

Bill as Introduced

HB 312-LOCAL - AS INTRODUCED

2011 SESSION

11-0764
01/10

HOUSE BILL

312-LOCAL

AN ACT relative to notice required for the fluoridation of drinking water.

SPONSORS: Rep. L. Christiansen, Hills 27; Rep. K. Souza, Hills 11

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill requires public water systems which provide fluoridation to place a warning on all billing statements against fluoride-treated water for infants under the age of 12 months.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears [~~in brackets and struck through.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 312-LOCAL - AS INTRODUCED

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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Eleven

AN ACT relative to notice required for the fluoridation of drinking water.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Section; Water Systems; Fluoride Statement Required. Amend RSA 485 by inserting
2 after section 14-a the following new section:

3 485:14-b Fluoride Statement Required.

4 I. If a public water supply contains fluoride, the following warning notice shall be posted on
5 all water system billing statements:

6 “Your public water supply is fluoridated. When feeding infants under 12 months of age, the
7 American Dental Association and Centers for Disease Control and Prevention recommend that liquid
8 concentrate or powdered infant formula be mixed with water that is fluoride-free. Consult your
9 health care provider for more information.”

10 II. The warning notice shall be located in a conspicuous and prominent place on all billing
11 statements and shall appear on a contrasting background. Each letter in the warning notice shall be
12 in at least 10-point font size.

13 2 Effective Date. This act shall take effect 30 days after its passage.

Speakers

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 312-L

BILL TITLE: relative to notice required for the fluoridation of drinking water.
DATE: 2/1/11
LOB ROOM: 205 **Time Public Hearing Called to Order:** 1:00 pm
Time Adjourned: 2:10 pm

(please circle if present)

Committee Members: Reps. Reagan, Kotowski, Pilliod, Emerson, McMahon, Barry, Millham, Case, Cusson-Cajl, Donovan, Fredette, LeBrun, S. Schmidt, Mackay, Merrick, DiPentima, Harding and Deloge

Bill Sponsors: Rep. L. Christiansen, Hills 27; Rep. K. Souza, Hills 11

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Rep. Christiansen – Sponsor. Each water bill should have the warning. No private wells. The child under 10 should – 11 cities add fluoride to their water. Too much is dangerous.

***Dr. Glenda Reynolds, NH Dental Society – Opposes Bill.** Opposed as written. ADA does not make a recommendation. Should consult DDS. Maybe a child needs more or less fluoride. Make sure that bottled water has no fluoride. The DDS and MD's work together on this issue. Children swallow toothpaste on older children. 0-12 months is the issue with the bottled water, tap water, mixing food. Fluoride is in the ground and leaches in to well water. Rep. McMahon noted line 6-9 not needed in this bill.

Rep. Anne Cartwright – Supports Bill. Wants to make sure we're not doing any harm to children. Rep. Cartwright has a lot of studies on line and sent them to HHS – blood/brain barrier. So important not to harm brain.

***Rep. Souza – Supports Bill.** Public awareness bill in Manchester. Ten years later they are still buying bottled water. This bill will make young mothers aware of fluoride. It's only been in the last 4 years NH has had fluoride in water. Her son has no fluoride.

***Bill Osmonson, DDS – Fluoride Action Network - Supports Bill.** Mother's milk can not detect fluoride. DDS – decay – bottle with juice or milk going to sleep is biggest problem. This will rot a child's teeth. About 10% has discolored teeth Fluoride poisoning - \$1500 to \$3000 a tooth to correct. Crest toothpaste has information on facts. Most countries do not fluoridate. Brain damage biggest problem. Decrease in IQ. His handout is really good. When the baby is in utero there is no barrier with the baby's brain.

Steve Del Dio, NH Water Works Association – Opposes Bill. Wants to admin. bill. Mobile Home Parks, Condo's, small public water. Do not have the same type of billing as Manchester. Once a year these small water systems must give the users a report on all of the things that are in the water. Do not do monthly bills.

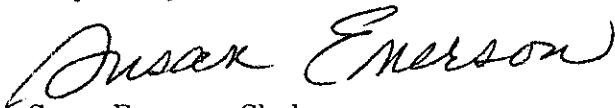
***Katie Lajoie, Public Health Nurse – Supports Bill.** Has a report from 3500 MD's-PhD's and Nobel Prize winners that fluoride is not good.

***Paul Harrington, National Food Business – Supports Bill.** Concerned about young children and the effects on their brain.

***Stewart Cooper, Fluoride Action Network – Supports Bill.** Look on the back of any toothpaste box and it says to call poison control if you swallow a pea size amount. This is a right to know issue. Talks about breast fed baby vs. bottle fed baby. Concerned about a baby's brain. *Union Leader* says that the USDA has issues with fluoride – this is a right to know issue. If there was an amendment by Rep. Kotowski he would like that.

Dr. Juhn McInhold, eye doctor – Supports Bill. There are many studies to show the effects that fluoride has on people i.e. cancer, thyroid, hormones, and problems with bones. We need to lower fluoride-fluoride is everywhere – in lots of things you don't realize it is in. We need to do anything and everything we can to remove or educate people about fluoride.

Respectfully submitted,

A handwritten signature in cursive script that reads "Susan Emerson". The signature is written in black ink and is positioned above the typed name.

Susan Emerson, Clerk

Subcommittee
Millham
Schmidt
Harding
D. Perhama

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 312-L

BILL TITLE: relative to notice required for the fluoridation of drinking water.

DATE: 2/1/11

LOB ROOM: 205

Time Public Hearing Called to Order: 1:00

Time Adjourned: 2:10

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Bill Sponsors: Rep. L. Christiansen, Hills 27; Rep. K. Souza, Hills 11

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Rep. Christiansen -

Each water bill should have the warning - No private wells - the child under 10 should if cities add fluoride to their water - Too much is the danger -

(No) * Dr. Brenda Reynolds - NH Dental Society
Opposed as written - ADA does not make a recommendation
Should consult DDS - maybe child needs more or less fluoride - Make sure that bottle water has no fluoride
The DDS & MD's work together on this issue - Children swallow toothpaste on older children -
0-12 mo is the issue w/ the bottle water, tap water, food
(Line 6-9 - not needed) Fluoride is in ground & leech
Rep McM

(YES) Rep Anne Cartwright
wants to make sure we're not doing any harm to the children -

Rep. Cartwright has a lot of studies on line & sent to HHS
Blood / Brain Barrier - so important not to harm brain

* Rep. Souza -

Public awareness bill in Manchester
10 yr. later they're still buying bottled water. This
bill will make young mothers aware of fluoride. It's
only been last 4 yrs NH has had fluoride in water.
Her son has NO fluoride

* Bill Osmondson DDS - FLUORIDE Action

Network. Mother's milk can not detect fluoride. DDS,
decay - Bottle w/ juice or milk going to sleep Biggest
problem - About 10% has discolored teeth - FLUORIDE
~~raising~~ poisoning - 1500 to 3000 a tooth to correct
Crest tooth paste has info on facts - Most countries
do not fluoridate. Brain damage biggest problem
Decrease in IQ - His handout is really good -
When the leaky is in utero there is no barrier w/ the
leaky's brain -

No

Steve Del Leo - NH Water Works Ass
wants to admin bill - Make some Parks - Condo's
small public water - don't have the same
type of billing as Manchester. Once a yr. These
small water systems must give the users a
report on all the things that is in the water.
Don't do monthly bills.

* Yes

Katie Lajoie - Public Health RN.
Has a report from 3500 - MD's - PhD's & Nobel Prize winner
that Fluoride is not good.

Yes

* Paul Harrington - Nat'l Food Business
Concerned about young children & the effects of
their breast -

* Yes

Stewart Cooper - FLUORIDE Action Net
Look on the back of any tooth paste box & it says to
call poison control if you swallow a pea size amount
This is a must to know issue

(Stewart Cooper)

fed

Page 3

Jacks about breast ~~feed~~ baby - V - bottle fed baby.
Concerned about a baby's brain - Union
leader says that the USDA has issues - This
is a Right to Know Issue - If there was a
admirment by Rep. Frank Kotowski - He would like

(YES)

DR. JOHN MCINHOLD - eye doctor -

There are many studies to show the effects the
fluoride has on people - cancer - thyroide -
hormones - problems - (w/ bones) We need to
lower ~~the fluoride~~ fluoride is everywhere - in lot
of things you don't realize its in. We need
to do anything & everything we can to remove
or educate people about Fluoride

Sub-Committee Actions

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 312-L

BILL TITLE: relative to notice required for the fluoridation of drinking water.

DATE: 2/16/11

Subcommittee Members: Reps. DiPentima, Harding, Schmidt, Millham

Comments and Recommendations: Majority would like to see some different language. Rep. DiPentima will work on this.

Amendments:

Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. DiPentima

Seconded by Rep. Harding

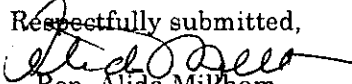
Vote: 4-0

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Alida Milham
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 312-L

BILL TITLE: relative to notice required for the fluoridation of drinking water.

DATE: 2/16/11

Subcommittee Members: Reps. *DiPentima, Harding, Schmidt, Killian*

Comments and Recommendations: Majority would like to see some different language. Rep. DiPentima will work on this.

Amendments:

Sponsor: Rep. OLS Document #:
Sponsor: Rep. OLS Document #:
Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. *DiPentima*

Seconded by Rep. *Harding*

Vote: *4-0*

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. *Celia Melia*
Subcommittee Chairman/Clerk

February 16, 2011

To: Sub-Committee - Health, Human Services and Elderly Affairs
From: NH Oral Health Coalition

Re: HB 312-2011, relative to notice required for the fluoridation of drinking water

Consistent with the public testimony provided by Glenda Reynolds, DDS, on behalf of the NH Dental Society, the NH Oral Health Coalition notes the following:

- o The NH Oral Health Coalition publically supports community water fluoridation consistent with recommendations from the Department of Health and Human Services, Centers for Disease Control and Prevention.
- o Additionally, we support parents having the information needed to assist them in informed decision-making in conjunction health care providers.

The NH Oral Health Coalition *opposes HB 312-2011 as written* relative to concerns regarding the accuracy of statements about the American Dental Association and the Centers for Disease Control and Prevention. Refer to the NH Dental Society testimony of February 1, 2011.

If you determine that notification is necessary, then it is our understanding, in alignment with supporting informed decision-making that fluoride levels for public water supplies would be *provided whether naturally-occurring or adjusted*.

Thank you.

The New Hampshire Oral Health Coalition is a state-wide diverse collaborative of organizations, agencies and individuals focusing on oral health education, prevention, access, workforce development, and advocacy aimed to promote optimal oral health for the people of New Hampshire.

For further information: Gail T. Brown, Policy Director, 603-415-5550 or gbrown@nhoralhealth.org

Sub-Committee Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS
SUBCOMMITTEE WORK SESSION ON HB 312-L

BILL TITLE: relative to notice required for the fluoridation of drinking water.

DATE: 2/8/11

Subcommittee Members: Reps. Millham, DiPentima, Harding, Schmidt

Comments and Recommendations: Majority would like to see some different language. Rep. DiPentima will work on this.

Amendments:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. *DI PENTIMA*

Seconded by Rep.


Vote:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Millham
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 312-L

BILL TITLE: relative to notice required for the fluoridation of drinking water.

DATE: 2/8/11

Subcommittee Members: Reps. *Meilham, DiPentona, Harding Schmidt*

Comments and Recommendations: *Majority would like to see some different language. Rep DiPentona will work on this.*

Amendments: *this.*

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. *[Signature]*
Subcommittee Chairman/Clerk

Testimony

Testimony for HB 312, relative to notice required for the fluoridation of drinking
water

House Health & Human Services & Elderly Affairs Committee

Tuesday, February 1, 2011

- Glenda Reynolds, DDS.
 - I practice in Belmont, NH
 - Representing NH Dental Society.

- Support publicly fluoridated water and will answer questions on fluoride use if requested. Will keep comments directed to the notification aspects of the legislation.

- Support parents being educated about the best way to prevent tooth decay and dental disease in children. Urge that parents and caregivers discuss the best strategies to prevent tooth decay and dental disease for infants and children with their pediatrician and family dentist. Whether a family is on a public water supply or a private well, they should consult with their pediatrician and dentist to make sure optimal levels of fluoride are available.

- Opposed to bill as written.
 - In a recent conference with the American Dental Association, the ADA is concerned that the way HB 312 is written does not accurately reflect their statements.
 - Ex. In an October 25th, 2011 statement by the ADA it states:
 - Because the level of fluorosis was very mild or mild resulting in no health harm the following statement was made: “Therefore...no general recommendations to avoid use of fluoridated water in reconstituting infant formula is warranted.” And the American Academy of Pediatrics recommends if parents are concerned about reducing the chances of their infants developing mild fluorosis through consumer substantial amounts of infant formula mixed with fluoridated water, the

- researchers suggest they consult with their family dentists or physician.
- In a previous Interim guideline noted in 2006, the ADA noted that if liquid concentrate or powdered infant formula was the primary source of nutrition, it could be mixed with water that is fluoride free or low fluoride to reduce the risk of fluorosis.
 - The ADA has also stated that mild fluorosis does not negatively affect dental health or quality of life.
- In reviewing the Center for Disease Control statement on Infant Formula and Fluorosis, the bill does not appear to accurately reflect their statements.
- Ex. CDC statement which is dated January 7, 2011 states
 - 4th paragraph - “You can use fluoridated water for preparing infant formula. However, if your child is exclusively consumer infant formula reconstituted with fluoridated water, there may be an increased chance for mild dental fluorosis (which is white markings on the teeth). To lessen this chance, parents can use low-fluoride bottled water some of the time to mix infant formula; these bottled waters are labeled as de-ionized, purified, demineralized, or distilled.

Conclusion:

- NH Dental Society opposes HB 312 as written.
- The NH dental community and physician community work closely together on issues related to oral health. Last year, the dental community and the medical community supported HB 1537 which provided a mechanism to allow primary care providers additional tools to address oral health needs of the 0 – 3 yrs Medicaid population.

- NH Dental Society is willing to work with this Committee if it is determined that such a notice is necessary to assure that any written notification is done in a way to give clear guidelines to the public.



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Interim Guidance on Fluoride Intake for Infants and Young Children

[ADA Principles of Ethics and Code of Professional Conduct](#)
[ADA Current Policies](#)
[Research Agenda](#)

Recent studies cited in the report of the National Research Council (NRC), "Fluoride in Drinking Water: A Scientific Review of EPA's Standards," have raised the possibility that infants could receive a greater than optimal amount of fluoride through liquid concentrate or powdered baby formula that has been mixed with water containing fluoride during a time that their developing teeth may be susceptible to enamel fluorosis.

The appropriate amount of fluoride is essential to prevent tooth decay. But fluoride intake above optimal amounts can create a risk for enamel fluorosis in teeth during their development before eruption through the gums.

Enamel fluorosis is not a disease but rather affects the way that teeth look. Most cases of fluorosis result in faint white lines or streaks on tooth enamel that are not readily apparent to the affected individual or the casual observer.

While more research is needed before definitive recommendations can be made on fluoride intake by bottle-fed infants, the American Dental Association (ADA) issues this interim guidance because we know that parents and other caregivers are understandably cautious about what is best for their children.

