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Testimony against LD 1570: An Act to Prohibit Fluoridation of the Public Water Supply

Greetings Senator Ingwersen, Representative Meyer, and Honorable Members of the Committee on Health and Human Services. My name is Dr. Jasmine Landry, and I am a resident physician working and living in Portland, Maine. I represent the Maine Chapter of the American Academy of Pediatrics, and I am testifying in opposition of LD 1570.

I am in my fourth and final year of post-graduate training as a pediatrician and internal medicine physician. Too often I walk into a primary care clinic visit excited to talk with parents about their child's growth and developmental milestones but instead spend the visit addressing tooth decay. I have taken care of numerous toddlers and young children who experience such severe dental pain that they refuse to eat or talk, thus impairing their healthy development. Oral and dental health is an important component of primary care, and I counsel patients routinely on oral hygiene and cavity prevention. I recommend twice daily teeth brushing and regular visits with a pediatric dentist, and I apply fluoride varnish in clinic as recommended by the American Academy of Pediatrics and the US Preventive Services Task Force.¹ However, these preventive strategies only achieve intermittent fluoride application onto the teeth surfaces. Fluoridated drinking water provides a consistent low level of enamel protection throughout the day. Maintaining dental health requires a multipronged approach including community fluoridated water.

Community fluoridated water, or the addition of fluoride to public drinking water, is a safe and effective strategy to reduce dental decay. One meta-analysis found a 25% reduction in dental caries (cavities) in children and adults drinking fluoridated water.² Community fluoridated water has an even greater impact in communities with lower socioeconomic status, who experience higher prevalence of dental caries. This impact is likely due in part to the lower rates of annual preventative dental cleanings in these groups.³

The state of Maine experiences heightened disparities due to decreased access to preventative dental care in rural areas. Even in Cumberland County, more than half of children lack access to preventative dental care. In Cumberland County during the 2023-2024 school year, 30% of children screened at a school-based oral health program had untreated dental decay.⁴ In a statewide 2023 survey, around 1 in 5 Maine children reported missing school in the past year due to problems with their teeth.⁵ Without fluoridated water, these numbers would become even more concerning. In Canada, one province stopped fluoridating the water in 2011. In the following years, prevalence of dental caries was much higher than the neighboring province which maintained fluoridated water.⁶

Community fluoridated water is cost effective. Each person living in a community with fluoridated water saves an average of \$32.19 a year (in 2013 dollars) in dental care that would otherwise be needed to treat decay. If non-fluoridated water systems (serving at least 1,000 people) were to fluoridate, the authors estimated that as much as \$2.5 billion might be saved every year.⁷ These cost savings do not account for the economic impact of missed school and work days due to seeking care for dental disease.

Fluoridated water is safe, effective, and reduces dental health disparities for economically disadvantaged Mainers.

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I ask that you help protect the health and development of children in Maine by voting no on LD 1570. Thank you for your consideration, and please feel free to contact me with any questions.

Jasmine Landry, MD
Portland, ME

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