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Chairman Crum and members of the committee, thank you for allowing me to testify. I am Brian Smith, E.D., the President of Oral Health Kansas' Board of Directors.

We are the statewide advocacy organization dedicated to promoting the importance of lifelong dental health by shaping policy and educating the public so Kansans know that all mouths matter. We achieve our mission through advocacy, public awareness, and education. Oral Health Kansas has over 1,100 supporters, including dentists, dental hygienists, educators, safety net clinics, charitable foundations, and advocates for children, people with disabilities and older Kansans.

I do not have a dental background. In fact, I am the superintendent of the Galena Unified Schools in southeast Kansas. I became interested in promoting oral health when I joined Oral Health Kansas' Dental Champions Leadership Program. Through that program, I learned about the importance of oral health, and more importantly, I met many oral health professionals and advocates in southeast Kansas. Because of my involvement with oral health, we started a school-based dental clinic program in Galena that has spread throughout school districts in southeast Kansas. I have seen first-hand the results of preventive dental care for children. They are better able to learn, play and even compete in sports when they have good oral health.

Oral Health Kansas opposes HB 2372. The bill is based on blatant falsehoods and manipulated science. It undermines public health. A law like this has no place in a well-run system of limited and effective government. We fear that, if passed, this bill could threaten Kansans' access to optimally fluoridated water, which is the single greatest population-based strategy communities have to ensure good oral health for their citizens.

Water fluoridation has stood the test of time and research. As a superintendent of schools, I see the importance of preventive oral health every day. Over 70 percent of the students in my district receive free or reduced fee school lunches, which is a marker for poverty. While many children in poverty are eligible for dental benefits through KanCare, they face significant challenges to actually obtaining that care. Often, through no fault of their own, the elderly, the poor and people with disabilities join children in having trouble accessing dental care. For many, fluoridated water is the only regular tooth decay prevention they receive.

I am concerned about the impact removing fluoride would have on some of the poorest children in the state of Kansas. Water fluoridation is completely safe. If we do not maintain water fluoridation at the optimal level in our state, it will create a tremendous economic burden on the state of Kansas because oral health is critical in overall health. An unhealthy mouth creates an environment for dangerous bacteria that has been linked to cancer, Alzheimer's disease, and many other diseases and infections. It also greatly increases absenteeism among students, which impacts learning.

Beyond the health benefits, there is compelling financial argument to be made for community water fluoridation. As we and our partners testify, you will hear that the CDC says communities save \$38 for every \$1 they invest in water fluoridation. That is cost savings for everyone in the community, including private companies that provide dental and medical insurance, citizens with insurance, parents, safety net clinics, the uninsured, and KanCare.

Fluoridated water is an economic imperative. One of the reasons private companies offer dental insurance to their employees is to ensure a prepared, healthy workforce. Dental decay is painful, unattractive, and can lead to systemic illness, which negatively impacts a person's ability to work.

Even the U.S. Department of Defense issued a memorandum last year requiring water systems owned or operated by DoD installations to fluoridate the water as a way to "improve and sustain the military readiness and health of military personnel." Dental decay is cited as a significant reason military personnel are classified as non-deployable. That memorandum is included with our testimony.

It is also worth delving into the cost-savings fluoridation affords Medicaid programs:

- A Texas Department of Health study showed that their state's Medicaid program saved \$24 per child, per year from cavities prevented by drinking fluoridated water.
- Similarly, a New York state study found that the per recipient costs for Medicaid beneficiaries in less-fluoridated counties was \$23.65 higher; this group needed 33 percent more extractions, fillings, and root canals than beneficiaries in more fluoridated communities.
- And in Louisiana, low-income children living in parishes without fluoridated water were three times more likely to need dental treatment in a hospital operating room than their counterparts in fluoridated communities.

The committee has a copy of a testimonial from a parent in Minneapolis, Kansas, who described the effect on her children of moving from a fluoridated community to a non-fluoridated community. Her story is a powerful one about the value of fluoridation right here at home.

Many other organizations have submitted testimony to this committee to voice their support for water fluoridation in our state. They include Kansas Advocates for Better Care, Kansas League of Municipalities, Kansas Association of Local Health Departments, Kansas Association for the Medically Underserved, Kansas Association of Community Action Programs, Johnson County Health Department, and the Kansas Rural Water Association. The major health foundations in our state also joined together to support water fluoridation in a letter sent to the committee. A recent battleground for water fluoridation is Pinellas County, Florida. A prominent Republican County Commissioner there heard about this bill and weighed in with testimony as well. Finally, the committee has testimony from respected national organizations including the Children's Dental Health Project, American Dental Hygienists' Association, Pew Children's Dental Campaign and the Centers for Disease Control. This chorus of state, local and national voices joins Oral Health Kansas and me in urging the committee to maintain water fluoridation in our state as a safe and effective means of preventing tooth decay.

Tooth decay is *not* a rite of passage for children or a way of life for adults. It is a chronic disease, but is 100 percent preventable. Imagine if we could say other chronic conditions like diabetes, cancer and asthma were 100 percent preventable? How far would we go? How much would we spend? We know how to prevent tooth decay. Community water fluoridation is the broad public health measure that lays the foundation for other oral health prevention and treatment activities. Please continue to support community water fluoridation and the health benefits it provides by not passing HB 2372 out of committee. Thank you for your time and consideration. I am happy to stand for any questions.