ADA Interim Guidance: Infant Formula

The ADA offers these recommendations so parents, caregivers and health care professionals who are concerned have some simple and effective ways to reduce fluoride intake from reconstituted infant formula.

- Breast milk is widely acknowledged as the most complete form of nutrition for infants. The American Academy of Pediatrics recommends human milk for all infants (except for the few for whom breastfeeding is determined to be harmful).
- For infants who get most of their nutrition from formula during the first 12 months, ready-to-feed formula is preferred to help ensure that infants do not exceed the optimal amount of fluoride intake.
- ~~If liquid concentrate or powdered infant formula is the primary source of nutrition, it can be mixed with water that is fluoride-free or contains low levels of fluoride to reduce the risk of fluorosis.~~ Examples are water that is labeled purified, demineralized, deionized, distilled or reverse osmosis filtered water. Many grocery stores sell these types of drinking water for less than \$1 per gallon.
- The occasional use of water containing optimal levels of fluoride should not appreciably increase a child's risk for fluorosis.

~~Parents and caregivers should consult with their pediatrician, family physician, or dentist on the most appropriate water to use in their area to reconstitute infant formula. Ask your pediatrician or family physician whether water used in infant formula should be sterilized first (sterilization, however, will not remove fluoride).~~

ADA Guidance: Other Sources of Fluoride for Young Children

The ADA offers this additional guidance on other sources of fluoride for young children, each of which is beneficial under the circumstances described below:

- **Fluoride Toothpaste**
 Parents and caregivers should ensure that young children use an appropriate size toothbrush with a small brushing surface and only a pea-sized amount of fluoride toothpaste at each brushing. Young children should always be supervised while brushing and taught to spit out rather than swallow toothpaste. Many children under age six have not fully developed their swallowing reflex and may be more likely to inadvertently swallow fluoride toothpaste. Unless advised to do so by a dentist or other health professional, parents should not use fluoride toothpaste for children less than two years of age.

- **Fluoride Mouthrinse**

Fluoride mouthrinses have been shown to help prevent tooth decay for both children and adults. However, the ADA does not recommend use of fluoride mouthrinses for children under six years of age, unless recommended by a dentist or other health professional. Children under age six may be more likely to inadvertently swallow fluoride mouthrinse.

- **Dietary Fluoride Supplements**

Children should only receive dietary supplemental fluoride tablets or drops as prescribed by their physician or dentist based on the dietary fluoride supplement schedule approved by the ADA, the American Academy of Pediatrics and the American Academy of Pediatric Dentistry. Supplements are not recommended for children under six months of age.

- **Naturally Occurring Fluoride in Water**

The optimal fluoride level in drinking water is 0.7 – 1.2 parts per million, an amount which has been proven beneficial in reducing tooth decay. Naturally occurring fluoride may be below or above these levels in some areas. Under the Safe Drinking Water Act, the U.S. Environmental Protection Agency requires notification by the water supplier if the fluoride level exceeds 2 parts per million. People living in areas where naturally occurring fluoride levels in drinking water exceed 2 parts per million should consider an alternative water source or home water treatments to reduce the risk of fluorosis for young children.

ADA Supports Community Water Fluoridation

The ADA supports community water fluoridation as the single most effective public health measure to prevent tooth decay. It is a powerful strategy to reduce disparities in tooth decay among different populations and is more cost-effective than other forms of fluoride treatments or applications. Fluoridation is endorsed by the Centers for Disease Control and Prevention, which has listed community water fluoridation as one of 10 great public health achievements of the 20th century.

As the leader of a science-based profession, the ADA continually reviews new information about fluoride's impact on health. As part of its ongoing assessment, the ADA will convene workshops with government and other professional organizations involved in this issue to determine the best way to evaluate the scientific literature on this topic and formulate more definitive recommendations on fluoride intake, including intake by infants and young children. The ADA also is pursuing other ways to address appropriate fluoride intake with medical, public health and other dental organizations.

~~November 2005~~

For supporting information visit the [Oral Health Topic: Fluoride & Fluoridation](#).

[Return to Top](#)

**ADA American
Dental
Association***

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October 26, 2010

Substantial Consumption of Fluoride Increases Chance of Mild Fluorosis

Researchers Continue to Recommend Benefits of Fluoride to Prevent Tooth Decay

Contact Information:

Telephone: 312-440-2806
E-mail: mediarelations@ada.org (Journalists) or [Contact ADA](#) (All Others)

CHICAGO, Oct. 25, 2010—Young children who consume substantial amounts of fluoride through infant formula and other beverages mixed with fluoridated water or by swallowing fluoride toothpaste have an increased chance of developing mild enamel fluorosis, according to research published in the October issue of *The Journal of the American Dental Association* and supported by the National Institute of Dental and Craniofacial Research. Children can continue using fluoridated water and fluoride toothpaste because fluoride has been proven to prevent tooth decay, and mild fluorosis does not negatively affect dental health or quality of life.

"Nearly all of the fluorosis in our study participants was mild. A recent review of the effects of mild dental fluorosis on oral health-related quality of life concluded that the effect of mild fluorosis was not adverse and could even be favorable," according to the study. "This suggests that concerns about mild dental fluorosis may be exaggerated. ~~Therefore,~~ no general recommendations to avoid use of fluoridated water in reconstituting infant formula are warranted."

According to the American Dental Association, mild enamel fluorosis appears as barely noticeable faint white lines or streaks on tooth enamel that may occur when children ingest excess fluoride while their teeth are developing.

Researchers concluded that substantial fluoride consumption from beverages with fluoridated water, including infant formula, by children between the ages of 3 to 9 months, elevates a child's prospect of developing mild enamel fluorosis. Substantial fluoride consumption from beverages with fluoridated water and from fluoride toothpaste by children between the ages of 16 to 36 months also elevates a child's probability of developing mild enamel fluorosis.

The American Academy of Pediatrics recommends breastfeeding for infants. ~~Parents are concerned about breastfeeding and the chances of their infants developing mild fluorosis through consuming substantial amounts of fluoride in infant formula mixed with fluoridated water. The researchers suggest that they consult with their family dentist or physician.~~ The researchers also encourage parents to follow recommendations to use small (smear or pea-sized) amounts of fluoridated toothpaste and ensure proper supervision of the child's tooth brushing.

Researchers recruited mothers of newborn infants from eight Iowa hospital postpartum wards between 1992 and 1995 for their children's participation in what would become known as the Iowa Fluoride Study, an investigation of dietary and non-dietary fluoride exposures, dental fluorosis and dental cavities. Researchers sent questionnaires to the parents at regular intervals and 630 children underwent visual dental examinations using standardized techniques and portable equipment. The leader of the research team was

Steven M. Levy, D.D.S., M.P.H., the Wright-Bush-Shreves Endowed Professor of Research in the Department of Preventive and Community Dentistry at the University of Iowa's College of Dentistry and Professor of Epidemiology at the College of Public Health.

Note: Although this study appears in The Journal of the American Dental Association, it does not necessarily reflect the policies or opinions of the American Dental Association.

**ADA American
Dental
Association***

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Overview: Infant Formula and Fluorosis

The proper amount of fluoride from infancy through old age helps prevent and control tooth decay. Community water fluoridation is a widely accepted practice for preventing and controlling tooth decay by adjusting the concentration of fluoride in the public water supply.

Fluoride intake from water and other fluoride sources, such as toothpaste and mouthrinses, during the ages when teeth are forming (from birth through age 8) also can result in changes in the appearance of the tooth's surface called dental fluorosis. In the United States, the majority of dental fluorosis is mild and appears as white spots that are barely noticeable and difficult for anyone except a dental health care professional to see.

Recent evidence suggests that mixing powdered or liquid infant formula concentrate with fluoridated water on a regular basis may increase the chance of a child developing the faint, white markings of very mild or mild enamel fluorosis.

You can use fluoridated water for preparing infant formula. However, if your child is exclusively consuming infant formula reconstituted with fluoridated water, there may be an increased chance for mild dental fluorosis. To lessen this chance, parents can use low-fluoride bottled water some of the time to mix infant formula; these bottled waters are labeled as de-ionized, purified, demineralized, or distilled.

What is the best source of nutrition for infants?

Breastfeeding is ideal for infants. CDC is committed to increasing breastfeeding throughout the United States and promoting optimal breastfeeding practices. Both babies and mothers gain many benefits from breastfeeding. Breast milk is easy to digest and contains antibodies that can protect infants from bacterial and viral infections. More can be learned about this subject at <http://www.cdc.gov/breastfeeding/>.

If breastfeeding is not possible, several types of formula are available for infant feeding. Parents and caregivers are encouraged to speak with their pediatrician about what type of infant formula is best suited for their child.

Why is there a focus on infant formula as a source of fluoride?

Infant formula manufacturers take steps to assure that infant formula contains low fluoride levels—the products themselves are not the issue. Although formula itself has low amounts of fluoride, if your child is exclusively consuming infant formula reconstituted with fluoridated water, there may be an increased chance for mild dental fluorosis.

Infants consume little other than breast milk or formula during the first 4 to 6 months of life, and continue to have a high intake of liquids during the entire first year. Therefore, proportional to body weight, fluoride intake may be higher for younger or smaller children than for older children, adolescents, or adults.

What types of infant formula may increase the chance of dental fluorosis?

There are three types of formula available in the United States for infant feeding. These are powdered formula, which comes in bulk or single-serve packets, concentrated liquid, and ready-to-feed formula. Ready-to-feed formula contains little fluoride and does not contribute to development of dental fluorosis. Those types of formula that require mixing with water—powdered or liquid concentrates—can be a child's main source of fluoride intake (depending upon the fluoride content of the water source used) and may increase the chance of dental fluorosis.

Can I use optimally fluoridated tap water to mix infant formula?

Yes, you can use fluoridated water for preparing infant formula. However, if your child is exclusively consuming infant formula reconstituted with fluoridated water, there may be an increased chance for mild dental fluorosis. To lessen this chance, parents can use low-fluoride bottled water some of the time to mix infant formula; these bottled waters are labeled as de-ionized, purified, demineralized, or distilled.

How can I find out the level (concentration) of fluoride in my tap water?

The best source of information on fluoride levels in your water system is your local water utility. Other knowledgeable sources may be a local public health authority, dentist, dental hygienist, or physician. CDC's Web site **My Water's Fluoride** allows consumers in some states to learn the fluoridation status of their water system. Nearly all tap water contains some natural fluoride, but, depending on the water system, the concentration can range from very low (0.2 mg/L fluoride or less) to very high (2.0 mg/L fluoride or higher). Approximately 72% of all public water systems serving about 195 million people adjust the fluoride in their water to the level recommended to prevent tooth decay.

Will using only low fluoride water to mix formula eliminate my child's risk for dental fluorosis?

Using only water with low fluoride levels to mix formula will reduce, but will not eliminate, the risk for dental fluorosis. Children can take in fluoride from other sources during the time that teeth are developing (birth through age 8). These sources include drinking water, foods and beverages processed with fluoridated water, and dental products, such as fluoride toothpaste, that can be swallowed by young children whose swallowing reflex is not fully developed.

Additional Resource

Dental Fluorosis – Learn more about simple steps to reduce your child's risk for dental fluorosis.

Back to Top

Date last reviewed: January 7, 2011

~~Date last modified: January 7, 2011~~

Content source: Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion

Page Located on the Web at http://www.cdc.gov/fluoridation/safety/infant_formula.htm

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
SAFER • HEALTHIER • PEOPLE™

FLUORIDE DISCLOSURE FOR INFANTS HB312 -- LEGISLATION OVERVIEW

In each pea-sized serving of toothpaste there is a quarter of a milligram of pharmaceutical-grade fluoride. It may not sound like a lot, but since 1997 the United States Food and Drug Administration (FDA) has required that all toothpastes sold in the U.S. carry a poison warning on the label to prevent children from swallowing even this small amount of fluoride. The warning cautions users to:

WARNING: Keep out of the reach of children under 6 years of age. If you accidentally swallow more than used for brushing, get medical help or contact a Poison Control Center right away.

But fluoride isn't found only in toothpaste, it's also in our drinking water. In communities with fluoridated water, each 8oz. glass contains a quarter of a milligram of industrial-grade fluoride, the same amount found in the serving of toothpaste that the FDA warns should not be swallowed by children. Surprisingly, when fluoride is added to drinking water it is no longer regulated by the FDA, but is instead considered a toxic contaminant by the EPA, so the same warning label is not required for tap water even though the same amount of fluoride is being consumed.

The lack of a warning is concerning because parents are using fluoridated tap water to reconstitute baby formula, and fluoridated drinking water contains up to **250 times more fluoride than breast milk** (1000 ppb in fluoridated tap water vs. 5-10 ppb in breast milk). This means that babies consuming formula made with fluoridated tap water are exposed to much higher levels of fluoride than a breast-fed infant. A baby drinking fluoridated formula receives the **highest dosage of fluoride among all age groups in the population** whereas a breast-fed infant receives the lowest, and few scientists dispute the concept that a healthy mother's milk has the optimal nutrient composition for infants. The American Academy of Pediatrics clearly states:

"Exclusive breastfeeding is the reference or normative model against which all alternative feeding methods must be measured with regard to growth, health, development, and all other short- and long-term outcomes."

As a result, 32% of American children have dental fluorosis according to a 2006 report by the Centers for Disease Control. Dental fluorosis is the browning and mottling of teeth, and is a clear sign that a child's bone and tissue have been overexposed to fluoride. Dental fluorosis is not the only risk from early-life exposure to fluoride. A recent review in The Lancet describes fluoride as "an emerging neurotoxic substance" that may damage the developing brain. The National Research Council has identified fluoride as an "endocrine disrupter" that may impair thyroid function, while recent research from Harvard University has found a possible connection between fluoride and bone cancer.

Because of the risk for dental fluorosis, and the lack of demonstrable benefit from ingesting fluoride before teeth erupt, the American Dental Association, the CDC, and a growing number of dental researchers - recommend that **children under 12 months of age should not consume fluoridated water**. But while dentists and doctors have been warned, little has been done to warn parents and public health officials. **IT'S TIME WE WARN PARENTS AND PROTECT OUR MOST VULNERABLE CITIZENS, OUR CHILDREN!**

The Fluoride Warning for Infants legislation would require that all drinking water systems place the following warning on all billing statements if they choose to add fluoride into the public water supply: **"Your public water supply is fluoridated. Fluoridated water should not be used or added to infant formula, foods, or drinks intended for babies 12 months of age or younger in order to avoid dental fluorosis."**

Please join the Fluoride Action Network in supporting this important legislation. All children deserve to be protected.



Fluoride Action Network
Tel 603-361-6986 - info@fluoridealert.org - www.fluoridealert.org

STATEMENTS ON INFANT EXPOSURE TO FLUORIDE

"The Vermont Department of Health recommends mixing powdered or concentrated baby formula with water that is fluoride-free, or contains very low levels of fluoride, for feeding infants under 12 months of age. Recent studies have discovered the possibility that infants in this age group may be consuming more fluoride than necessary."

