

HOUSE BILL REPORT

ESHB 1251

As Passed House:

February 9, 2023

Title: An act relating to water systems' notice to customers of public health considerations.

Brief Description: Concerning water systems' notice to customers of public health considerations.

Sponsors: House Committee on Local Government (originally sponsored by Representatives Stonier, Bateman, Reed, Riccelli and Pollet).

Brief History:

Committee Activity:

Local Government: 1/24/23, 1/27/23 [DPS].

Floor Activity:

Passed House: 2/9/23, 97-0.

Brief Summary of Engrossed Substitute Bill

- Requires a public water system considering commencing or discontinuing fluoridation of its water supply to notify its customers and the Department of Health of its intentions at least 90 days prior to a vote or decision on the matter.
- Provides that a public water system that violates the notification requirements must return the fluoridation of its water to its prior level until the notification requirements have been satisfied.

HOUSE COMMITTEE ON LOCAL GOVERNMENT

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 7 members: Representatives Duerr, Chair; Alvarado, Vice Chair; Goehner, Ranking Minority Member; Jacobsen, Assistant Ranking Minority Member; Berg, Griffey

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

and Riccelli.

Staff: Kellen Wright (786-7134).

Background:

Fluoride is a naturally occurring mineral that can help protect teeth from decay. All water contains some amount of fluoride, particularly in southeastern Washington, though generally not at a level that is effective at preventing tooth decay. Some water providers therefore add additional fluoride to the drinking water they provide, a process known as fluoridation. Roughly 73 percent of Americans served by community water systems receive fluoridated water. As of 2015, 10 counties in Washington had 66 percent or more of the population receiving fluoridated water; seven counties had between 33 percent and 66 percent of the population receiving fluoridated water; and 22 counties had less than 33 percent of the population receiving fluoridated water.

A public water system is any system providing water for human consumption through pipes or other constructed means of transference, except for systems serving only a single residence or a system with four or fewer connections that serves a single farm. The water system includes collection, treatment, storage, and distribution facilities, as well as other facilities primarily used in connection with the system.

Public water systems are divided into two categories: Group A and Group B. Group A water systems are those that have met one or more of the following criteria:

- The system has more than 15 service connections, regardless of the number of people served.
- The system serves an average of 25 or more people for at least 60 days in a year, regardless of the number of service connections.
- The system serves at least 1,000 people for at least two consecutive days.

Group B water systems are those systems not included in Group A.

The Washington State Board of Health (Board) is required to adopt rules for public water systems. The Board has done so, including rules for Group A systems providing fluoridation of drinking water. In order to provide fluoridation, the operator of the water system must receive written approval of its fluoridation treatment facilities from the Department of Health (Department). The Board has prescribed the optimal fluoride concentration (0.7 milligrams per liter [mg/L]), the operating tolerance for fluoridation (0.5-0.9 mg/L), as well as requirements for fluoridation testing that must occur each business day and each month.

The test results must be submitted to the Department each month. Public water systems are not required to adopt fluoridation.

Summary of Engrossed Substitute Bill:

A public water system considering commencing or discontinuing fluoridation of its water supply must notify its customers and the Department of its intent to vote or decide on discontinuing fluoridation at least 90 days prior to the vote or meeting at which the decision on fluoridation will be made. This notification can be made by radio, television, newspaper, mail, electronically, or by any method that effectively notifies customers.

Only once notification has been properly provided can a public water system commence or discontinue fluoridation. Any public water system that violates the notice requirements must return the fluoridation of its water supply to its previous level until the notification requirements have been satisfied.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Many local jurisdictions go through a laborious process to add fluoride to their water, but there is not a public process for notification if that decision is later reversed. This would require notification of changes to drinking water that would have a significant impact on health. In some cases, water providers have stopped fluoride without communicating that to the community. This bill will ensure that the community is involved and knowledgeable about what is happening to its water, and allow communities to take action to protect their health if necessary. This bill would ensure timely, accurate information is provided to water providers when they are making decisions. Once local governments that are considering discontinuing fluoride receive the health information, they may decide not to. Water providers need to engage in decision making with community leaders. This would provide for a transparent process with scientific information and community involvement. All community members need access to accurate, science-based information. This bill is a simple and transparent way to ensure that information reaches the community and decisionmakers and that they have time to consider it. This bill allows officials to receive information before removing fluoride from their water, just as they would have before they began adding it. There is an extensive process for permitting fluoride, and many things are done to make sure that the water is safe to drink. Adding fluoride improves dental outcomes in the community, and is one of the easiest and safest ways to contribute to overall health improvements. The first city to add fluoride did so 75 years ago, and numerous high-quality studies have since demonstrated that fluoride is safe and effective, particularly in children and the elderly. Cavities are among the most common chronic health problems in children, and are almost entirely preventable. Dental disease can have

