

HOUSE BILL REPORT

SHB 1684

As Passed House:
February 12, 2022

Title: An act relating to public health and fluoridation of drinking water.

Brief Description: Concerning public health and fluoridation of drinking water.

Sponsors: House Committee on Local Government (originally sponsored by Representatives Harris, Bateman, Fitzgibbon, Leavitt, Cody, Macri, Simmons, Pollet and Riccelli).

Brief History:

Committee Activity:

Local Government: 1/25/22, 1/28/22 [DPS];

Appropriations: 2/5/22, 2/7/22 [DPS(LG)].

Floor Activity:

Passed House: 2/12/22, 69-29.

Brief Summary of Substitute Bill

- Requires water systems serving 5,000 or more people per day that do not currently provide fluoridation to undertake an analysis of the cost of implementing and maintaining fluoridation when planning.
- Requires the State Board of Health to adopt rules to facilitate and support water systems to implement fluoridation.
- Requires the Office of Drinking Water to create a program to aid water systems with engineering assistance, as long as the water system includes engineering analysis to implement or upgrade fluoridation.
- Provides notice requirements that a water system considering discontinuing fluoridation must satisfy before fluoridation may be stopped.
- Requires the Department of Health to conduct an oral health equity assessment, and provide a report to the Legislature on the assessment and

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on recommendations for increasing access to fluoridated water by June 30, 2023.

HOUSE COMMITTEE ON LOCAL GOVERNMENT

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 4 members: Representatives Pollet, Chair; Duerr, Vice Chair; Berg and Senn.

Minority Report: Do not pass. Signed by 3 members: Representatives Goehner, Ranking Minority Member; Griffey, Assistant Ranking Minority Member; Robertson.

Staff: Kellen Wright (786-7134).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The substitute bill by Committee on Local Government be substituted therefor and the substitute bill do pass. Signed by 30 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Stokesbary, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Corry, Assistant Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Boehnke, Caldier, Chandler, Chopp, Cody, Dolan, Dye, Fitzgibbon, Frame, Hansen, Harris, Hoff, Johnson, J., Lekanoff, Pollet, Ryu, Senn, Springer, Steele, Stonier, Sullivan and Tharinger.

Minority Report: Do not pass. Signed by 1 member: Representative Jacobsen.

Minority Report: Without recommendation. Signed by 2 members: Representatives Rude and Schmick.

Staff: Linda Merelle (786-7092).

Background:

A public water system is any system providing water for human consumption through pipes or other means of transfer, except for a system which provides service to only one single-family residence or that provides fewer than four connections to residences on a single farm. Such a system includes any collection, treatment, and storage either under the control of the owner or operator of the public water system. It also includes collection and pretreatment storage facilities not under the control of the owner or operator but that are primarily used in connection with the system.

About 85 percent of Washington residents get their drinking water from public water

systems.

There are two classes of water system: Group A and Group B. Group A water systems are those with 15 or more service connections; that service an average of 25 or more people for 60 or more days in a year; or that serve 1,000 or more people for at least two consecutive days. Group B systems include all other systems.

Both classes of water system are required to comply with all applicable federal, state, and local rules. The State Board of Health (SBH) is empowered to adopt rules for Group A and B water systems. The rules for Group A systems must assure safe and reliable public drinking water, while rules for Group B systems must establish requirements for the initial design and construction of the system. Group A water systems are also required to, among other things, protect water sources; provide sufficient treatment to ensure public health is protected; provide and maintain the water system effectively; and plan for future growth and assure the availability of safe and reliable drinking water. The Department of Health (Department) and local health jurisdictions carry out the rules and regulations adopted by the SBH regarding water systems.

The SBH has promulgated rules requiring water system plans from, among others, water systems serving more than one thousand service connections, municipal water systems, new water systems, and water systems experiencing problems related to system capacity. These plans must include information related to the water system such as the current population served and the number of water connections, a demand forecast, an analysis and evaluation of the system, a water resource analysis, and a financial program that demonstrates financial viability. A plan approved by the Department is valid for 10 years, unless the Department requests an updated plan.