-Vermont Department of Health. "Fluoridated Water and Infant Formula"
(<http://healthvermont.gov/family/dental/fluoride/formula.aspx>)

"... Infants less than one year old may be getting more than the optimal amount of fluoride (which may increase their risk of enamel fluorosis) if their primary source of nutrition is powdered or liquid concentrate infant formula mixed with water containing fluoride... If using a product that needs to be reconstituted, parents and caregivers should consider using water that has no or low levels of fluoride."

-American Dental Association. 2006. Interim Guidance on Reconstituted Infant Formula.

"...mixing powdered or liquid infant formula concentrate with fluoridated water on a regular basis for infants primarily fed in this way may increase the chance of a child's developing enamel fluorosis."

- Centers for Disease Control. Feb 2010 Report, Oral Health during Pregnancy and Early Childhood: Evidence-Based Guidelines for Health Professionals.

"...the committee concluded unanimously that the present [allowable level] for fluoride should be lowered. Exposure at the [allowable level] clearly puts children at risk of developing severe enamel fluorosis,"

-National Research Council. 2006. "Fluoride in Drinking Water"

"Babies should not receive fluoride supplementation during the first six months of life, whether they are breastfed or formula-fed."

-American Academy of Pediatrics. 2009. "Caring for your Baby and Young Child"

"If you add fluoridated water to your infant's baby formula, you may be putting your child at risk of developing dental fluorosis... in infants and children regular fluoride intake above optimal amounts causes fluorosis in developing teeth... When formula concentrations need to be diluted, it is recommended that parents use bottled water that is fluoride-free..."

-Academy of General Dentistry. 2007. "Monitor Infant's Fluoride Intake"

"All of [our analyses] were consistent in finding an association between fluoride levels in drinking water and an increased risk of osteosarcoma for males diagnosed before age 20..."

-Bassin EB, Wypij D, Davis RB, Mittleman MA. 2006. Age-specific fluoride exposure in drinking water and osteosarcoma (United States). Cancer Causes and Control 17(4). May.

"Our analysis shows that babies who are exclusively formula fed face the highest risk; in Boston, for example, more than 60 percent of the exclusively formula fed babies exceed the safe dose of fluoride on any given day."

-Environmental Working Group, "EWG Analysis of Government Data Finds Babies Over-Exposed to Fluoride in Most Major U.S. Cities", March 22, 2006.

In November 2006, the respected medical journal The Lancet described fluoride as an "emerging neurotoxic substance" due to evidence linking fluoride to lower IQs in children, and brain damage in animals.

-Grandjean P and Landrigan P. 2006. Developmental neurotoxicity of industrial chemicals. The Lancet 368(9553):2167-78. December 6

PLEASE VOTE "OUGHT TO PASS" ON HB-312.

February 1, 2011

RE: HB 312-Local
Hearing Before the Health, Human Services & Elderly Affairs Committee
New Hampshire House of Representatives

Dear Committee Members:

I am a registered nurse who for many years has been concerned about adding fluoride to drinking water. For the record, I am employed as a public health nurse for the New Hampshire Department of Health and Human Services. I am here today as a private citizen.

The pertinent issue before the Committee today concerns notification regarding the use of fluoridated water to mix infant formulas. **I strongly urge the Committee to support HB 312 because it is the right thing to do.** Children deserve the protection HB 312 offers.

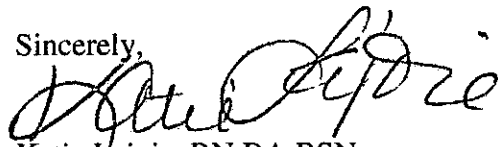
I, along with 3500 other professionals,¹ endorse the *Professionals' Statement Calling For An End To Water Fluoridation* (<http://www.fluoridealert.org/statement.august.2007.html>). I have enclosed the statement for the Committee to study.

I have also enclosed *10 Facts About Fluoride* to help the Committee better understand why this issue is so important to those of us who want to protect public health (<http://www.fluoridealert.org/fluoride-facts.htm>).

Of the 10 facts, you will note that #1 states "97% of western Europe has chosen fluoride-free water." I have enclosed a graph titled *Tooth Decay Trends (12 year olds) in Fluoridated vs. Unfluoridated Countries* (World Health Organization Data, 2004, <http://www.fluoridealert.org/health/teeth/caries/who-dmft.html>). The graph shows a decrease in dental caries throughout both fluoridated and non-fluoridated countries, undermining claims that water fluoridation is responsible for the decrease.

HB 312 is an important step in the right direction. I strongly urge the Committee's support.

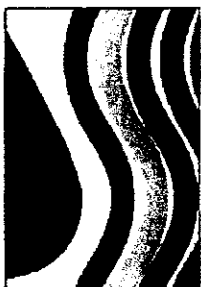
Sincerely,



Katie Lajoie, RN BA BSN
429 Wheeler Rand Road
Charlestown, NH 03603
603-826-4803

Enclosures

¹ 3,521 signers as of January 31, 2011



**FLUORIDE
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Professionals' Statement Calling for an End to Water Fluoridation

The Professionals' Statement Calling for an End to Water Fluoridation

Professionals can add their name to the list of signers by [clicking here](#).

On August 9, 2007, the Fluoride Action Network released the Professionals' Statement Calling for an End to Water Fluoridation signed by over 600 professionals. As of January 2011, there are over 3,500 signers.

Statement also in:
[French](#) | [Italian](#) | [Spanish](#)

To learn more about the Professionals' Statement, [click here](#)

**JANUARY 2011
UPDATE**

Over 3,400 professionals
have signed this Statement

LIST of SIGNERS:

- **U.S: A-M - G-M - N-Z**
- **International signers**

Editorial: [Professionals mobilize to end water fluoridation worldwide](#)

THE STATEMENT:

We, the undersigned professionals, come from a variety of disciplines but all have an abiding interest in ensuring that government public health and environmental policies be determined honestly, with full attention paid to the latest scientific research and to ethical principles.

EIGHT recent events make action to end water fluoridation urgent.

1. The publication in 2006 of a 500-page review of fluoride's toxicology by a distinguished panel appointed by the National Research Council of the National Academies (NRC, 2006). The NRC report concluded that the US Environmental Protection Agency's (EPA) safe drinking water standard for fluoride (i.e. maximum contaminant level goal or MCLG) of 4 parts per million (ppm) is unsafe and should be lowered. Despite over 60 years of fluoridation, the report listed many basic research questions that have not been addressed. Still, the panel reviewed a large body of literature in which fluoride has a statistically significant association with a wide range of adverse effects. These include an increased risk of bone fractures, decreased thyroid function, lowered IQ, arthritic-like conditions, dental fluorosis and, possibly, osteosarcoma.

The average fluoride daily intakes (*) associated with many of these adverse effects are reached by some people consuming water at the concentration levels now used for fluoridation – especially small children, above average water drinkers, diabetics, people with poor kidney function and other vulnerable sub-groups. For example, the average fluoride daily intake associated with impaired thyroid function in people with iodine deficiency (about 12% of the US population) is reached by small children with average consumption of fluoridated water at 1 ppm and by people of any age or weight with moderate to high fluoridated water consumption. Of special note among the

animal studies is one in which rats fed water containing 1 ppm fluoride had an increased uptake of aluminum into the brain, with formation of beta-amyloid plaques, which is a classic marker of Alzheimer's disease pathology in humans. **Considering the substantial variation in individual water intake, exposure to fluoride from many other sources, its accumulation in the bone and other calcifying tissues and the wide range of human sensitivity to any toxic substance, fluoridation provides NO margin of safety for many adverse effects, especially lowered thyroid function.**

* Note: "Daily intake" takes into account the exposed individual's bodyweight and is measured in mg. of fluoride per kilogram bodyweight.

2. The evidence provided by the US Centers for Disease Control and Prevention (CDC) in 2005 that 32% of American children have dental fluorosis – an abnormal discoloration and mottling of the enamel. This irreversible and sometimes disfiguring condition is caused by fluoride. Children are now being overdosed with fluoride, even in non-fluoridated areas, from water, swallowed toothpaste, foods and beverages processed with fluoridated water, and other sources. Fluoridated water is the easiest source to eliminate.

3. The American Dental Association's policy change, in November 2006, recommending that only the following types of water be used for preparing infant formula during the first 12 months of life: "purified, distilled, deionized, demineralized, or produced through reverse osmosis." This new policy, which was implemented to prevent the ingestion of too much fluoride by babies and to lower the risk of dental fluorosis, clearly excludes the use of fluoridated tap water. The burden of following this recommendation, especially for low income families, is reason alone for fluoridation to be halted immediately. Formula made with fluoridated water contains 250 times more fluoride than the average 0.004 ppm concentration found in human breast milk in non-fluoridated areas (Table 2-6, NRC, 2006).

4. The CDC's concession, in 1999 and 2001, that the predominant benefit of fluoride in reducing tooth decay is TOPICAL and not SYSTEMIC. To the extent fluoride works to reduce tooth decay, it works from the outside of the tooth, not from inside the body. It makes no sense to drink it and expose the rest of the body to the long term risks of fluoride ingestion when fluoridated toothpaste is readily available.

Fluoride's topical mechanism probably explains the fact that, since the 1980s, there have been many research reports indicating little difference in tooth decay between fluoridated and non-fluoridated communities (Leverett, 1982; Colquhoun, 1984; 1985 and 1987; Diesendorf, 1986; Gray, 1987; Brunelle and Carlos, 1990; Spencer, 1996; deLiefde, 1998; Locker, 1999; Armfield and Spencer, 2004; and Pizzo 2007 - see citations). Poverty is the clearest factor associated with tooth decay, not lack of ingested fluoride. According to the World Health Organization, dental health in 12-year olds in non-fluoridated industrialized countries is as good, if not better, than those in fluoridated countries (Neurath, 2005).

5. In 2000, the publication of the UK government sponsored "York Review," the first systematic scientific review of fluoridation, found that NONE of the studies purporting to demonstrate the effectiveness of fluoridation to reduce tooth decay were of grade A status, i.e. "high quality, bias unlikely" (McDonagh et al., 2000).

6. The publication in May 2006 of a peer-reviewed, case-controlled study from Harvard University which found a 5-7 fold increase in osteosarcoma (a frequently fatal bone cancer) in young men associated with exposure to fluoridated water during their 6th, 7th and 8th years (Bassin et al., 2006). This study was surrounded by scandal as Elise Bassin's PhD thesis adviser, Professor Chester Douglass, was accused by the watchdog Environmental Working Group of attempting to suppress these findings for several years (see video). While this study does not prove a relationship between fluoridation and osteosarcoma beyond any doubt, the weight of evidence and the importance of the risk call for serious consideration.

7. The admission by federal agencies, in response to questions from a Congressional subcommittee in 1999-2000, that the industrial grade waste products used to fluoridate over 90% of America's drinking water supplies (fluorosilicate compounds) have never been subjected to toxicological testing nor received FDA approval for human ingestion (Fox, 1999; Hazan, 2000; Plaisier, 2000; Thurnau, 2000).

8. The publication in 2004 of "The Fluoride Deception" by Christopher Bryson. This meticulously researched book showed that industrial interests, concerned about liabilities from fluoride pollution and health effects on workers, played a significant role in the early promotion of fluoridation. Bryson also details the harassment of scientists who expressed concerns about the safety and/or efficacy of fluoridation ([see Bryson interview](#)).

We call upon Members of Congress (and legislators in other fluoridating countries) to sponsor a new Congressional (or Parliamentary) Hearing on Fluoridation so that those in government agencies who continue to support the procedure, particularly the Oral Health Division of the CDC, be compelled to provide the scientific basis for their ongoing promotion of fluoridation. They must be cross-examined under oath if the public is ever to fully learn the truth about this outdated and harmful practice.

We call upon all medical and dental professionals, members of water departments, local officials, public health organizations, environmental groups and the media to examine for themselves the new documentation that fluoridated water is ineffective and poses serious health risks. It is no longer acceptable to simply rely on endorsements from agencies that continue to ignore the large body of scientific evidence on this matter -- especially the extensive citations in the NRC (2006) report discussed above.

The untold millions of dollars that are now spent on equipment, chemicals, monitoring, and promotion of fluoridation could be much better invested in nutrition education and targeted dental care for children from low income families. The vast majority of enlightened nations have done this ([see statements](#)).

It is time for the US, and the few remaining fluoridating countries, to recognize that fluoridation is outdated, has serious risks that far outweigh any minor benefits, violates sound medical ethics and denies freedom of choice. Fluoridation must be ended now.

[Click here to see references cited in this statement](#)

News coverage when statement was first released:



Fluoride Action Network | 802-338-5577 | info@fluoridealert.org

10 Facts about Fluoride

Fluoride Action Network | December 2006

1) 97% of western Europe has chosen fluoride-free water. This includes: Austria, Belgium, Denmark, Finland, France, Germany, Iceland, Italy, Luxembourg, Netherlands, Northern Ireland, Norway, Scotland, Sweden, and Switzerland. (While some European countries add fluoride to salt, the majority do not.) Thus, rather than mandating fluoride treatment for the whole population, western Europe allows individuals the right to choose, or refuse, fluoride.

2) Fluoride is the only chemical added to drinking water for the purpose of medication (to prevent tooth decay). All other treatment chemicals are added to treat the water (to improve the water's quality and safety - which fluoride does not do). This is one of the reasons why most of Europe has rejected fluoridation. For instance:



In Germany, "The argumentation of the Federal Ministry of Health against a general permission of fluoridation of drinking water is the **problematic nature of compulsion medication.**"

In Belgium, it is "the fundamental position of the drinking water sector that it is not its task to deliver **medicinal treatment to people.** This is the sole responsibility of health services."

In Luxembourg, "In our views, **drinking water isn't the suitable way for medicinal treatment** and that people needing an addition of fluoride can decide by their own to use the most appropriate way."



3) Contrary to previous belief, fluoride has minimal benefit when swallowed. When water fluoridation began in the 1940s and '50s, dentists believed that fluoride needed to be swallowed in order to be most effective. This belief, however, has now been discredited by an extensive body of modern research (1).

According to the Centers for Disease Control, fluoride's "predominant effect is post-eruptive and topical" (2). In other words, any benefits that accrue from the use of fluoride, come from the direct application of fluoride to the outside of teeth (after they have erupted into the mouth) and *not* from ingestion. There is no need, therefore, to expose all other tissues to fluoride by swallowing it.

4) Fluoridated water is no longer recommended for babies. In November of 2006, the American Dental Association (ADA) advised that parents should avoid giving babies fluoridated water (3). Other dental researchers have made similar recommendations over the past decade (4).



Babies exposed to fluoride are at high risk of developing dental fluorosis - a permanent tooth defect caused by fluoride damaging the cells which form the teeth (5). Other tissues in the body may also be affected by early-life exposures to fluoride. According to a recent review published in the medical journal *The Lancet*, fluoride may damage the developing brain, causing learning deficits and other problems (6).

5) There are better ways of delivering fluoride than adding it to water. By adding fluoride to everyone's tap water, many infants and other at-risk populations will be put in harm's way. This is not only wrong, it is unnecessary. As western Europe has demonstrated, there are many equally effective and less-intrusive ways of delivering fluoride to people who actually want it. For example:



A) Topical fluoride products such as toothpaste and mouthrinses (which come with explicit instructions not to swallow) are readily available at all grocery stores and pharmacies. Thus, for those individuals who wish to use fluoride, it is very easy to find and very inexpensive to buy.

