HB 901

Department of Legislative Services

Maryland General Assembly
2011 Session

FISCAL AND POLICY NOTE

House Bill 901 (Delegate Kipke)
Health and Government Operations

Departments of Health and Mental Hygiene and the Environment - Fluoride Levels in Drinking Water - Study

This bill requires the Department of Health and Mental Hygiene (DHMH) and the Maryland Department of the Environment (MDE) to jointly conduct a study, in consultation with county boards of health throughout the State, regarding fluoridation levels in public drinking water in the State. DHMH and MDE must jointly report their findings and analysis to the General Assembly by September 30, 2012.

Fiscal Summary

State Effect: General fund expenditures increase by at least $75,000 in FY 2012 for contractual services associated with conducting the study. This reflects costs to DHMH only, as MDE did not respond to Legislative Services' request for an estimate of the fiscal impact of the bill.

(in dollars)	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
Revenues	$0	$0	$0	$0	$0
GF Expenditure	75,000	0	0	0	0
Net Effect	($75,000)	$0	$0	$0	$0

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: The bill's requirements can be handled with existing resources.

Small Business Effect: None.

Analysis

Bill Summary: The study, which is to be conducted for purposes of analyzing the proposed recommendation of the U.S. Department of Health and Human Services (HHS) to decrease the level of fluoride in public drinking water, must include:

- an analysis of the existing fluoride levels in the public water systems of public schools, large municipalities, and other local governments throughout the State;
- an analysis of the existing fluoride levels in bottled water sold in the State;
- a discussion of possible adverse health outcomes of ingesting water with levels of fluoride higher than those recommended under the federal Safe Drinking Water Act; and
- an analysis of impacts of fluoridation of public drinking water on public health, using data collected before and after fluoridation became standard.

Current Law/Background: Fluoride compounds are salts that form when the element fluorine combines with minerals in soil or rocks. Most water supplies contain some naturally occurring fluoride, but many communities (including most large cities) add fluoride to drinking water to promote dental health. The U.S. Centers for Disease Control and Prevention have called water fluoridation – which has been proven to effectively prevent tooth decay – 1 of the 10 great public health achievements of the 20th century. According to the U.S. Environmental Protection Agency (EPA), however, the exposure of young children to excessive amounts of fluoride can increase chances of developing pits (referred to as fluorosis) in the tooth enamel, although severe cases of this effect are rare in the United States and the problem is generally considered cosmetic.

In January 2011, HHS and EPA jointly announced that (1) HHS is proposing that the recommended level of fluoride in drinking water be set at the lowest end of the current optimal range (0.7 to 1.2 mg per liter) to prevent tooth decay; and (2) EPA is initiating a review of the maximum amount of fluoride allowed in drinking water. (MDE currently recommends a level of 1 mg of fluoride per liter for public water systems.) The announcement came in response to a recent study, conducted at EPA's request, indicating that instances of fluorosis in children have increased as exposure to fluoride – which can now also be found in toothpaste and supplements – has grown.

The U.S. Food and Drug Administration regulates levels of fluoride in bottled drinking water and requires bottled water manufacturers to list fluoride additives on the product label.

State Fiscal Effect: General fund expenditures increase by $75,000 in fiscal 2012 for contractual services associated with conducting the study.

DHMH advises that it requires one full-time employee and contractual services at a cost of more than $300,000 to implement this bill. (MDE did not respond to Legislative Services' request for an estimate of the fiscal impact of the bill.) However, Legislative Services advises that the added responsibilities of this bill are not permanent and rely, in part, upon data that are already available. For purposes of this estimate, Legislative Services assumes that additional relevant data are available to MDE and that the bill does not require DHMH to conduct any testing. Accordingly, Legislative Services believes that the study can be completed with a general fund expenditure increase of $75,000 for contractual services.

Additional Comments: DHMH advises that it could lose certain federal grant funds if its part-time fluoridation engineer's duties are redirected from projects beyond the scope of a certain federal grant-funded project. Legislative Services accounted for this in the estimate and does not expect the engineer's duties to be redirected.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): U.S. Centers for Disease Control and Prevention, U.S. Environmental Protection Agency, U.S. Department of Health and Human Services, U.S. Food and Drug Administration, Maryland Department of the Environment, Department of Health and Mental Hygiene, Department of Legislative Services

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