

Testimony
Opposition to House Bill 1605
House Human Services Committee
Representative Matthew Ruby, Chair
February 3, 2025

Chair Ruby, Vice Chair Frelich, and Members of the Committee:

I am Kim Kuhlmann, the Policy and Partnership Manager in North Dakota for Community HealthCare Association of the Dakotas (CHAD). In my position, I also facilitate the North Dakota Oral Health Coalition. On behalf of CHAD and our member health centers, I am writing in opposition to House Bill 1605, which seeks to prohibit community water fluoridation in North Dakota.

About CHAD and Community Health Centers

CHAD is a non-profit membership organization that serves as the Primary Care Association for North Dakota and South Dakota, supporting community health centers across both states in their efforts to provide health care to underserved and low-income populations.

Community health centers (CHCs) are non-profit, community-driven primary care clinics that serve all individuals, regardless of their insurance status or ability to pay. The community health center integrated care model includes primary care, mental health and substance use treatment, dental care, pharmacy services, and a range of case management services that can include help with transportation, finding community resources, or assistance with insurance and financial enrollments.

North Dakota is home to five community health center organizations that provide comprehensive, integrated care to more than 36,000 individuals at 22 locations in 20 communities across the state. Over forty percent of our patients are on Medicaid, sixteen percent of those patients are uninsured and over half earn incomes below the federal poverty level. **Three health centers in North Dakota provide dental care at seven locations**, with a new urgent dental clinic opening in Ray in February. Health centers served 11,912 dental patients with over 25,000 visits in 2023.

Scientific Evidence Supporting Water Fluoridation

For over 75 years, community water fluoridation has been recognized as one of the most significant public health advancements of the 20th century. The Centers for Disease Control and Prevention (CDC), and the American Dental Association (ADA) support fluoridation as a safe and effective means of preventing tooth decay.

Recent concerns regarding fluoride and neurodevelopment have been based on the National

Toxicology Program (NTP) Monograph, which reviewed studies on fluoride exposure and cognitive effects. However, the NTP report does not provide evidence of harm at the recommended level of 0.7 parts per million (ppm)—the optimal fluoridation level in the U.S. The American Academy of Pediatrics (AAP) and the ADA have both reaffirmed that at this concentration, fluoride continues to be safe, effective, and beneficial for oral health.

Public Health and Equity Considerations

Oral health is a crucial component of overall health, and low-income communities are disproportionately affected by tooth decay and dental disease. The CDC reports that fluoridated water reduces cavities by 25% across all age groups, making it an essential measure to improve health outcomes and reduce disparities.

Eliminating fluoridation would:

- Increase rates of preventable dental disease, particularly among children, seniors, and those with limited access to dental care.
- Worsen health disparities by disproportionately affecting low-income and rural communities that rely on community water fluoridation.
- Increase Medicaid and healthcare costs by shifting the burden to emergency dental visits and costly restorative procedures.
- Increase the need for dental care among low-income patients, who already experience significant wait times and difficulty getting dental care.

Economic and Cost-Saving Benefits

Community water fluoridation is not just a public health necessity but also a cost-effective intervention. Studies estimate that for every \$1 invested in fluoridation, \$38 is saved in dental treatment costs. If fluoridation is discontinued, North Dakota will likely see a rise in preventable dental conditions, increasing costs for both private insurers and state-funded health programs.

Conclusion

HB 1605 poses a direct risk to public health, economic stability, and health equity in North Dakota. CHAD strongly urges this committee to oppose HB 1605 with a DO NOT PASS recommendation and maintain the long-standing practice of water fluoridation, which has benefited generations of North Dakotans.

Thank you for your time and consideration.

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Community HealthCare Association of the Dakotas (CHAD)