B) If there is concern that some people in the community cannot afford to purchase fluoride toothpaste (a family-size tube of toothpaste costs as little as \$2 to \$3), the money saved by not fluoridating the water can be spent subsidizing topical fluoride products (or non-fluoride alternatives) for those families in need.

C) The vast majority of fluoride added to water supplies is wasted, since over 99% of tap water is not actually consumed by a human being. It is used instead to wash cars, water the lawn, wash dishes, flush toilets, etc.

6) Ingestion of fluoride has little benefit, but many risks. Whereas fluoride's benefits come from topical contact with teeth, its risks to health (which involve many more tissues than the teeth) result from being swallowed.



Adverse effects from fluoride ingestion have been associated with doses attainable by people living in fluoridated areas. For example:

a) Risk to the brain. According to the National Research Council (NRC), fluoride can damage the brain. Animal studies conducted in the 1990s by EPA scientists found dementia-like effects at the same concentration (1 ppm) used to fluoridate water, while human studies have found adverse effects on IQ at levels as low as 0.9 ppm among children with nutrient deficiencies, and 1.8 ppm among children with adequate nutrient intake. (7-10)

b) Risk to the thyroid gland. According to the NRC, fluoride is an "endocrine disrupter." Most notably, the NRC has warned that doses of fluoride (0.01-0.03 mg/kg/day) achievable by drinking fluoridated water, may reduce the function of the thyroid among individuals with low-iodine intake. Reduction of thyroid activity can lead to loss of mental acuity, depression and weight gain (11)

c) Risk to bones. According to the NRC, fluoride can diminish bone strength and increase the risk for bone fracture.

While the NRC was unable to determine what level of fluoride is safe for bones, it noted that the best available information suggests that fracture risk may be increased at levels as low 1.5 ppm, which is only slightly higher than the concentration (0.7-1.2 ppm) added to water for fluoridation. (12)

d) Risk for bone cancer. Animal and human studies – including a recent study from a team of Harvard scientists – have found a connection between fluoride and a serious form of bone cancer (osteosarcoma) in males under the age of 20. The connection between fluoride and osteosarcoma has been described by the National Toxicology Program as "biologically plausible." Up to half of adolescents who develop osteosarcoma die within a few years of diagnosis. (13-16)

e) Risk to kidney patients. People with kidney disease have a heightened susceptibility to fluoride toxicity. The heightened risk stems from an impaired ability to excrete fluoride from the body. As a result, toxic levels of fluoride can accumulate in the bones, intensify the toxicity of aluminum build-up, and cause or exacerbate a painful bone disease known as renal osteodystrophy. (17-19)

7) The industrial chemicals used to fluoridate water may present unique health risks not found with naturally-occurring fluoride complexes. The chemicals - fluorosilicic acid, sodium silicofluoride, and sodium fluoride - used to fluoridate drinking water are industrial waste products from the phosphate fertilizer industry. Of these chemicals, fluorosilicic acid (FSA) is the most widely used. FSA is a corrosive acid which has been linked to higher blood lead levels in children. A recent study from the University of North Carolina found that FSA can - in combination with chlorinated compounds - leach lead from brass joints in water pipes, while a recent study from the University of Maryland suggests that the effect of fluoridation chemicals on blood lead levels may be greatest in houses built prior to 1946. Lead is a neurotoxin that can cause learning disabilities and behavioral problems in children. (20-23)



8) Water fluoridation's benefits to teeth have been exaggerated. Even proponents of water fluoridation admit that it is not as effective as it was once claimed to be. While proponents still believe in its effectiveness, a growing number of studies strongly question this assessment. (24-46) According to a systematic review published by the Ontario Ministry of Health and Long Term Care, "The magnitude of [fluoridation's] effect is not large in absolute terms, is often not statistically significant and may not be of clinical significance." (36)

a) No difference exists in tooth decay between fluoridated & unfluoridated countries. While water fluoridation is often credited with causing the reduction in tooth decay that has occurred in the US over the past 50 years, the same reductions in tooth decay have occurred in all western countries, most of which have never added fluoride to their water. The vast majority of western Europe has rejected water fluoridation. Yet, according to comprehensive data from the World Health Organization, their tooth decay rates are just as low, and, in fact, often lower than the tooth decay rates in the US. (25, 35, 44)

b) Cavities do not increase when fluoridation stops. In contrast to earlier findings, five studies published since 2000 have reported no increase in tooth decay in communities which have ended fluoridation. (37-41)

c) Fluoridation does not prevent oral health crises in low-income areas. While some allege that fluoridation is especially effective for low-income communities, there is very little evidence to support this claim. According to a recent systematic review from the British government, "The evidence about [fluoridation] reducing inequalities in dental health was of poor quality, contradictory and unreliable." (45) In the United States, severe dental crises are occurring in low-income areas irrespective of whether the community has fluoride added to its water supply. (46) In addition, several studies have confirmed that the incidence of severe tooth decay in children ("baby bottle tooth decay") is not significantly different in fluoridated vs unfluoridated areas. (27,32,42) Thus, despite some emotionally-based claims to the contrary, water fluoridation does not prevent the oral health problems related to poverty and lack of dental-care access.

9) Fluoridation poses added burden and risk to low-income communities. Rather than being particularly beneficial to low-income communities, fluoridation is particularly burdensome and harmful. For example:

a) Low-income families are least able to avoid fluoridated water. Due to the high costs of buying bottled water or expensive water filters, low-income households will be least able to avoid fluoride once it's added to the water. As a result, low-income families will be least capable of following ADA's recommendation that infants should not receive fluoridated water. This may explain why African American children have been found to suffer the highest rates of disfiguring dental fluorosis in the US. (47)

b) Low-income families at greater risk of fluoride toxicity. In addition, it is now well established that individuals with inadequate nutrient intake have a significantly increased susceptibility to fluoride's toxic effects. (48-51) Since nutrient deficiencies are most common in income communities, and since diseases known to increase susceptibility to fluoride are most prevalent in low-income areas (e.g. end-stage renal failure), it is likely that low-income communities will be at greatest risk from suffering adverse effects associated with fluoride exposure. According to Dr. Kathleen Thiessen, a member of the National Research Council's review of fluoride toxicity: "I would expect low-income communities to be more vulnerable to at least some of the effects of drinking fluoridated water." (51)

10) Due to other sources, many people are being over-exposed to fluoride. Unlike when water fluoridation first began, Americans are now receiving fluoride from many other sources* besides the water supply. As a result many people are now exceeding the recommended daily intake, putting them at elevated risk of suffering toxic effects. For example, many children ingest more fluoride from toothpaste alone than is considered "optimal" for a full day's worth of ingestion. According to the *Journal of Public Health Dentistry*:

"Virtually all authors have noted that some children could ingest more fluoride from [toothpaste] alone than is recommended as a total daily fluoride ingestion." (52)

Because of the increase in fluoride exposure from all sources combined, the rate of dental fluorosis (a visible indicator of over-exposure to fluoride during childhood) has increased significantly over the past 50 years. Whereas dental fluorosis used to impact less than 10% of children in the 1940s, the latest national survey found that it now affects over 30% of children. (47, 53)



** Sources of fluoride include: fluoride dental products, fluoride pesticides, fluorinated pharmaceuticals, processed foods made with fluoridated water, and tea.*

References

To access the references, [click here](#)

Return to: [Fluoride Action Network's Media Page](#)

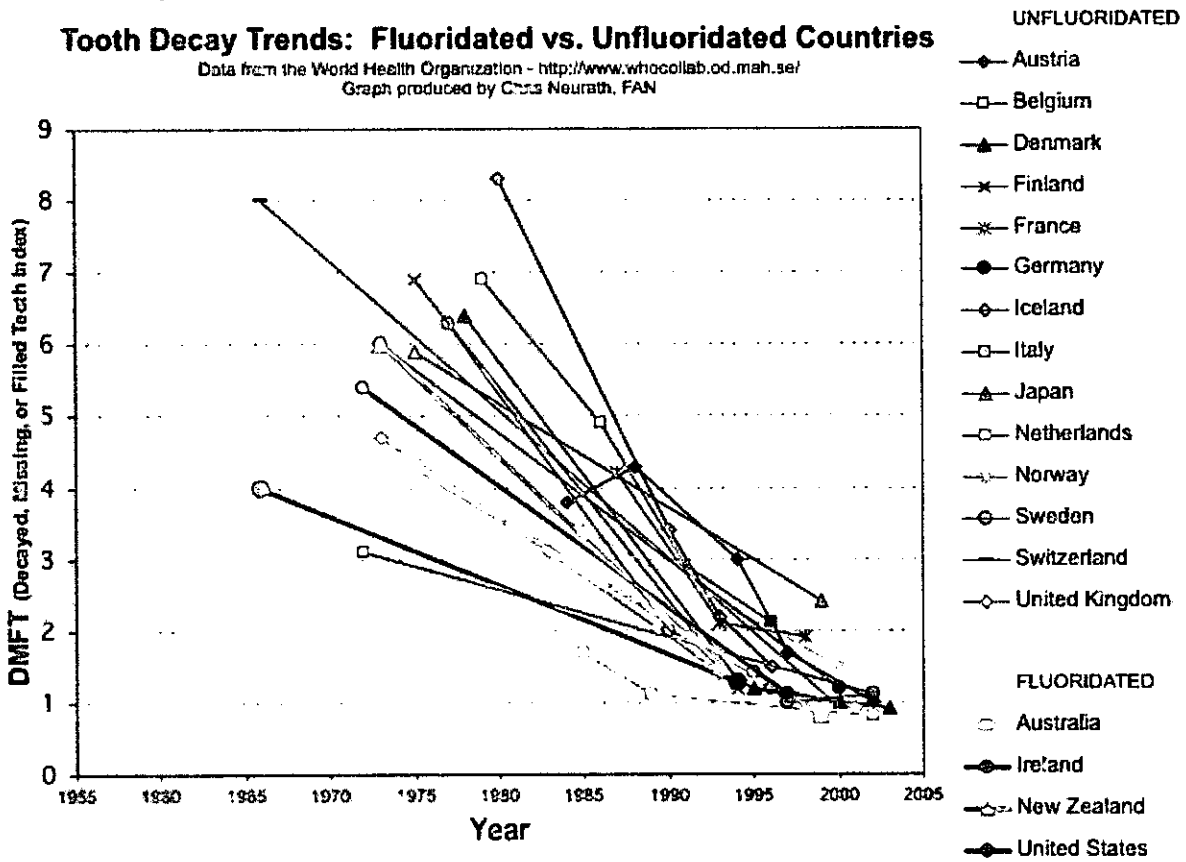
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**World Health Organization Data (2004) -
Tooth Decay Trends (12 year olds) in Fluoridated vs. Unfluoridated Countries:**

Tooth Decay Trends: Fluoridated vs. Unfluoridated Countries

Data from the World Health Organization - <http://www.whoollab.od.mah.se/>
Graph produced by Chris Neurath, FAN



Thank you for allowing me to speak, my name is Paul Harrington and I have resided in Nashua for nearly 24 years and from 2002 to 2004 I was a NH State Rep. in Ward 3 Nashua. I am here in support of HB 312-L. My wife and I are small business owners; our company handles all-natural health products. I have learned from attending many seminars, from studies and current books written about water fluoridation, that young children (especially infants) are at risk of future health problems from fluoride.

Recently I read a shocking statement from a study on Newborns;

“Newborn babies were found to have over 200 chemicals, pesticides, and other toxins in their blood. That means we’re being poisoned before we even enter the world.” That is from Environmental Working Group study titled “Body of Burden – The Pollution in Newborns” dated July 14, 2005; the website is www.ewg.org.

This Bill is protection for the innocent children so they will not be hurt from too much fluoride in their baby formula. Let’s face it the warning from too much fluoride in children has been on toothpaste packaging for years now! We must be more responsible for the Health of Everyone.

Paul Harrington

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FLUORIDE WARNING FOR INFANTS LEGISLATION OVERVIEW

In each pea-sized serving of toothpaste there is a quarter of a milligram of pharmaceutical-grade fluoride. It may not sound like a lot, but since 1997 the United States Food and Drug Administration (FDA) has required that all toothpastes sold in the U.S. carry a poison warning on the label to prevent children from swallowing even this small amount of fluoride. The warning cautions users to:

WARNING: Keep out of the reach of children under 6 years of age. If you accidentally swallow more than used for brushing, get medical help or contact a Poison Control Center right away.

But fluoride isn't found only in toothpaste, it's also in our drinking water. In communities with fluoridated water, each 8oz. glass contains a quarter of a milligram of industrial-grade fluoride, the same amount found in the serving of toothpaste that the FDA warns should not be swallowed by children. Surprisingly, when fluoride is added to drinking water it is no longer regulated by the FDA, but is instead considered a toxic contaminant by the EPA, so the same warning label is not required for tap water even though the same amount of fluoride is being consumed.

The lack of a warning is concerning because parents are using fluoridated tap water to reconstitute baby formula, and fluoridated drinking water contains up to **250 times more fluoride than breast milk** (1000 ppb in fluoridated tap water vs. 5-10 ppb in breast milk). This means that babies consuming formula made with fluoridated tap water are exposed to much higher levels of fluoride than a breast-fed infant. A baby drinking fluoridated formula receives the **highest dosage of fluoride among all age groups in the population** whereas a breast-fed infant receives the lowest, and few scientists dispute the concept that a healthy mother's milk has the optimal nutrient composition for infants. The American Academy of Pediatrics clearly states:

"Exclusive breastfeeding is the reference or normative model against which all alternative feeding methods must be measured with regard to growth, health, development, and all other short- and long-term outcomes."

As a result, 32% of American children have dental fluorosis according to a 2006 report by the Centers for Disease Control. Dental fluorosis is the browning and mottling of teeth, and is a clear sign that a child's bone and tissue have been overexposed to fluoride. Dental fluorosis is not the only risk from early-life exposure to fluoride. A recent review in *The Lancet* describes fluoride as "an emerging neurotoxic substance" that may damage the developing brain. The National Research Council has identified fluoride as an "endocrine disrupter" that may impair thyroid function, while recent research from Harvard University has found a possible connection between fluoride and bone cancer.

Because of the risk for dental fluorosis, and the lack of demonstrable benefit from ingesting fluoride before teeth erupt, the American Dental Association, the CDC, and a growing number of dental researchers - recommend that **children under 12 months of age should not consume fluoridated water**. But while dentists and doctors have been warned, little has been done to warn parents and public health officials. **IT'S TIME WE WARN PARENTS AND PROTECT OUR MOST VULNERABLE CITIZENS, OUR CHILDREN!**

The Fluoride Warning for Infants legislation would require that all drinking water systems place the following warning on all billing statements if they choose to add fluoride into the public water supply: **"Your public water supply is fluoridated. Fluoridated water should not be used or added to infant formula, foods, or drinks intended for babies 12 months of age or younger in order to avoid dental fluorosis."**

Please join the Fluoride Action Network in supporting this important legislation. All children deserve to be protected.