Fluoride is a naturally occurring mineral that can help protect teeth from decay. Some amount of fluoride can be naturally occurring in water, particularly in Eastern Washington, but many water systems also add fluoride to their drinking water. Fluoridation is not required in Washington, but, if a water system does wish to add fluoride, it must comply with rules from the SBH for doing so. These rules include the optimal concentration of fluoride, as well as testing requirements. Water system purveyors are also required to get Department approval before adding fluoride and must notify the Department before discontinuing fluoridation.

The Office of Drinking Water is an office within the Department. It regulates Group A water systems under state law and a formal agreement with the federal Environmental Protection Agency.

Summary of Substitute Bill:

The Legislature finds that oral health is a significant factor in health disparities, that fluoride in public water systems can improve oral health and prevent tooth decay, that fewer than 60

percent of public water systems in the state provide effective levels of fluoride, and that effective fluoridation can result in significant cost savings in healthcare and in a reduction in inequitable health outcomes.

When engaging in system planning, including planning for the future of the system or for expansions or upgrades to the system, a water system serving 5,000 or more people per day, and which is not currently fluoridating its water supply, must include an analysis of the cost of implementing and maintaining fluoridation. The SBH must adopt rules to facilitate and support water systems to implement fluoridation. These rules must include:

- the optimal level of fluoride to be maintained and the allowable range for operation;
- standards and procedures for maintaining the required concentration, including necessary treatment facilities;
- a cost-benefit analysis of estimated start-up costs for fluoridation equipment to ensure the process and reporting of information is consistent across the state;
- recordkeeping and reporting requirements; and
- testing requirements and enforcement procedures.

Subject to appropriations, the Department must create a program within the Office of Drinking Water to aid water systems serving 5,000 or more people per day or that elect to comply with the fluoridation rules adopted by the SBH with engineering assistance for upgrades, modifications, or necessary expansions, as long as the water system includes engineering analysis to implement or upgrade fluoridation in its service area. Funds may be accepted from private sources to assist with the program.

Such a water system considering discontinuing fluoridation must seek the most current information about the public health impacts of fluoridation from the Department at least 90 days before a vote or decision on fluoridation. After receiving this information, and again at least 90 days before a vote or decision on fluoridation, the water system must notify its customers and include Department approved information about fluoride's health impacts. The failure to properly notify customers will void a decision to discontinue fluoridation, and fluoridation must continue until the requisite notification has been provided.

The Department must conduct an oral health equity assessment using available surveillance data and community needs assessments to identify unmet oral health needs. The Department must develop recommendations to advance oral health through increased access to fluoridated water in order to reduce oral health inequities. In conducting the assessment and developing the recommendations, the Department must consult with the Department of Equity and collaborate with public oral health care providers and community-based organizations. The Department must submit a report to the Legislature with an oral health equity assessment and recommendations to increase access to fluoridated water by June 30, 2023.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony (Local Government):

(In support) This bill doesn't require fluoridation, but asks community water systems to take a look at fluoridation to see what it would cost. Elected officials can then discuss and take the decision to the voters to determine if they want fluoridation. Fluoridation is a proven measure to fight cavities and tooth decay. Access to fluoridation should be protected and expanded. Fluoridation is not the only solution, but it is a powerful tool to close health equity gaps. With fluoridation, there is 20 percent less tooth decay over the course of a lifetime. Many children may not be able to attend school because of cavities, and many don't have the resources to provide fluoride if the water system does not provide it. Tooth decay has many negative effects, and it is the most common chronic medical condition in children. Some children fail to thrive solely because of tooth decay, and this issue is entirely preventable. Children don't get a choice over what is in their drinking water or what snacks are available, and fluoridation is an easy way to protect those who can't protect themselves. Parents assume that their children are getting fluoride. There are disparities between which communities and groups suffer from the highest rates of tooth decay. The lack of access mostly hurts rural, low-income, or underserved communities, including communities of color. Thousands of adults and children are needlessly suffering. Fluoride in community water systems drastically reduces cavities, extreme dental situations, and inequities. No child should experience pain or embarrassment, no adult should have difficulties finding a job, and no senior should have difficulty eating because of tooth decay. Medicare does not always cover dental costs. This bill is a commonsense way to support fluoridation and health equity. All reputable and credible health organizations support water fluoridation, and it is supported by overwhelming evidence. Fluoride in the water works in conjunction with fluoride toothpaste and varnish to protect teeth. Those against fluoridation will try and scare people with cherry-picked studies and junk science, but these claims are not true. For over 75 years, fluoridation has been rigorously researched and has been shown to be safe and to support good health. Misinformation should not stand in the way of this good policy. Spokane is the largest city without fluoridation, and children there are more likely to have tooth decay, cavities, and poor dental health. This bill will help ensure that all communities are well served. Fluoridation is a highly cost-effective way to improve health equity of all communities.

