is given for all businesses. Because this final rule does not affect nutrient content or health claims, no small businesses will have to change the principal display panels or marketing of their products, which could be very costly.

With small businesses producing 85 percent of the products and 73 percent of the SKUs, extending the compliance period for small businesses to the uniform effective date after January 1, 2006, would leave most labels not listing *trans* fat for almost 5 years after publication. This could result in significant confusion for consumers looking for *trans* fat content on labels and would make the Nutrition Facts panel inconsistent across product categories. This inconsistency would be contrary to the intent of the 1990 amendments. It also would undermine the policy goal of providing consistent nutrition information to consumers. Also, extending the effective date for products containing *trans* fat would delay the benefits of this rule to the public health.

### 3. Exemptions for Small Entities

FDA has chosen not to exempt small entities because consumption of *trans* fat results in consequences to the consumer. Consumers may increase or decrease their risk of CHD based on the level of *trans* fat in their diets. Thus, the presence or absence of *trans* fat in a food product is a material fact under section 201(n) of the act.

Consumers must know the amount of *trans* fat in food products that they select as part of their total daily diet to choose products that would allow them to reduce their intake of *trans* fat, and thus, reduce the risk of CHD. Section IV of this document discusses the scientific evidence for why *trans* fat consumption places consumers at risk for CHD. Absent mandatory labeling, consumers would not be able to understand the relative contribution that foods make to their total daily intake of *trans* fat. First, because polyunsaturated and monounsaturated fats are not subject to mandatory labeling, simply including *trans* fat as part of the total fat contribution would not allow consumers to calculate the *trans* fat

content by finding the difference between the sum total of all the mandatory fats listed on the label and the total fat content. Second, even if all component fats were required to be listed, it would not be realistic to expect consumers to do such calculations on each product to compare the relative *trans* fat contribution of each. Further, the fact that an individual food product may contain zero gram *trans* fat, and thus, not contain a level of *trans* fat that would contribute to CHD risk, does not prevent the absence of that fact on the label to no longer be considered a "material fact" for that food. In the context of mandatory labeling of nutrients in a nutrition facts panel, the relative contribution of various food products to the total day's consumption of a heart unhealthy fat is important for consumers "to readily observe and comprehend the information and to understand the relative significance of that information in the context of the total daily diet" (section 2(b)(1)(A) of Public Law 101-535).

Further, section 403(q)(2)(A) of the act provides that mandatory labeling would be appropriate when information about a nutrient would assist consumers to maintain healthy dietary practices. Information on the *trans* fat content of food would assist consumers in this way. Consumers need the information on *trans* fat content of all foods that they consume so that they can reduce their intake of *trans* fat. The fact that a food may have no *trans* fat or a small amount of *trans* fat is useful information to the consumer so that food choices can be made and the consumer can put that product, along with many other products consumed as part of the daily diet, into the context of the total daily diet to maintain healthy dietary practices. There is ample discussion in section IV of this document about the heart unhealthy effects of consuming *trans* fat and strong consensus among the scientific community for reducing *trans* fat intake.

Survey data show that consumers rely on the Nutrition Facts label as a guide to choosing foods that meet their dietary objectives. As consumers learn more about the dietary significance of *trans* fat and the dietary advice to limit its consumption, the Nutrition Facts panel is where label users will expect to find this information. If they cannot find information on *trans* fat content there or if it is only there when claims are made about fatty acids or cholesterol, they will be hampered in their ability to implement the most recent dietary guidance, and are likely to be misled about a food's basic characteristics.

Consumers need the *trans* fat information on products in order to determine how each product fits into their individual health goal for reducing *trans* fat intake in the context of their total daily diet. Thus, the agency is requiring *trans* fat labeling, regardless of whether claims are made or the levels of other fats are declared, to prevent products from being misleading under sections 403(a)(1) and 201(n) of the act. Therefore, as described in section III of this document, in this rulemaking FDA is relying on its authority under those sections as well as its authority under section 403(q)(2)(A) of the act to require that information on *trans* fat be included in nutrition labeling to assist consumers in maintaining healthy dietary practices. Not requiring such information on labels, whether or not voluntary nutrients are listed or claims are made about fatty acids or cholesterol, would be inconsistent with statutory directives for nutrition labeling in section 403(q) of the act.

Furthermore, the benefits of covering products made by small businesses exceed the costs that would be saved by exempting them. The medium estimated cost of covering small businesses is a one time cost of \$129 million dollars (table 16). If we assume no benefits from small businesses reformulating, then the benefits associated only with changing labels on all food products is \$48 million per year using Method 1 (\$99 million using Method 2). If small businesses produce at least 22 percent of food consumed annually, then benefits of covering products made by small businesses will exceed the costs that would be saved by exempting them after 20 years discounted at 3 percent. Using Method 2 for calculating benefits, small businesses would only need to account for production of at least 11 percent of food consumed. Since the Small Business Administration definition of small business includes the vast majority of food firms, products, and SKUs, even the 22 percent amount is quite plausible.

### D. Recordkeeping and Reporting Requirements

The Regulatory Flexibility Act requires FDA to include a description of the recordkeeping and reporting required for compliance with this final rule. This final rule does not require the preparation of a report or a record.

### E. Summary

FDA finds that under the Regulatory Flexibility Act (5 U.S.C. 605(b)) this final rule will have a significant economic impact on a substantial number of small entities. Approximately