Fluoride Action Network - 82 Judson Street - Canton, NY 13617
Tel 802-338-5577 - info@fluoridealert.org - www.fluoridealert.org

STATEMENTS ON INFANT EXPOSURE TO FLUORIDE



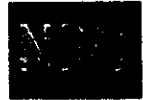
"... Infants less than one year old may be getting more than the optimal amount of fluoride (which may increase their risk of enamel fluorosis) if their primary source of nutrition is powdered or liquid concentrate infant formula mixed with water containing fluoride... If using a product that needs to be reconstituted, parents and caregivers should consider using water that has no or low levels of fluoride."

-American Dental Association. 2009. **Interim Guidance on Reconstituted Infant Formula.**



"...mixing powdered or liquid infant formula concentrate with fluoridated water on a regular basis for infants primarily fed in this way may increase the chance of a child's developing enamel fluorosis,"

- Centers for Disease Control. Feb 2010 Report, **Oral Health During Pregnancy and Early Childhood: Evidence-Based Guidelines for Health Professionals.**



"... the committee concluded unanimously that the present [allowable level] for fluoride should be lowered. Exposure at the [allowable level] clearly puts children at risk of developing severe enamel fluorosis."

-National Research Council. 2006. **"Fluoride in Drinking Water."**



"Babies should not receive fluoride supplementation during the first six months of life, whether they are breastfed or formula-fed."

-American Academy of Pediatrics. 2009. **"Caring for your Baby and Young Child"**



"If you add fluoridated water to your infant's baby formula, you may be putting your child at risk of developing dental fluorosis... in infants and children regular fluoride intake above optimal amounts causes fluorosis in developing teeth... When formula concentrations need to be diluted, it is recommended that parents use bottled water that is fluoride-free..."

-Academy of General Dentistry. 2007. **"Monitor Infant's Fluoride Intake"**



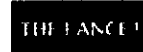
"All of [our analyses] were consistent in finding an association between fluoride levels in drinking water and an increased risk of osteosarcoma for males diagnosed before age 20..."

- Bassin EB, Wypij D, Davis RB, Mittleman MA. 2006. **Age-specific fluoride exposure in drinking water and osteosarcoma (United States). Cancer Causes and Control 17(4). May.**



"Our analysis shows that babies who are exclusively formula fed face the highest risk; in Boston, for example, more than 60 percent of the exclusively formula fed babies exceed the safe dose of fluoride on any given day."

-Environmental Working Group, **"EWG Analysis of Government Data Finds Babies Over-Exposed to Fluoride in Most Major U.S. Cities", March 22, 2006.**



In November 2006, the respected medical journal The Lancet described fluoride as an "emerging neurotoxic substance" due to evidence linking fluoride to lower IQs in children, and brain damage in animals.

-Grandjean P and Landrigan P. 2006. **Developmental neurotoxicity of industrial chemicals. The Lancet 368(9553):2167-78. December 6**



"[F]luoride exposure, at levels that are experienced by a significant proportion of the population whose drinking water is fluoridated, may have adverse impacts on the developing brain... The findings are provocative and of significant public health concern."

-Schettler T, et al. (2000). **Known and suspected developmental neurotoxicants. pp. 90-92. In: In Harms Way - Toxic Threats to Child Development. Greater Boston Physicians for Social Responsibility: Cambridge, MA**

February 1, 2011

John Meinhold, OD
PO Box 5271
Portsmouth, NH 03802

RE: WRITTEN TESTIMONY SUPPORTING HB312: "An Act relative to notice required for the fluoridation of drinking water"

As a licensed NH healthcare professional and a former US Public Health Service officer, I support HB312 that will warn citizens receiving fluoridated water not to use the water for infant formula.


From a common sense standpoint: breast milk is approximately 5ppb vs. NH fluoridated public water being 1000ppb (200 times higher). Even with the proposed lowering of fluoride in public drinking water to 700ppb it would still be 140 times higher than breast milk. Infants are much more susceptible to toxic substances due to their low weight.

I became concerned about fluoride in my tap water when I heard recent news reports that the federal DHHS and EPA were proposing to lower the fluoride levels in public water supplies. The reports cited a recent study that "2 out of 5 US adolescents" had dental fluorosis (staining and pitting of teeth caused from an overdose of fluoride).

I spoke with Dr. Kathleen Thiessen who is a national scientific expert on fluoride toxicology. Thiessen told me the study on dental fluorosis found in US adolescents actually showed only 40% to be normal (20% were questionable and 40% had dental fluorosis). Studies have shown the incidence of fluorosis has been steadily increasing in US children since 1986 when it was found to be 23%. Thiessen has posted a response to the federal governments announcement of the proposed lower fluoride levels in public drinking water (see <http://fluoridealert.org/thiessen.jan.7.2011.html>). Thiessen states, "The best available studies in the U.S. show no benefit of water fluoridation on dental health." In fact, the proposed new lower fluoride levels will still not protect at risk populations such as infants, diabetics, kidney disease patients and people who consume a lot of fluoridated tap water. Thiessen also cites several peer-reviewed studies showing correlations between the presence of dental fluorosis and "a higher risk of adverse health effects, including effects on thyroid function, decreased IQ, and increased risk of bone fracture."

Dr. Jonathan Shenkin, a pediatric dentist and spokesman for the Maine Dental Association, recently was quoted in the press saying, "Toothpaste alone has enough fluoride in it that if you use too much of it at each time you brush your child's teeth then you're putting them at risk for fluorosis " Think about that statement. If our children can get an overdose of fluoride simply by using too much toothpaste when they brush their teeth, why would you want more fluoride added to drinking water?

The bottom line is that fluoride is not needed in our drinking water at all. Our children are showing indisputable evidence that they have received toxic doses of fluoride. Warning citizens to not use fluoridated water to reconstitute infant formula is a common sense first step to protect the public from being overdosed with fluoride.



John Meinhold, OD



stuart cooper <stuartecooper@gmail.com>

WRITTEN TESTIMONY SUPPORTING HB312: Infant Fluoride Warning

1 message

Wulfpro <wulfpro@yahoo.com>

Thu, Jan 27, 2011 at 4:40 PM

Reply-To: wulfpro@myfairpoint.net

To: FHSEA@leg.state.nh.us

Cc: patwulfson@gmail.com, Rick Horowitz <portsmouthwater@gmail.com>

To whom it may concern:

I would like to add my voice to the discussion supporting HB312: Infant Fluoride Warning.

It is vitally important to advise and warn all parents within the districts dosing water with this medication that it is not only present, in their household water, but in bulk, untitrated form, and as such, may require their own and potentially their physician's supervision.

Consider this: infants receiving formula may be in a particularly susceptible status, for instance, **Galactosemia** is a life-and-sight threatening neo-natal and lifelong disorder in which mother's milk (or any milk) is catastrophically dangerous to the infant, and for an infant to *survive* the disorder requires a milk substitute, often concentrated for distribution, then diluted at home or travel. This is not a choice for these infants and parents, it is life-or-death. Fluoride in the water, absent a warning, puts them in double jeopardy.

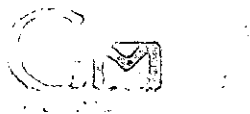
Parents of any newborn who must elect, for health and survival reasons, to use formula, are often in severely stressed circumstances, and need this alert. Also, a literature campaign posted in all maternity wards and pediatricians' offices would be appropriate and responsible.

Until municipalities move to provide appropriate physician oversight of this medication (*under section 504 of the IDEA*) to all citizens affected, this labeling is a good start.

Thank you for your attention to this serious matter. You will be saving lives.

Sincerely, Pat Wulfson, 5 Rainbow Drive, Dover NH

patwulfson@gmail.com



stuart cooper <stuartcooper@gmail.com>

WRITTEN TESTIMONY SUPPORTING HB312: Infant Fluoride Warning

1 message

Rick Horowitz <portsmouthwater@gmail.com>

Fri, Jan 28, 2011 at 10:44 PM

To: HHSEA@leg.state.nh.us, rich.dipentima@leg.state.nh.us, john.reagan@juno.com, frank.kotowski@leg.state.nh.us, semerson435@aol.com, jimp3047@metrocast.net, amillham@metrocast.net, daniel.donovan@leg.state.nh.us, stephen.schmidt@leg.state.nh.us, cmcmahon55@gmail.com, casescove@comcast.net, fredette2010@hotmail.com, james.mackay@mygait.com, lharding0625@gmail.com, gail.barry@leg.state.nh.us, kathy.cail@leg.state.nh.us, donald.lebrun@leg.state.nh.us, evalyn.merrick@leg.state.nh.us, helen.deloge@gmail.com
Cc: stuart@fluoridealert.org

As residents of Portsmouth and new parents in January, 2007, we were totally unaware of the CDC and ADA warnings about fluoridated water for infants, and were not told of these warnings by four pediatricians that we visited with our daughter on different occasions. Fortunately, my daughter was breastfed, however, she did regularly drink the fluoridated Portsmouth tap water, particularly during the hot summer months. When she was one year old, I happened to read information linking fluoride to a raft of health problems. I then checked Portsmouth's water safety report and discovered that Portsmouth fluoridates our water.

Both my wife and I were terribly upset by the realization that our beautiful and innocent daughter may have already been damaged by a substance that we did not even know was being added to our water. After doing more research into fluoridation, I became determined to do something about it -- not just for my family, but for as many other people as I could. I have since started fluoridefreeportsmouth.com, begun collecting petition signatures to get the fluoride question on our local ballot, and begun an education effort on fluoride's dangers.

Fluoride has been linked to IQ reductions of 5-10 points in 24 studies comparing children in high and low fluoride towns in China. Animal studies have shown fluoride to be a direct cause of hyperactivity disorders due to prenatal exposure to fluoride.

Could fluoride be a major cause of America's educational underperformance? Could it be a major cause of the ADD/ADHD epidemics in recent years? Are you sure, and are you willing to gamble with our children's futures? I hope the answers to all of these questions is, "no", but I believe it is likely that the answer to the first two is, "yes".

Please support HB-312. The warnings have already been issued by CDC and ADA. This bill simply creates a mechanism to get the word out to parents before the damage is done.

Sincerely,

Rick Horowitz
Founder, fluoridefreeportsmouth.com
Portsmouth, NH



stuart cooper <stuartcooper@gmail.com>

WRITTEN TESTIMONY SUPPORTING HB312 : Infant Fluoride Warning

1 message

frank magill <fmagill@ne.rr.com>

Sun, Jan 30, 2011 at 5:12 PM

To: rich.dipentima@leg.state.nh.us, john.reagan@juno.com, frank.kotowski@leg.state.nh.us, semerson435@aol.com, jim3047@metrocaster.net, amillham@metrocaster.net, daniel.donovan@leg.state.nh.us, stephen.schmidt@leg.state.nh.us, cmcmahon55@gmail.com, casescove@comcast.net, fredette2010@hotmail.com, james.mackay@mygait.com, lharding0625@gmail.com, gail.barry@leg.state.nh.us, kathy.cail@leg.state.nh.us, donald.lebrun@leg.state.nh.us, evalyn.merrick@leg.state.nh.us, helen.deloge@gmail.com
Cc: stuart@fluoridealert.org, ~HHSEA@leg.state.nh.us

I am writing to express my unqualified support for the NH House Bill 312: Infant Fluoride Warning.

The passage of this bill would help to protect infants under the age of 12 months from the likely development of dental fluorosis (mottling of dental enamel) as well as potential neurotoxic effects on the developing brain of young infants.

NB: The first and most important pledge of the Hippocratic oath undertaken by all American physicians is: "first do no harm"!

Frank B. Magill, MD, FAAP Emeritus (Fellow American Academy of Pediatrics)
48 Skyline Dr.
Keene, NH 03431

January 7, 2011

Kathleen M. Thiessen, Ph.D.
SENES Oak Ridge, Inc.,
Oak Ridge, TN
kmt@senes.com
(865) 483-6111

The Department of Health and Human Services (HHS) and the Environmental Protection Agency (EPA) have announced new recommendations regarding water fluoridation, the primary change being from a recommended range of 0.7-1.2 mg/L fluoride in drinking water (0.7-1.2 ppm) to 0.7 mg/L (0.7 ppm). (See <http://www.hhs.gov/news/press/2011pres/01/20110107a.html> for the press release.) The primary concern is the prevention of dental fluorosis, a condition ranging from mild spotting of the teeth to severe pitting and staining. Dental fluorosis is caused by excessive fluoride ingestion during the early years of childhood, before the permanent teeth erupt.

The former range of recommended fluoride concentrations was based on ambient temperature and the assumption that people's water consumption varies with outdoor temperature. Thus the recommended fluoride levels varied from 0.7 mg/L in Florida and parts of Arizona and Texas to 1.2 mg/L in Alaska, Maine, Michigan, Minnesota, and North Dakota. The proposed change will therefore have a larger effect on the northern states than on the southern states, with some areas seeing no change in the recommended fluoride concentration. It is interesting to note that in 2009, Canada recommended a fluoride concentration of 0.7 mg/L for all parts of the country.

At a fluoride level of 0.7 mg/L, a 7-kg (15-lb) baby drinking 0.75 L per day of formula prepared with fluoridated water will ingest 0.075 mg of fluoride per kg body weight (0.75 L/day \times 0.7 mg/L \times 7 kg = 0.075 mg/kg per day). Fluoride intakes above about 0.03 mg/kg per day have been associated with the occurrence of dental fluorosis, so the proposed change will still not be protective for infants drinking formula made from concentrate. Parents who happen to be aware of the need to avoid fluoride for their infants will still need to buy bottled water for preparation of infant formula, if they can afford to do so.

Several peer-reviewed studies in other countries have shown associations or correlations between the presence of dental fluorosis and a higher risk of adverse health effects, including effects on thyroid function, decreased IQ, and increased risk of bone fracture. These associations have not been studied in the U.S., or at least, there has been no report of such studies in the U.S. Besides indicating overexposure to fluoride during early childhood, the presence of dental fluorosis may indicate higher individual susceptibility to adverse effects from ingested fluoride. While considered by the dental profession to be merely a cosmetic problem, "objectionable" dental fluorosis can lead to a higher caries risk (due to the pitted tooth surfaces) and can be expensive to treat with respect to cosmetic appearance.

The best available studies in the U.S. show no benefit of water fluoridation on dental health. The only study to have looked at caries experience and individual fluoride intake (the Iowa study) reported no relationship between fluoride intake and caries experience, but a higher risk of dental fluorosis with increased fluoride intake. A population-wide study in the 1980s demonstrates essentially no difference in caries experience of children and water fluoride concentration, but a clear dose response for dental fluorosis and water fluoride concentration. The small differences in amount of caries per child between fluoridated and nonfluoridated areas are probably an artifact of the delay in tooth eruption caused by fluoride, another topic not addressed to date in the U.S.

The "benefits" of fluoride are due primarily to topical exposure (e.g., from toothpaste), not systemic ingestion of fluoride, according to the Centers for Disease Control and Prevention (CDC). Ingestion of fluoridated drinking water contributes essentially nothing to topical exposure of the teeth, as most of us do not "swish" our drinking water in our mouths before swallowing (our mothers refused to let us consider such things).

The CDC has made no mention of whether fluoride will be added to the long list of chemicals included in its periodic biomonitoring studies. This was recommended to them by the National Research Council (NRC) in 2006.