devastating impacts; children miss school, adults have trouble finding jobs, and seniors have a more difficult time eating. Fluoride can prevent 25 percent of tooth decay. Lack of fluoride hurts mostly rural, low-income, and underserved communities, including communities of color, which leads to thousands of people suffering unnecessarily. Children and the elderly have the highest rates of disease. Children can't generally choose what is available to eat or drink, and fluoride is an effective way of protecting those who can't protect themselves. Providing fluoride can help improve health inequities, since all people can benefit, regardless of their individual circumstances. In some communities, fluoride can be the only effective form of dental protection available. All reputable American medical associations support balancing fluoride in drinking water to prevent tooth decay and improve health. The evidence is so compelling that both the Centers for Disease Control and Prevention and the World Health Organization strongly encourage fluoridation. About 73 percent of Americans get fluoridated water, but only 50 percent of Washingtonians. All people in Washington should have access to fluoridated water. Water system operators can be even more important to public health than doctors and dentists. This bill is consistent with the Office of Drinking Water's mission to ensure safe and reliable drinking water. This is not a significant burden to water system providers.

(Opposed) The intent section of this bill is one-sided propaganda written by special interests, and is not fair and balanced. Propaganda should not be put into state law. This is similar to the propaganda around COVID-19 vaccines and mandate requirements, and those vaccines were shown to cause harms which were then censored. This causes people to lose faith and trust in public health advice, which is dangerous. No other states require the distribution of profluoride talking points. This bill places an inequitable burden on those that know of the harm of fluoride. The bill calls for the dissemination of the most current science, but the Department doesn't have the most current science, as it is complicit in the denial of the science relating to the harms caused by fluoride and in the exaggeration of fluoride's benefits. The bill should require the dissemination of both sides equally; instead it forces the dissemination of outdated false information. Similar language did not pass last session because it was not necessary. There is already a requirement for notice to state officials before stopping fluoride, and the Open Public Meetings Act requires public notice. Fluoride information is already included in water quality reports. This is not balanced, and would only require notice for stopping fluoride. There should be warnings of the harms of fluoride as well, including warnings for pregnant mothers and to not use fluoridated water to make formula. It would take control out of local decisionmakers' hands and only benefits one special interest. This bill would be a roadblock to good science, and would be an anti-science propaganda endorsement. There is no function for fluoride, and children have already ingested too much. Europe largely does not provide fluoride and has similar cavity rates. Few other countries have fluoride, and many ban it, including France, Germany, and Sweden. The claim that everyone recommends fluoride is false. The findings of the negative impact of fluoride on developing brains is very strong, and dozens of studies show a link between higher fluoride and lower IQs.

(Other) Water and sewer districts have no objection to providing notice about starting or

stopping fluoride, but the notice should be allowed to be provided in the same way as it is in the Open Public Meetings Act. The Department and local health jurisdictions could be notified in advance so that they can provide the information, rather than requiring the water provider to provide information for one side or the other.

Persons Testifying: (In support) Representative Monica Jurado Stonier, prime sponsor; Stephen Baker; Nicole Woodruff; Faaluaiana Pritchard, Asia Pacific Cultural Center; Vanetta Abdellatif, Arcora Foundation; Chris Delecki, Washington State Dental Association; Jennifer Zbaraschuk, Washington State Dental Hygienists' Association; and Priyanka Bushana.

(Opposed) Stuart Cooper, American Environmental Health Studies Project; Gerald Steel, King County Citizens Against Fluoridation; Bill Osmunson, Washington Safe Water; Olemara Peters, Washington Action for Safe Water; and Richard North.

(Other) Scott Hazlegrove, Washington Association of Sewer and Water Districts.

Persons Signed In To Testify But Not Testifying: None.