(Opposed) Most developed countries in the world do not fluoridate their water, and they don't have higher rates of tooth decay. Ingesting fluoride provides little to no benefit to teeth, as only contact with the teeth is helpful. Fluoride affects many tissues in the body, not just the teeth. Most teenagers in the United States show signs of overexposure to fluoride. For infants, there are no benefits provided, only risks of lower intelligence quotient. Disadvantaged communities are more impacted, as the dosage of fluoride is not

controlled and cannot be controlled in water, and there can be exposure in other ways. Fluoride is collected through a corrosive acid. Some individuals are hypersensitive to fluoride and cannot be exposed to it without pain. This bill would make the Legislature experts on a medical treatment that is forced without consent on everyone consuming it, including babies. The Centers for Disease Control and Prevention (CDC) has no safety data on fluoride's effect on the brain, and science shows that harm to babies' brains exceeds the evidence of harm from lead at the time that lead was banned. Fluoride is toxic to babies' brains. There are mixed messages from the CDC. The CDC and the public are ignoring the issues. Fluoride is the only medicine added to water without consent or consideration of individual health needs. Those who want fluoride can access it, but many do not want it. Fluoridation doesn't work, because it cannot go to the outside of the tooth once swallowed. The Food and Drug Administration says fluoride is a drug and that evidence of its benefits are lacking. The push for fluoridation is supported by money and industry to medicate with an unapproved drug. There are no quality studies supporting fluoridation.

(Other) There should be a small amendment to the underlying bill to make it clear that the requirements for a cost study and analysis do not apply to water systems that are already providing fluoride. This bill should be directed at those not currently providing fluoride or who are considering discontinuing fluoridation.

Staff Summary of Public Testimony (Appropriations):

(In support) Community water fluoridation is a proven public health measure. It provides a common-sense way to support the community, and everyone benefits. Claims that fluoride is not safe are simply not true. Fluoridation is not only safe but essential for communities. Water naturally contains many minerals, and fluoridation brings fluoride up to an appropriate level. The fiscal impacts of the bill are modest but will go far to help Washington residents. Under the provisions of the bill, the Department of Health is required to conduct an oral health equity assessment. This is a good investment since policy makers at the state and local level need updated information.

(Opposed) The policy in this legislation is well-intended. However, it causes serious financial distress to communities. Over 70 percent of persons have too much fluoride. The requirements under the bill are an unfunded mandate that increases costs to water systems.

Persons Testifying (Local Government): (In support) Representative Paul Harris, prime sponsor; Vanetta Abdellatif, Arcora Foundation; Danette Glassy, Washington Chapter of the American Academy of Pediatrics; Elisabeth Warder, Community Health Association of Spokane; Alison Poulsen, Better Health Together; Jennifer Zbaraschuk, Washington State Dental Hygienists Association; and Faaluaina Pritchard, Asia Pacific Cultural Center.

(Opposed) Audrey Adams; Scott Shock, Washington Action for Safe Water; Gerald Steel, King County Citizens Against Fluoridation; and Bill Osmunson, American Environmental Health Studies Project.

(Other) Scott Hazlegrove, Washington Association of Sewer and Water Districts.

Persons Testifying (Appropriations): (In support) Representative Paul Harris, prime sponsor; Vanetta Abdellatif, Arcora Foundation; Sean Pickard, Delta Dental of Washington; and Elisabeth Warder, Community Health Association of Spokane.

(Opposed) Bill Osmunson, American Environmental Health Studies Project.

Persons Signed In To Testify But Not Testifying (Local Government): Emily Lovell, Washington State Dental Association; Kurt Ferre, American Fluoridation Society; Charles Adkins, Children's Alliance; Stuart Cooper, American Environmental Health Studies Project; and Jeffrey Johnson, Evergreen Municipal Water Conservation District.

Persons Signed In To Testify But Not Testifying (Appropriations): None.