The NRC's 2006 report provided the impetus for some of the recent studies by the EPA and HHS. Recent press releases from the EPA and from the American Dental Association state that the NRC report "did not question the safety" of water fluoridation. In fact, the NRC report did not address the question of the safety of water fluoridation, simply saying that the EPA's drinking water standards for fluoride are not protective. There is considerable information in the NRC report which would support a conclusion that water fluoridation is not safe. In addition to effects on bones and teeth, fluoride is credibly associated with reduced thyroid function, other altered endocrine function, hypersensitivity, reduced IQ, genotoxicity, and carcinogenicity, among others. These effects, and the bone effects (bone and joint pain, increased brittleness and fracture risk) are inadequately studied in the U.S., although population information on prevalence of such things as hypothyroidism, diabetes, and bone and joint pain is consistent with widespread fluoride overexposure. The NRC report pointed out a number of areas where further research is justified. However, continuing to expose the American public while waiting for the research is not justified.

The NRC also discussed the issue of the most commonly used fluoridation chemicals, the silicofluorides. This issue is not mentioned in the proposed recommendations for a new fluoridation guideline. Use of silicofluorides in drinking water is associated with higher levels of blood lead in children, among other concerns. The use of both silicofluorides and chloramines (a disinfectant sometimes used instead of chlorine) has been demonstrated to increase the leaching of lead from plumbing fixtures. This was the probable explanation for high blood levels in children in Washington, D.C., a few years ago. The CDC's attempt to cover up the situation was the topic of a Congressional hearing a year or so ago. The probable reason for the CDC wishing to avoid the issue was the potential threat to its longstanding fluoridation program.

Thus, while the proposed recommendation for a lower national fluoride level in drinking water is a step in the right direction, and a quiet admission that some people are ingesting too much fluoride, a number of concerns are not yet addressed. Infants fed reconstituted formula, people with high water consumption (e.g., athletes, laborers, persons with medical conditions such as diabetes insipidus), persons with impaired kidney function (and consequent reduced excretion of fluoride), and persons with a hypersensitivity to fluoride will continue to have fluoride intakes in excess of a safe level, even when the new recommendation is implemented. These people also deserve to be protected.

(Kathleen M. Thiessen, Ph.D. was a co-author of the 2006 National Research Council report on Fluoride presented to Congress and the EPA)

NewsBank Search

Formula, fluoride mix may discolor infants' teeth

BYLINE: MARK HAYWARD Union Leader Staff
DATE: January 11, 2007
PUBLICATION: New Hampshire Union Leader (Manchester, NH)
EDITION: State
SECTION: News
PAGE: A8

Infants fed formula mixed with fluoridated water could ingest more than the recommended amount of the **tooth-toughening** substance, which could lead to spotted or discolored **teeth**, a state health official said this week.

Spokesman Gregory P. Moore said the state Department of Health and Human Services is asking two federal agencies -- the FDA and the Centers for Disease Control and Prevention -- for guidance on the matter. The request follows a statement in November from the American Dental Association, which raised concerns about **infants fed formula** reconstituted with fluoridated water.

* "At this point, from our perspective we think it's important for the public to realize there is a potential for fluorosis with the continual use of fluoridated tap water in reconstituted baby **formula**," Moore said.

Fluorosis occurs when **teeth** that are under formation become exposed to too much **fluoride**. The result can range from barely noticeable white spots on the **teeth** to pitting and staining.

Public water in Manchester and surrounding towns has been fluoridated since late 2000. Other fluoridated public water systems in New Hampshire include Concord, Dover, Hanover, Laconia, Lancaster, Lebanon, Portsmouth and Rochester.

Moore said health officials are receiving mixed signals about **fluoride** and **infants** since the ADA released its guideline.

The federal Women, Infant and Children program, which provides **formula** and other products to mothers and children, has not changed its recommendation. WIC encourages mothers to **mix formula** with fluoridated water, Moore said.

The ADA said it acted after the National Research Council raised the possibility of higher-than-optimal levels of **fluoride** for **infants** who drink **formula**.

"While more research is needed before definitive recommendations can be made on **fluoride** intake by bottle-fed **infants**, the American Dental Association issues this interim guidance because we know that parents and other caregivers are understandably cautious about what is best for their children," the ADA writes in its statement.

And last month, the Vermont Health Department recommended that **formula** be mixed with non-fluoridated or low levels of **formula**. State health officials stressed that occasional consumption of fluoridated water by **infants** will not harm developing **teeth**.

"At this point we are seeking additional guidance on the subject," Moore said.

The Manchester Health Department will not take a strong position on the matter at this point, said Health Director Tim Soucy. But the department is in

touch with state health officials.

"It doesn't appear to require widespread notification," he said.

In a Dec. 18 letter to New Hampshire Health and Human Services Commissioner John Stephen, the head of an anti-fluoridation group urged Stephen to spread information about the ADA advisory.

Gerhard Bedding, head of New Hampshire Citizens for Health Freedom and New Hampshire Pure Water Coalition, said only a handful of media across the country have publicized the advisory. Not everyone will see such news articles, especially mothers of newborns with little free time, he said.

Bedding suggested the state health officials make educational material available to pediatricians, dentists and hospitals; encourage water departments to send warnings with bills; require formula manufacturers to put warning labels on their product; consider providing fluoride-free water to poor parents; and assign a professional to review last March's report by the NRC.

The ADA stresses that it still supports fluoridation of public water.

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SAMPLE BILL

CITY OF CONCORD
 GENERAL SERVICES DEPT
 311 N. STATE STREET
 CONCORD, NH 03301
 603-225-5593

ACCOUNT NUMBER	-001	SERVICE ADDRESS	MONT ST
BILLING DATE	10/31/2007	TOWN	Concord
		CLASS	Residential
		NAME ON ACCOUNT	Name on the Account

For Customer Service Information,
 Please See Reverse Side.

METER NUMBER	PREVIOUS		PRESENT		CONSUMPTION IN CCF	DESCRIPTION
	DATE	READ	DATE	READ		
16131162	09/12/2007	276	10/12/2007	286	8	Water & Sewer 15

PREVIOUS ACTIVITY

Previous Balance	\$92.47
Late Fees	\$0.95
Payments	-\$93.42
Adjustments	\$0.00
Balance At Billing	\$0.00

CURRENT ACTIVITY

Availability Fee	\$3.98
Sewer	\$25.20
Water	\$15.76
Total Current Charges	\$44.94
Balance Due	\$44.94

Message Area

"Your public water supply is fluoridated. When feeding infants under 12 months of age, the American Dental Association and Centers for Disease Control recommend that liquid concentrate or powdered infant formula be mixed with water that is fluoride-free. Consult your healthcare provider for more information."

(SEE REVERSE SIDE FOR PAYMENT OPTIONS)

TOTAL CHARGES DUE BY (ϕ) 2007: **\$44.94**

PLEASE DETACH STUB AND REMIT WITH PAYMENT



CITY OF CONCORD
 GENERAL SERVICES DEPARTMENT
 311 N. STATE STREET
 CONCORD, NH 03301

UTILITY BILLING

BILLING DATE	10/31/2007	TOTAL AMOUNT DUE	\$44.94
DUE DATE	11/30/2007		

MONT ST

Message Area

Bill to Name
 Address
 City, State zip code

YES HB 312 YES

Act Relative to Notice Required for the Fluoridation of Drinking Water

HEALTH EDUCATION: PROTECTING INFANTS

February 1, 2011



Brush and Floss Before You Kiss

*Bill Osmunson DDS, MPH
Cosmetic, Comprehensive,
Neuromuscular Dentistry,
Educator, Author, Nutritionist
Washington Action for
Safe Water President
Chez Gourmet, Director
FAN Board Member
1418 - 112th Ave NE #200
Bellevue, WA98004
425.466.0100
www.teachingsmiles.com
www.IAOMT.org
www.fluoridealert.org
www.washingtonsafewater.com*

INFANT

**Mother's Milk Usually Contains
No Detectable Fluoride
Mean of 0.004 ppm or 0.01 ppm^{NRC p. 33}**



**Mother's Milk is the Normative Value for Infant Nutrition Against
Which All Other Nutrition should be Compared.**

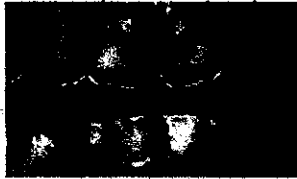
**Several Health Agencies and Health Departments, Most Developed
Countries in the World, and Most European Dental Associations Do
Not Recommend Fluoridated Water or Supplements For Infants**

**Formula with Fluoridated Water provides
175 to 250 times the fluoride of Mother's Milk**

Babies sleeping with bottles of juice or milk, need tough love.

Ingesting fluoride will NOT prevent Early Childhood Caries (ECC) (Dental Decay) (Baby Bottle Caries)

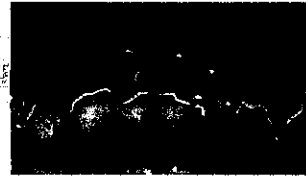
Which are Caused by Poor Diet Habits
Sleeping or Constant Sucking on a Bottle of Juice or Milk



Early decay



Moderate decay

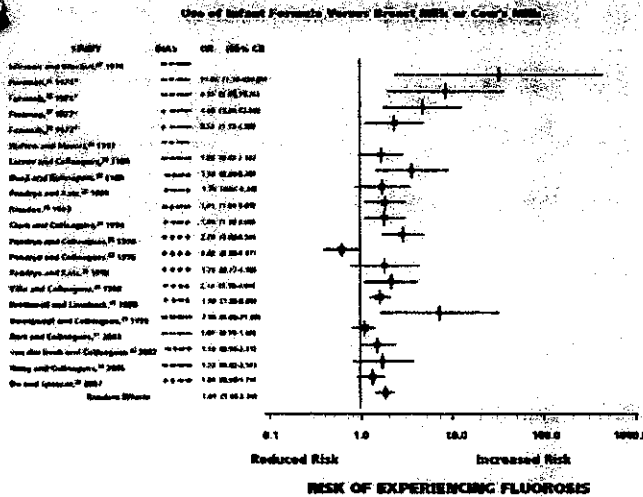


Advanced decay

HB 312 WILL NOT INCREASE DENTAL DECAY

California Dental Association

Powdered Formula + Fluoridated Water Increases the Risk of Dental Fluorosis



Brush and Floss Before You Kiss

Hujoel JADA (2009) <http://jada.ada.org/cgi/reprint/140/7/841>

**41% of children have
Dental Fluorosis**

**Permanent discoloration of
the tooth, develops during tooth
formation. Birth to 8th yr. NRC 2006**



+



=



**Dental Fluorosis is a sign of excess fluoride ingestion,
Fluoride poisoning**

Your Mouth is a Window to Your Health

**Health and Human Services has Recommended to limit
Fluoride Concentration to 0.7 ppm in water,
Leaving almost half of infants at risk of dental fluorosis**



**Dental
Fluorosis**


\$12,000 Treatment

**Lifetime \$50,000 to
\$100,000 damage.**

<http://www.smilesbysoileau.com>

Brushing and Flossing will Bring a Kiss





Crest Whitening

A Pea Size of Tooth Paste has 0.25 mg F-
 The Same as 1 glass of Fluoridated Water
 HB 312 is in keeping with the FDA Warning, Do Not Swallow.

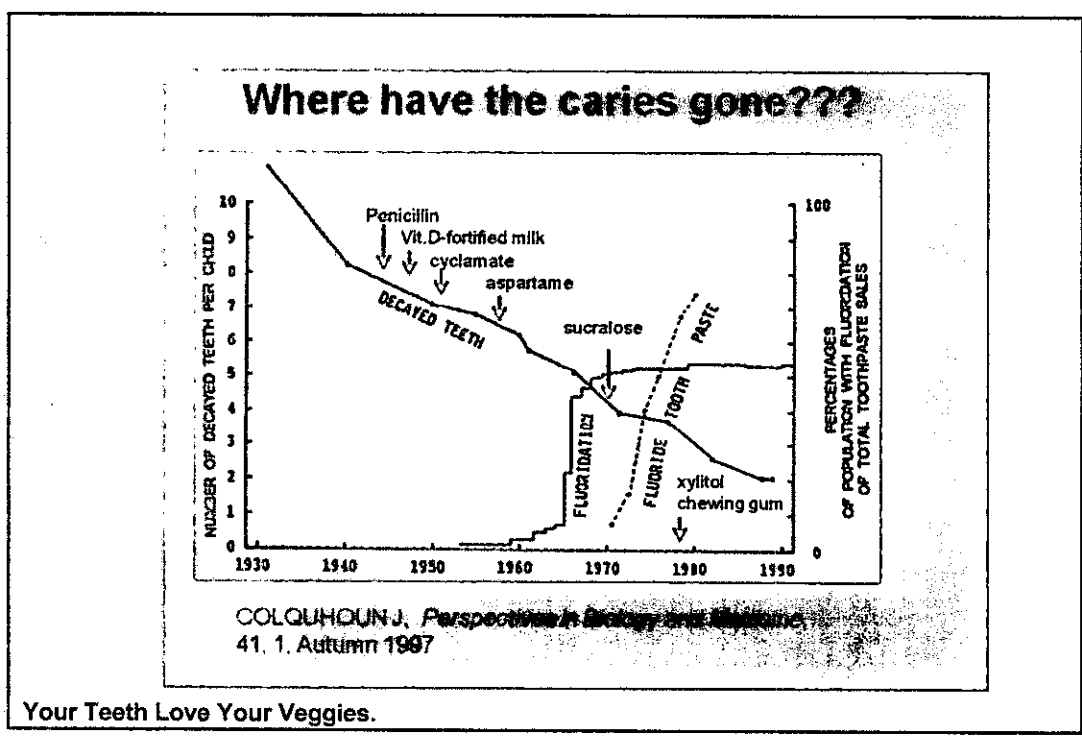
Warnings:
 Keep out of reach of children under 6 yrs. of age. If more than a pea size amount is accidentally swallowed, get medical help or contact a Poison Control Center.

Directions: adults and children 2 yrs. & older brush teeth twice a day or at least twice a day or use as directed by a dentist.

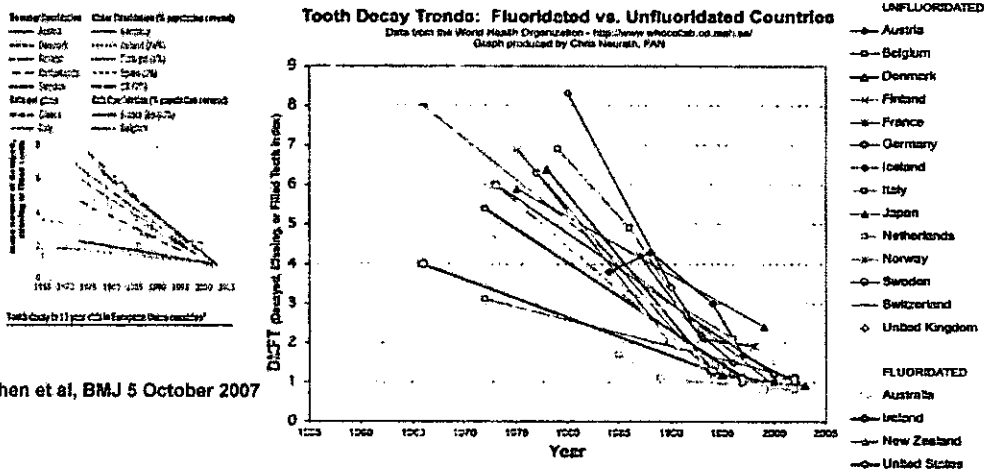
- to minimize swallowing use a pea-size amount
- supervise children's brushing and use of toothpaste

Like Fire, Chemicals Require Respect

In 2002, the US Poison Control Centers reported 24,087 exposures involving toothpaste with fluoride. *medicine* "Flexible language", FDA



Tooth Decay in Fluoridated Countries has Declined The Same Amount as Non-fluoridated Countries.

