

Meghann Dombroski
Freeport
LD 1570

Re: Opposition to LD 1570

Dear Chairpersons Ingerwersen and Meyer and Members of the Committee,
I am an orthodontist in both the private and public health sectors. I have a Master's in Public Health from Harvard University. I hold faculty positions at two dental schools and teach public health at the doctorate level.

I am writing to express my strong opposition to LD 1570, which proposes to prohibit the fluoridation of public water supplies in Maine. This bill threatens to reverse decades of evidence-based public health policy and would be especially harmful at a time when our state is facing a growing dental health crisis. You will likely hear testimony about the dangers of fluoride, but I would ask that you rely on scientific facts, some of which are highlighted here, not misinformation. The fact is simple. At concentrations used in the United States, fluoride has been shown to be effective and, it has not been shown to have negative effects. Fluoride is a naturally occurring element and much like any element, including Oxygen, taken in inappropriate dosages, it can be toxic. This committee should not rely on fearmongering in making public health decisions.

Maine has one of the lowest dentist-to-population ratios in New England. Many communities, particularly in rural areas, face severe shortages of dental providers. Much work is being done to fix some of these issues, but I face a truly heartbreaking level of decay on a daily basis. This is in part due to the fact that much of our state does not receive fluoridated water given its rural nature.

In this context, water fluoridation stands out as a critical public health tool. It is universal, cost-effective, and does not depend on a person's ability to seek clinical care. Removing it would disproportionately harm those already suffering from inadequate access to dental services. The effects of removing fluoride would be borne primarily by our state's poorest. Furthermore, the effects of removing fluoride will last a lifetime for these individuals. On a further note, many of our most vulnerable children are covered by MaineCare. If water fluoridation is banned, and decay rates sky rocket in this population, it will inevitably be paid for by MaineCare thus further burdening the Medicaid program and tax payers.

Community water fluoridation is one of the most effective public health strategies for preventing dental disease. According to the Centers for Disease Control and Prevention (CDC), fluoridated water reduces cavities by approximately 25% across all age groups (CDC, 2018).

Major systematic reviews have supported these findings:

- Griffin et al. (2007) reported consistent reductions in dental caries from water fluoridation across populations (J Dent Res).
- Whelton et al. (2019) confirmed the long-term effectiveness of water fluoridation in both children and adults.
- The American Dental Association, World Health Organization, and U.S. Department of Health and Human Services continue to support water fluoridation as a cornerstone of oral health.

Fluoride has been extensively studied for over 70 years, and the scientific consensus is clear: at the optimal level of 0.7 mg/L, fluoride in drinking water is safe for all populations.

- The U.S. Public Health Service (USPHS) reaffirmed in 2015 that 0.7 mg/L is both effective for preventing cavities and safe for lifelong consumption.
- The National Toxicology Program (NTP, 2020) concluded that fluoride at recommended levels poses no significant neurodevelopmental risk, while highlighting a need for more data on extreme exposure levels.
- The Australian NHMRC (2017) reviewed over 3,000 studies and found no adverse effects at community fluoridation levels.
- The European Scientific Committee on Health and Environmental Risks (SCHER, 2011) also found no credible evidence linking optimal fluoride exposure to cancer or

systemic toxicity.

- A landmark study by Broadbent et al. (2014) in New Zealand found no relationship between fluoridated water and lower IQ, directly challenging persistent misinformation.

These findings, backed by the CDC, ADA, and WHO, reinforce that fluoridation remains a safe, science- supported, and essential health intervention.

Eliminating fluoridation will result in more dental disease, especially among the most vulnerable. It will widen health disparities and increase long-term costs for families and the healthcare system. The punitive fines proposed in this bill would also place an unjust burden on municipalities that are following sound, science-based public health practices.

LD 1570 threatens a simple, proven, and equitable intervention that protects the health of Mainers across generations. In the face of Maine's worsening dental access crisis, eliminating fluoride would create needless harm, particularly for those already struggling with barriers to care.

I respectfully urge the committee to reject this bill and continue supporting water fluoridation as a vital public health measure.

Thank you for your time and service to the people of Maine.

Respectfully,

Meghann Dombroski DMD, MPH