

Group A Public Water Systems – Fluoridation of drinking water WAC 246-291-460 (WSR 16-03-084)
Formal Comments and Department of Health’s Recommendations
Public Hearing, March 9, 2016

Comments in Support of the Proposed Rule			
Commenters			
<ul style="list-style-type: none"> • Katrina Brooke, Shyne Shool • Children’s Alliance • Foundation for Healthy Generations • Progreso: Latino Progress • Washington State Dental Association • Seattle Children’s 	<ul style="list-style-type: none"> • Interfaith Community Health Center • Latino Community Fund of Washington State • Northwest Health Law Advocates • Northwest Kidney Centers • Washington Healthcare Access Alliance 	<ul style="list-style-type: none"> • Peninsula Community Health Services • Public Health Roundtable • Washington Association of Community & Migrant Health Centers • Washington Dental Service Foundation 	<ul style="list-style-type: none"> • Washington State Dental Hygienists’ Association • Washington State Hospital Association • Washington State Medical Association • Washington State Public Health Association
Summary of Comments			Department Recommendation
<p>The department received the following comments in support of the proposed rule from the 20 commenters identified above:</p> <ol style="list-style-type: none"> 1. The proposed rule maintains the preventive aspect of fluoridation, but also reduces risk of fluorosis. 2. Supports the adjustment of fluoride in drinking water to be in compliance with the HHS recommendations at 0.7mg/L which is supported by significant evidence-based, scientific research. 3. Water fluoridation has been proven to benefit people of all ages and income levels. Caries is not just a disease of children; adults, in particular, institutionalized and geriatric adults, are at high risk. 4. Water fluoridation is especially important because access to affordable dental care continues to be one of the greatest unmet health needs in our state. Though fluoridation cannot substitute for preventive care, adults living in communities that fluoridate are less likely to have oral disease and more likely to keep all of their teeth. 5. Water fluoridation has been used and extensively studied for 70 years in cities all across America. 6. Water fluoridation has been proven to help reduce cavities by at least 25 percent over a person’s lifetime. This will save money, time, eliminate pain and help prevent dental disease which has been linked to heart disease, stroke and other serious health conditions. 7. Water fluoridation is one of the most highly recommended ways to improve oral health within a community. 8. Every Surgeon General over the past 50 years has recommended fluoridation and it is also endorsed by the American Dental Association, American Medical Association, American Academy of Pediatrics, the Centers for Disease Control and Prevention, Institute for Science and Medicine, and many others. 			<p>Adopt as proposed. Comments are consistent with the significant analysis prepared by the department.</p>

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Committer	Comments in Support of the Proposed Rule with Recommended Revision	Department Recommendation
<p>Emily Firman, MPH, LICSW Senior Program Officer Washington Dental Service Foundation</p>	<p>We support adoption of the national standard for community water fluoridation of 0.7 mg/L. We agree the provided operational tolerance of 0.5 mg/L to 0.9 mg/L will be sufficient to ensure such a standard is reached on a monthly basis; however, with one significant caveat.</p> <p>Because a system could consistently provide a sub-optimal 0.6 mg/L average fluoride concentration under the proposed operating range, we respectfully request the rule include a requirement that the annual average of the monthly average concentrations meet the optimal concentration of 0.7 mg/L or be within the range of 0.6 to 0.8 mg/L.</p> <p>Finally, we agree that notice be given to the department when a system decides to remove fluoridation. Ideally, this would be done within 90 days prior to such a decision or at minimum, 90 days prior to the removal of community water fluoridation. This would allow more time for the department to inform local medical and dental practitioners and the public that they will be at higher risk for cavities.</p>	<p>Adopt as proposed: The department can achieve the desired outcome of these recommended amendments through guidance and technical assistance to water systems that fluoridate without changing the proposed rule.</p>

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Comments in Opposition to the Proposed Rule		
Commenters		
<ul style="list-style-type: none"> • Ayesha Rognlie, Naturalways.com • Karen Favazza Spencer • Leona M Groesbeck • Bill Osmunson 	<ul style="list-style-type: none"> • Russell Maier • Ronda Kirk • Carol S. Kopf • James Robert Deal 	<ul style="list-style-type: none"> • Audrey Adams, Washington Action for Safe Water • Bruce Guthrie • Meena Gasperino • Gerald Steel
Summary of Comments		Department Recommendations
<p>The department received the following comments in opposition to the proposed rule from 12 commenters requesting the Board prohibit fluoridation of drinking water or set the standard at 0.0 mg/L based on the following reasons:</p> <ol style="list-style-type: none"> 1. Fluoride is harmful to humans and causes a variety of health issues. 2. Fluoridation is unnecessary and expensive, corrodes pipes and leaches lead into drinking water. 3. Fluoride additive is an industrial waste and does not meet NSF safety standards. 4. Moderate to severe dental fluorosis is costly. 5. Fluoride is a drug and should be regulated as such. 6. Some scientific literature does not support community water fluoridation. 		<p>Adopt as proposed.</p> <p>While the decision to fluoridate a public water supply is a local one, the department encourages communities to begin and maintain fluoridation in drinking water systems as a sound, population-based public health measure to improve oral health.</p> <p>Municipalities and public water systems have the authority to decide whether or not to fluoridate drinking water. The board’s responsibility is to establish safe levels and methods for fluoridating drinking water when that decision has been made. Setting the optimal fluoride concentration at 0.0 mg/L would, in effect, prohibit public water system fluoridation. With a fluoridation concentration of 0.0 mg/L, water systems would not be able to exercise their authority to choose water fluoridation. The department recommends adopting the rule as proposed in order to avoid a conflict.</p>

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Commenters	Summary of Comments	Department Recommendations
Bill Osmunson	<ol style="list-style-type: none"> 1. The significant analysis must include quantified benefits and costs. 2. Recommendations for fluoridation levels: <ul style="list-style-type: none"> • At a minimum, 0.7 mg/L of fluoride should be a maximum concentration and the term “optimal” should be deleted. • If the maximum concentration is 0.7 mg/L of fluoride, the operational range should be 0.5 mg/L plus or minus 0.2 mg/L. 3. All other comments received by Bill Osmunson are substantively the same as those received under the petitions for rulemaking received by the board from May 2010 through August 2011. 	<p>Adopt rule as proposed.</p> <ol style="list-style-type: none"> 1. The significant analysis was developed in accordance with the requirements of the Administrative Procedures Act, chapter 34.05 RCW. 2. The board proposes to reduce the operational range to 0.5 mg/L to 0.9 mg/L based on an optimal fluoridation concentration of 0.7 mg/L. The low end of the range of 0.5 mg/L ensures the fluoride concentration is sufficient to provide public health benefit of reducing dental caries while the high end of the range of 0.9 mg/L also provides a public health benefit, but is unlikely to result in moderate to severe dental fluorosis. The effective range of plus or minus 0.2 mg/L around the 0.7 mg/L optimal concentration is effective in allowing a reasonable margin of operating tolerance. 3. The board previously reviewed and denied these petitions. (Petitions 1 - 15)
James Robert Deal	All comments received by James Robert Deal are substantively the same as those received under the petition for rulemaking received by the board in September 2015.	<p>Adopt as proposed.</p> <p>The board reviewed and denied this petition at the October 2015 board meeting. (Petition 16)</p>
King County Citizens Against Fluoridation, and Gerald Steel	All comments received by Gerald Steel are substantively the same as those received under the petition for rulemaking received by the board in October 2015.	<p>Adopt as proposed.</p> <p>The board reviewed and denied this petition at the November 2015 board meeting. (Petition 17)</p>