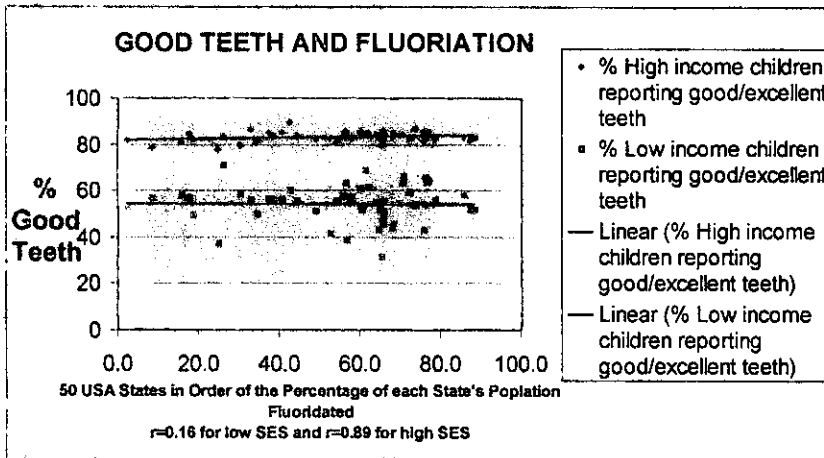


Fluoridated vs. Unfluoridated Countries.

Tooth Decay Trends for 12 Year Olds: Data from World Health Organization. (Graph by Chris Neurath).

<http://www.fluoridealert.org/health/teeth/caries/who-dmft.html>

COMPARING 50 STATES FLUORIDATION DOES NOT IMPROVE TEETH



•Fluoridation shows no significant benefit

very little common cause variation

<http://nchs.bhsa.gov/oralhealth/portal/1.cct.htm> National Survey of Children's Health.
U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.
The National Survey of Children's Health 2003, Rockville, Maryland: U.S. Department of Health and Human Services, 2005
http://www.cdc.gov/oralhealth/waterfluoridation/fact_sheets/states_stats2002.htm <http://pubs.usgs.gov/circ/2004/circ1268/htdocs/table05.html>

\$Fluoridation does NOT significantly reduce measured Dental Expenses\$

Perhaps half a percent savings, but not for all groups.

Not Fluoridated \$176/yr dental expenses (children)

Fluoridated \$180/yr dental expenses (children)

1995 Data, Published 2007 Maupome JPHD

The only published study showing measured cost savings is not applicable to the general population.

Why don't Insurance Companies show measured savings?

Give your body the gift of a walk.

6 year dental expenses

- **CDC and ADA** warn infants should NOT consume fluoridated water
www.cdc.gov www.ada.org
- **CDC:** Ingestion of fluoride is not likely to reduce tooth decay CDC (1999).
Achievements in Public Health, 1900-1999: Fluoridation of Drinking Water to Prevent Dental Caries. MMWR, 48(41): 933-940, October 22
- **EPA** Scientists find fluoridation borders on a "criminal act" on the part of governments NTEU 1999 Hirzy
- **NIH** evidence for fluoridation is "incomplete" 2001 Consensus Development Conference Conclusion
- **FDA** toothpaste warning, if more than 0.25 mg is swallowed call the poison control center. (The same amount as found in ONE glass of fluoridated water)
- Most European Dental Associations and Canadian Dental Ass. say "NO" to Fluoride Supplements Zimmer 2003 and CDA has exceptions with expensive testing.

**National Research Council unanimous agreement:
EPA's MCL for Fluoride is too high:**

- Tooth Damage
- Rheumatoid and Osteoarthritic-like Pain
- Bone Cancer
- Bone Fractures
- Thyroid Reduction
 - Diabetes
 - Obesity
- Kidney damage
- Reproductive problems
- Lower IQ and increased Mental Retardation
- Allergies (overactive immune system)
- Gastrointestinal disorders

WICKS

Dental Fluorosis White Spots



For references See NRC 2006 report, <http://www.nationalacademies.org/morenews/20060322.html>
www.fluoridalert.org and contact Bill@smilesofbellevue.com

Fluoride Contributes to BRAIN Damage

**“The consistency of the results
appears significant enough to
warrant additional research on the
effects of fluoride on intelligence.”**

NRC 2006 Summary p. 6

Dentists Fix Teeth, No One Fixes IQ

Fluoride and The Brain

+24 Human Studies Reporting Harm

Low iodine and high Fluoride exert
 "severe damage to the human body"

0.8 ppm iodine and 1-3 mg/L fluoride in urine. Yang Y 1994

Fluoride Lowers IQ by 8 to 10 points

- 1 Lu Y, Sun ZR, Wu LN, Wang X, Lu W, Liu SS. Effect of high-fluoride water on Intelligence in children. Fluoride 2000; 33:74-8.
- 2 Li XS, Zhi JL, Gao RO. Effect of fluoride exposure on intelligence in children. Fluoride 1995;28:189-92.
- 3 Zhao LB, Liang GH, Zhang DN, Wu XR. Effect of a high fluoride water supply on children's intelligence. Fluoride 1996;29:190-2.

21.6% retardation with fluoride 3.14ppm
Compared to 3.4% in control village with fluoride at 0.37 ppm

Tianjin, Fluoride Vol. 33 No. 2 49052 2000, Editorial 49 Fluoride 33 (2) 2000
<http://www.fluoride-journal.com/00-33-2/332-49.pdf>

Fluoride and low iodine on learning/memory in rats.

Wang et al, 2004

Serum Fluoride 0.04 vs. 0.08 ppm

8 IQ Point LOSS

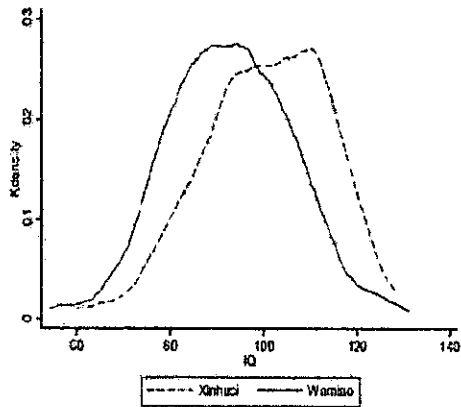
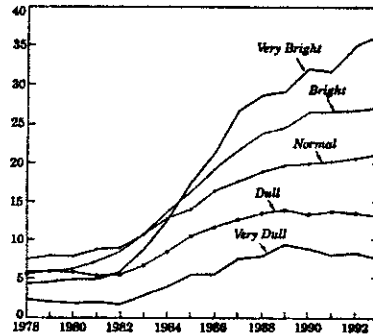


Figure 1 Density distribution of children's IQ in Wamiao and Xinhuai village

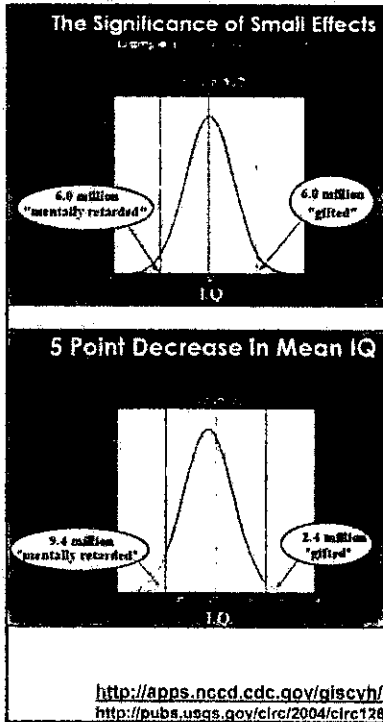
Xiang Q. EFFECT OF FLUORIDE IN DRINKING WATER ON CHILDREN'S INTELLIGENCE.. Fluoride Vol. 36 No. 2 84-94 2003 Research Report and Fluoride 2005 Report

CHARLES MURRAY • 7

FIGURE 2-1
 MEDIAN EARNED INCOME BY COGNITIVE CLASS, 1978-1993
 (thousands of \$ 1983)

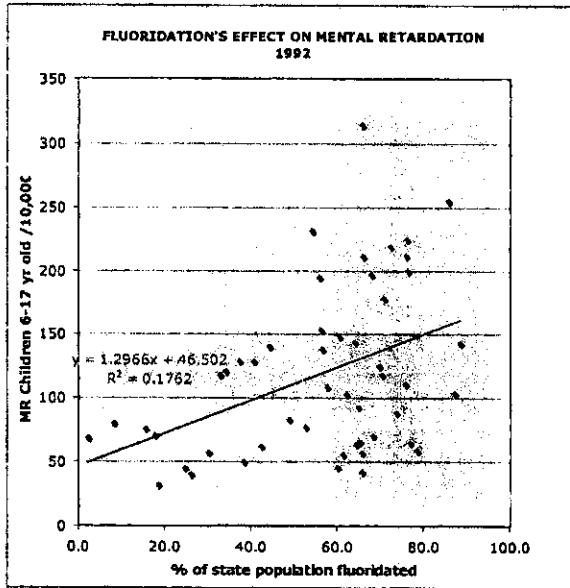


Murray, C. (1997). IQ and economic success. Public Interest, 128, 21-35. http://en.wikipedia.org/wiki/The_Bell_Curve



MR 50 US States Ranked on % Fluoridated

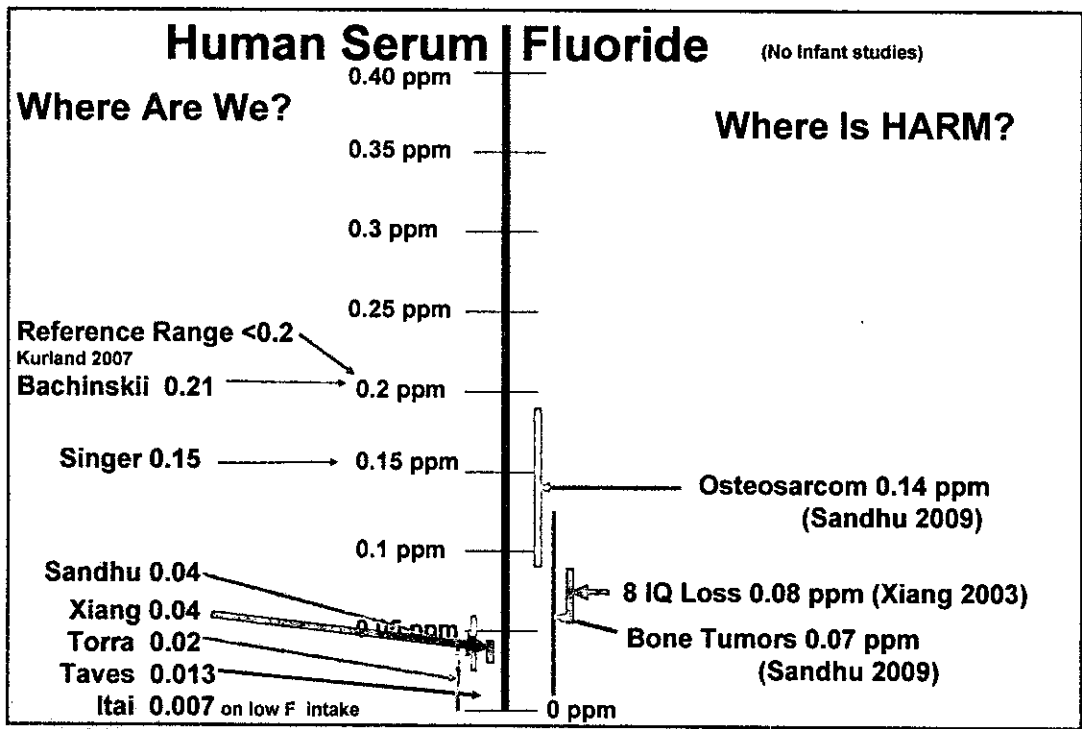
Half a standard deviation = 8 IQ point drop



Economic and social correlates of IQ

IQ	<75	75-90	90-110	110-125	>125
US population distribution	5	20	50	20	5
Married by age 30	72	81	81	72	67
Out of labor force more than 1 mo. out of yr (m)	22	19	15	14	10
Unemployed more than 1 mo. out of yr. (men)	12	10	7	7	2
Divorced in 5 years	21	22	23	15	9
% of children w/ IQ in bottom decile (mothers)	39	17	6	7	-
Had an illegitimate baby (mothers)	32	17	8	4	2
Lives in poverty	30	16	6	3	2
Ever incarcerated (men)	7	7	3	1	0
Chronic welfare recipient (mothers)	31	17	8	2	0
High school dropout	55	35	6	0.4	0

Values are the percentage of each IQ sub-population, among non-Hispanic whites only, fitting each descriptor. Herrnstein & Murray (1994) pp. 171, 158, 163, 174, 230, 180, 132, 194, 247-248, 194, 146 respectively.



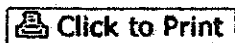
Dear Dr. Osmunson

... I was fluoridated from conception in Grand Rapids, 1952. I suffered the irreversible effects of early fluoride hyper-accumulation as I was both premature and formula fed. According to my medical history of intestinal malabsorption and chronic diarrhea, I am, like 1% of the total population, allergic to fluoride. As a result of this early damage, my digestive system is permanently scarred and I can not absorb nutrients and minerals well. . . .

I am a shining example of fluoridation failure: bad teeth, bad bones, bad thyroid, bad kidneys and breast cancer. My children, although breastfed for the first years of their lives, had late eruption, persistent deciduous teeth, dental fluorosis and malocclusion requiring expensive orthodontic work. The youngest girl is the most severely affected and also has malformed growth plates at ankles and knees. All three have suffered frequent joint stress injuries from normal school phys-ed activities. Two have had fractures and chronic connective tissue problems. I simply do not understand how the ADA can deny the research that fluoridated children suffer more joint and bone injuries.

Sincerely,
Aliss N. Terpstra, RNCP
aliss@thomalds.com

DISK



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Parents Should be Warned: Fluoridated Water is Not Recommended for Infants

New study confirms bottle-fed babies are overexposed to fluoride

NEW YORK, Oct 7 /PRNewswire-USNewswire/ -- A new study confirms infants fed formula reconstituted with fluoridated water are at greater risk of developing discolored teeth (dental fluorosis). (1) The American Dental Association (ADA) warned dentists about this in 2006 but has done little or nothing to inform the nearly 200 million Americans who live in communities with fluoridated drinking water.

