



Updating the Operating System for Consumer Health

Why Incremental Reform Failed — and Why It's Time for DSHEA 10.0



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Trust Is a System

Trust depends on rules,
visibility, and
accountability.

Outdated systems fail
quietly.



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The Question

What happens when markets evolve faster than the rules meant to govern them?



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DSHEA Worked



DSHEA was the right framework—for 1994.



Post-market oversight enabled access and innovation.

The Market Changed



E-commerce

Global supply chains

Advanced chemistry

Platform distribution

What FDA Can't See Today



Products without identifiable responsible persons

Products that appear and disappear overnight

Enforcement that starts with detective work, not risk prioritization

Ambiguity Became Policy



Guidance and discretion filled statutory gaps.



Rules became interpretations.

Why Incremental Fixes Failed



Guidance instead of law

Discretion instead of durable rules

Ambiguity instead of accountability

A Shared Institutional Failure



Industry adapted defensively.



FDA stretched interpretation.



Bad actors exploited gaps.

Not DSHEA 2.0



Incremental reform had its moment.



That moment has passed.

DSHEA 10.0



A generational reset



A modern operating system



A Different Premise

Clear rules that bind regulators and industry alike

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Visibility Without Permission



Post-market product listing



No premarket approval



No permission gate

Listing: Then vs. Now



Before: Fear of premarket control



Now: Statutory prohibition on delay or conditioning



Result: Visibility without licensing

Unlisted = Illegal



A simple, enforceable rule

Anonymity ends here

Funding Oversight



Funded through congressional appropriations



Supports the FDA and industry without user fees



Accountability, oversight, not permission

Modern Ingredient Science

Chemical identity and exposure drive safety.

Origin alone does not.



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Biobiochemical ≠ Assumed Safe



Biobiochemical ingredients are included—
but notified.

Safety equivalency is required.

Evidence replaces assumptions.

Safety Equivalency in Practice

Toxicology and exposure data

Bioavailability and pharmacokinetics where appropriate

Consideration of manufacturing impurities and non-target substances



What This Stops



Endless re-notifications



Process-change NDIs



Defensive paralysis by responsible companies

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Fixing Drug Preclusion



Same molecule



Different dose or route



Different regulatory outcome

A Line That Makes Sense



Local
effects
→
cosmetic



Systemic
delivery →
drug



A scientific
boundary

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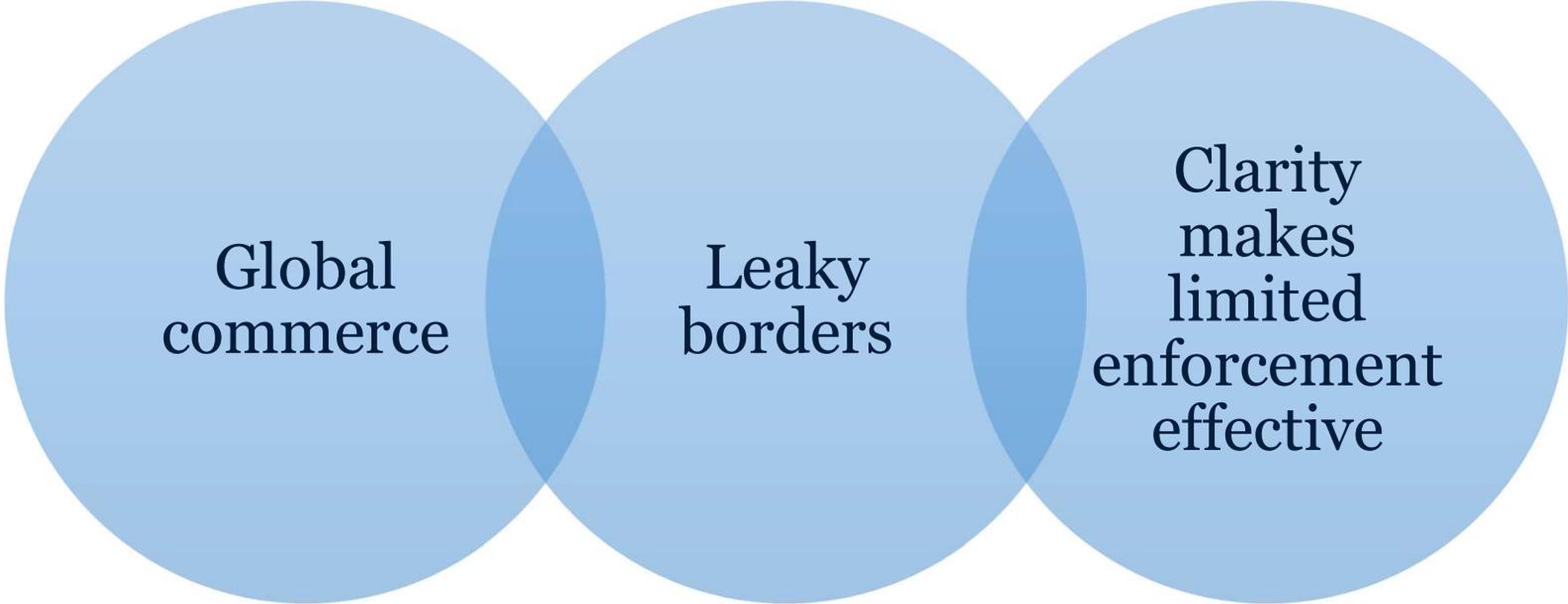
Ingestion Is a Continuum

Mouth → stomach → intestine

Different absorption pathways

Same act: ingestion

Enforcement Reality



Rules That Can't Be Gamed



Clear triggers



Bounded discretion



Shared accountability

The Choice



**PRESERVE
AMBIGUITY**



OR REBUILD TRUST

Call to Action



Join me on March 5, 2026
Hilton Anaheim – Monterey Room 5th Floor



Introducing DSHEA 10.0



An audacious plan for real, lasting change



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