The study by Levy et al., a Journal of the American Dental Association cover story (October 2010), confirms Levy's earlier studies, which show "[F]luoride intakes during each of the first 4 years were individually significantly related to fluorosis on maxillary central incisors, with the first year most important," and that "[I]nfant formulas reconstituted with higher fluoride water can provide 100 to 200 times more fluoride than breastmilk, or cow's milk." (2, 3)

According to the Centers for Disease Control (CDC), 32% of American children have dental fluorosis, an increase of 23% from the 1980s. (4) Black and Hispanic populations have even higher rates. Dental fluorosis is a visible sign that a child was overexposed to fluoride. Pictures of fluorosis: <http://www.fluoridealert.org/health/teeth/fluorosis/moderate-severe.html>

"The message from Dr. Levy's work is loud and clear: Don't give babies fluoridated water," says Paul Connett, PhD, Executive Director, Fluoride Action Network (FAN). "Unfortunately the ADA has known about these risks for more than four years. Researchers are telling dentists; but dentists are not telling parents."

This and other little-known adverse fluoride health effects led Connett to co-author, "The Case Against Fluoride: How Hazardous Waste Ended Up in Our Drinking Water and the Bad Science and Powerful Politics that Keep it There," with James Beck, MD, PhD, professor emeritus of medical physics, University of Alberta and Spedding Micklem, DPhil, professor emeritus at Edinburgh University.

A recent review in The Lancet describes fluoride as "an emerging neurotoxic substance" that may damage the developing brain. The National Research Council (NRC) has identified fluoride as an "endocrine disrupter" that may impair thyroid function. A recent Harvard University study links fluoride to bone cancer.

"Approximately half of the newborns and infants I see in practice are fed formula reconstituted with fluoridated water, which I find alarming since the blood-brain barrier is not even developed until 6 months of age, placing these young infants at risk for neurotoxic effects that can be severe and permanent," says Dr. Yolanda Whyte, a pediatrician in Georgia. "Parents should be warned not to give fluoridated water to babies and children, and they should know that fluoride is also present in juice and other water-reconstituted beverages. I diagnose dental fluorosis on average 5 times daily, but fluoride doesn't only affect teeth, it can potentially affect the brain and nervous system, kidneys, bones, and other tissues in young children during their critical stages of organ development. A public awareness campaign is urgently needed."

FAN will launch a campaign in November to urge water companies and public-health officials to inform parents that fluoridated water should not be mixed into infant formula. "If the ADA and CDC won't educate parents, then FAN will," said Connett.

FAN is the leading science and advocacy group focused on health issues surrounding fluoride in water, food, air, pesticides, and industrial exposures. Dr. Connett was an invited presenter at the initial meeting of the NRC panel and FAN researchers submitted extensive scientific information throughout the panel's proceedings. Visit: www.fluoridealert.org

References:

- (1) 2010 Levy Study: <http://jada.ada.org/cgi/content/abstract/141/10/1190>
- (2) Hong L, Levy SM, et al. (2006). Timing of fluoride intake in relation to development of fluorosis on maxillary central incisors. *Community Dentistry and Oral Epidemiology* 34(4):299-309.
- (3) Levy SM, Guha-Chowdhury N. (1999). Total fluoride intake and implications for dietary fluoride supplementation. *Journal of Public Health Dentistry* 59: 211-23.
- (4) CDC statistics: <http://www.cdc.gov/mmwr/preview/mmwrhtml/figures/s403a1t23.gif>

SOURCE Fluoride Action Network


[Back to top](#)

RELATED LINKS

<http://www.fluoridealert.org>

Find this article at:

<http://www.prnewswire.com/news-releases/parents-should-be-warned-fluoridated-water-is-not-recommended-for-infants-104488049.html>

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Check the box to include the list of links referenced in the article.



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4593 1-800-852-3345 Ext. 4593
Fax: 603-271-4827 TDD Access: 1-800-735-2964



Date: February 1, 2011

To: Members of the House Health and Human Services Committee

From: Dr. José Montero, Director of the Division of Public Health Services

RE: HB 312, relative to notice required for the fluoridation of drinking water.

The Department of Health and Human Services, Division of Public Health Services wishes to inform the committee that the suggested "fluoride statement" in HB 312 is not factual. The recommendations of the Centers for Disease Control (CDC) and the American Dental Association (ADA) are not for infants under 12 months of age, but rather for infants whose primary source of nutrition is formula. There is a substantive difference in that the language in the bill seems to indicate that any amount of fluoride in formula may be hazardous to a child under 12 months of age, while the CDC and ADA language makes clear that the risk of mild fluorosis exists only in children whose primary source of nutrition is formula.

If the committee chooses to move forward on this legislation, the Department feels the bill should be amended using the following language in order to be consistent with the CDC and ADA:

"Your public water supply is fluoridated. If your child is exclusively consuming infant formula reconstituted with fluoridated water, there may be an increased chance for mild dental fluorosis, a change in the appearance of the tooth's surface. Consult your health care provider for more information."

If you have any questions on this information, please contact me at 271-4612.

Completion of Birth Worksheet for Hospital or Institutional Births
http://www.gencourt.state.nh.us/rsa/html/1/5-C/5-C-19.htm

TITLE I

THE STATE AND ITS GOVERNMENT

CHAPTER 5-C

VITAL RECORDS ADMINISTRATION

Birth Registration Forms and Procedures

Section 5-C:19

5-C:19 Completion of Birth Worksheet for Hospital or Institutional Births. –

I. A hospital, institution, birthing center, attendant, or parent shall file with the division a birth record for each live birth which occurs in the state of New Hampshire.

II. In the case of a hospital or institution live birth, a completed birth worksheet shall include the following, provided by personnel as indicated:

(a) The hospital or institution birth registrar or designee shall provide:

(1) Information regarding the child, including name, date and time of birth, and sex.

(2) Information regarding the facility, including name, street address, city or town, and county.

(3) Information regarding the mother including:

(A) Current name and maiden name.

(B) Date of birth and birthplace.

(C) City or town, county, and state of residence.

(D) Residential address and complete mailing address if different from the residential address, or, if the same as the residential address, her zip code only.

(E) Social security number.

(F) Usual occupation and the business or industry in which employed.

(G) Race.

(H) Level of education.

(I) Whether she was married at the time of the birth of child, or conception of child, or any time between.

(4) Information regarding the father including:

(A) Name.

(B) Date of birth and birthplace.

(C) City or town, county, and state of residence.

(D) Residential address and complete mailing address if different from the residential address, or, if the same as the residential address, his zip code only.

- (E) Social security number.
- (F) Usual occupation and the business or industry in which employed.
- (G) Race.
- (H) Level of education.
- (5) The method of payment for prenatal care and for delivery.
- (6) Statistical information from the mother, medical reports, and her physician regarding the mother and child including:
 - (A) Number of live births, not including this child, now living and now dead.
 - (B) Date of the last live birth.
 - (C) Other terminations of pregnancy, any time after conception.
 - (D) Date of the last other termination of pregnancy.
 - (E) Date last normal menses began.
 - (F) Month that prenatal care began.
 - (G) Total number of prenatal visits.
 - (H) Birth weight of the child.
 - (I) Clinical estimation of gestation in weeks.
 - (J) Plurality of the child, including but not limited to single, twin, or triplet.
 - (K) Birth order of the child.
 - (L) The Apgar score, which is an evaluation of a newborn infant's physical status, at one minute and at 5 minutes.
- (7) If the mother is transferred to another facility before or after giving birth, transfer information for the mother and child including:
 - (A) Whether the mother was transferred prior to delivery or after delivery.
 - (B) Whether the infant was transferred after delivery.
 - (C) Whether the child was living or dead at the time of the report.
- (8) Information regarding the medical aspects of the pregnancy including:
 - (A) Any medical risk factors for the pregnancy.
 - (B) Any other risk factors for the pregnancy.
 - (C) Any obstetric procedures performed during the course of the pregnancy.
 - (D) Any complications of labor and delivery.
 - (E) The method of delivery.
 - (F) Any abnormal conditions of the newborn.
 - (G) Any congenital anomalies of the child.
- (9) Indication from one parent whether the division shall be authorized to provide the Social Security Administration with data from the birth record in order for the Social Security Administration to issue a social security number.
- (10) Indication from one parent whether the division shall be authorized to release birth record information to the New Hampshire immunization registry.
- (11) Signature of the individual who interviewed the parent or other informant certifying that the information has been recorded exactly as given by the parent or other informant or has been taken from medical records.
 - (b) A parent or other informant shall provide his or her signature certifying that the information supplied is a true and correct representation of the facts to the best

of his or her knowledge; the date signed; and the informant's relationship to the child.

III. A physician member of the institution's obstetrics team or service, the chief of obstetrics, the chief of the medical staff or the hospital administrator shall, within 72 hours of the birth, certify that the child was born alive at the place and time and the date stated by providing:

- (a) His or her signature as certifier.
- (b) The date signed.
- (c) His or her name and title.
- (d) The name and title of the attendant if other than the certifier.
- (e) The attendant's mailing address.

IV. The birth worksheet shall not be signed by a parent or informant until the child has been given a name or the mother is being discharged from the hospital, whichever is sooner.

V. When both a physician and a nurse midwife are present at a hospital birth, the physician shall sign the birth worksheet and be named as the certifier, and the name of the nurse midwife shall be entered as the attendant at birth.

VI. When a physician is not present and a nurse midwife is present at a hospital birth, the nurse midwife shall sign the birth worksheet and be named as the certifier.

VII. Any item of information not obtainable shall be indicated as: "not known" when the information is not known; "not available" when the information is known but not immediately available; or "refused to provide" when the parent or informant refuses to provide the information.

VIII. In the case of an unwed mother, unless an affidavit of paternity has been executed, the notation "not stated" shall be entered in the spaces provided for information concerning the father.

IX. When a child is born in a moving conveyance, the city or town of birth shall be that city or town where the child was first removed from said conveyance.

X. When a married mother refuses to give information concerning her husband as father of the child, the hospital shall enter "not stated" on the birth record for all information pertaining to the father of the child.

XI. For a birth which occurred in a hospital or institution, the hospital or institution birth registrar or designee shall initially record information for the birth record on the birth worksheet and permanently retain the birth worksheet in the mother's medical record files at the hospital.

Source. 2005, 268:1, eff. Jan. 1, 2006.

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 312-L

BILL TITLE: relative to notice required for the fluoridation of drinking water.

DATE: 3/1/11

LOB ROOM: 205

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. DePentima

Seconded by Rep. Millham

Vote: 16-0 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: 16-0

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Susan Emerson, Clerk



HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 312-L

BILL TITLE: relative to notice required for the fluoridation of drinking water.

DATE: 3/1/11

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Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL Interim Study (Please circle one.)

Moved by Rep. DIPENTIMA

Seconded by Rep. MILLHAM

Vote: (Please attach record of roll call vote.)
16 - 0

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE:

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Susan Emerson, Clerk

Susan Emerson

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

Bill #: 312L Title: Relative to notice required for the fluoridation of drinking water

PH Date: 2/1/11

Exec Session Date: 3/1/11

Motion: ITL Amendment #: _____

MEMBER	YEAS	NAYS
Reagan, John M, Chairman		
Kotowski, Frank R, V Chairman	✓	
Pilliod, James P	✓	
Emerson, Susan	✓	
McMahon, Charles E	✓	
Barry, J. Gail	✓	
Millham, Alida I	✓	
Case, Frank G	✓	
Cusson-Cail, Kathleen J	✓	
Donovan, Daniel A	✓	
Fredette, Robert A	✓	
LeBrun, Donald L	✓	
Schmidt, Stephen J	✓	
MacKay, James R	✓	
Merrick, Evalyn S	✓	
DiPentima, Rich T	✓	
Harding, Laurie		
Deloge, Helen M	✓	
TOTAL VOTE:	16	0

Committee Report

CONSENT CALENDAR

March 2, 2011

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Committee on HEALTH, HUMAN SERVICES &
ELDERLY AFFAIRS to which was referred HB312-L,**

**AN ACT relative to notice required for the fluoridation
of drinking water. Having considered the same, report
the same with the following Resolution: RESOLVED,
That it is INEXPEDIENT TO LEGISLATE.**

Rep. Rich T DiPentima

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS
Bill Number:	HB312-L
Title:	relative to notice required for the fluoridation of drinking water.
Date:	March 2, 2011
Consent Calendar:	YES
Recommendation:	INEXPEDIENT TO LEGISLATE

STATEMENT OF INTENT

This bill would require communities that fluoridate their water supply to place a notice on water bills advising parents of children less than 12 months of age of the potential of developing dental fluorosis if they exclusively use tap water to reconstitute formula. This bill has a number of issues of concern for the committee. First, it would only address the 11 communities in New Hampshire that fluoridate their water and not include those small community water supplies with high levels of naturally present fluoride. The committee also was concerned that this bill may involve an unfunded mandate for the affected communities. The proposed language of the notice was not consistent with the recommendations of the Centers for Disease Control and Prevention (CDC) or the American Dental Association (ADA). Lastly, the committee feels that this concern is best addressed by parents discussing this issue with their child's physician or dentist.

Vote 16-0.

Rep. Rich T DiPentima
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

HB312-L, relative to notice required for the fluoridation of drinking water. **INEXPEDIENT TO LEGISLATE.**

Rep. Rich T DiPentima for HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS. This bill would require communities that fluoridate their water supply to place a notice on water bills advising parents of children less than 12 months of age of the potential of developing dental fluorosis if they exclusively use tap water to reconstitute formula. This bill has a number of issues of concern for the committee. First, it would only address the 11 communities in New Hampshire that fluoridate their water and not include those small community water supplies with high levels of naturally present fluoride. The committee also was concerned that this bill may involve an unfunded mandate for the affected communities. The proposed language of the notice was not consistent with the recommendations of the Centers for Disease Control and Prevention (CDC) or the American Dental Association (ADA). Lastly, the committee feels that this concern is best addressed by parents discussing this issue with their child's physician or dentist. **Vote 16-0.**

Original: House Clerk

Cc: Committee Bill File

COMMITTEE REPORT

COMMITTEE: HHS

BILL NUMBER: 312L

TITLE: Relative to notice required for the fluoridation of drinking water

DATE: 3-1-11 CONSENT CALENDAR: YES NO

- OUGHT TO PASS
- OUGHT TO PASS W/ AMENDMENT
- INEXPEDIENT TO LEGISLATE
- INTERIM STUDY (Available only 2nd year of biennium)

Amendment No. _____

STATEMENT OF INTENT:

COMMITTEE VOTE: _____

- | |
|--|
| <ul style="list-style-type: none">• Copy to Committee Bill File• Use Another Report for Minority Report |
|--|

RESPECTFULLY SUBMITTED,
DIPENTIMA

Rep. _____
For the Committee

HB 312, Relative to notice required for the fluoridation of drinking water. INEXPEDIENT TO LEGISLATE.

Rep. Rich T DiPentima for the Health, Human Services and Elderly Affairs Committee: This bill would require communities that fluoridate their water supply to place a notice on water bills advising parents of children less than 12 months of age of the potential of developing dental fluorosis if they exclusively use tap water to reconstitute formula. This bill has a number of issues of concern for the committee. First, it would only address the 11 communities in New Hampshire that fluoridate their water and not include those small community water supplies with high levels of naturally present fluoride. The committee also was concerned that this bill may involve an unfunded mandate for the affected communities. The proposed language of the notice was not consistent with the recommendations of the Centers for Disease Control and Prevention (CDC) or the American Dental Association (ADA). Lastly, the committee feels that this concern is best addressed by parents discussing this issue with their child's physician or dentist.



Vote