

**MINUTES OF THE MEETING  
OF THE  
ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Seventy-Fifth Session  
May 27, 2009**

The Committee on Health and Human Services was called to order by Chair Debbie Smith at 2:18 p.m. on Wednesday, May 27, 2009, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at [www.leg.state.nv.us/75th2009/committees/](http://www.leg.state.nv.us/75th2009/committees/). In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (email: [publications@lcb.state.nv.us](mailto:publications@lcb.state.nv.us); telephone: 775-684-6835).

**COMMITTEE MEMBERS PRESENT:**

Assemblywoman Debbie Smith, Chairwoman  
Assemblywoman Peggy Pierce, Vice Chair  
Assemblyman Ty Cobb  
Assemblyman Mo Denis  
Assemblyman John Hambrick  
Assemblyman Joseph (Joe) P. Hardy  
Assemblywoman Sheila Leslie  
Assemblywoman April Mastroluca  
Assemblywoman Bonnie Parnell  
Assemblywoman Ellen B. Spiegel  
Assemblyman Lynn D. Stewart

**COMMITTEE MEMBERS ABSENT:**

None

**GUEST LEGISLATORS PRESENT:**

None

**STAFF MEMBERS PRESENT:**

Amber Joiner, Committee Policy Analyst  
Chris Kanowitz, Committee Secretary  
Olivia Lloyd, Committee Assistant

**OTHERS PRESENT:**

Charles Duarte, Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services  
Stacy Shaffer, Political Director, Service Employees International Union, Local 1107, Las Vegas, Nevada  
Joel Glover, DDS, Chair, Council on Legal and Legislative Matters, Nevada Dental Association, Las Vegas, Nevada  
Tyree Davis, DDS, Dental Director, Nevada Health Centers, Inc., Las Vegas Nevada  
Donna Hellwinkel, DDS, Private Citizen, and representing the Nevada Dental Association, Reno, Nevada  
Victor Sandoval, DDS, Professor and Chair, Department of Professional Studies, School of Dental Medicine, University of Nevada, Las Vegas, Las Vegas, Nevada  
Lawrence P. Matheis, Executive Director, Nevada State Medical Association, Reno, Nevada  
Michael L. Johnson, representing Northern Nevada Dental Coalition for Underserved Populations, Reno, Nevada  
David R. Laxalt, Carson City, Nevada, representing Nevada Dental Hygienists' Association, Las Vegas, Nevada  
Bobbette Bond, Las Vegas, Nevada, representing the Health Services Coalition, Las Vegas, Nevada; Nevada Health Care Policy Group, North Las Vegas, Nevada; and the Culinary Health Fund, Las Vegas, Nevada  
Lori H. Quinn, Private Citizen, Reno, Nevada  
Gay Langham-McNally, Private Citizen, Reno, Nevada  
Laurie Yarborough, Private Citizen, Reno, Nevada  
Lynn Chapman, State Vice President, Nevada Families, Sparks, Nevada  
Janine Hansen, President, Nevada Eagle Forum, Elko, Nevada  
Mary Jane Noblehart, Private Citizen, Reno, Nevada  
Tom Morris, Au.D., Private Citizen, Reno, Nevada  
John L. Wagner, Carson City, Nevada, State Vice Chairman, Independent American Party, Elko, Nevada  
June Wisniewski, Private Citizen, Reno, Nevada

Juanita Cox, Sparks, Nevada, representing Citizens In Action, Sparks, Nevada

Michael Pagni, Reno, Nevada, representing Truckee Meadows Water Authority, Reno, Nevada

**Chairwoman Smith:**

[Roll called. Quorum present.] Thank you all for your patience. We are in the last throes of the session, so things are a bit crazy and Committee members may be coming and going. In fact, I as the Chair have been double-booked to chair two meetings at the same time. So I will get things started here, and then Vice Chair Pierce will take over while I go close the Capital Improvement Projects' budget.

While we have a quorum, I would like to vote on a couple of bills, and there is a letter of intent I would like to consider. Let us begin with Senate Bill 78 (1st Reprint).

[Senate Bill 78 \(1st Reprint\)](#): Authorizes the Division of Mental Health and Developmental Services of the Department of Health and Human Services to regulate the provision of certain services to persons with mental retardation and persons with related conditions. (BDR 39-338)

**Amber Joiner, Committee Policy Analyst:**

Senate Bill 78 (1st Reprint) was heard on May 20, 2009. [Read ([Exhibit C](#)).]

There were no amendments proposed during the hearing on this bill, and there was no testimony in opposition.

**Chairwoman Smith:**

Is there any discussion?

ASSEMBLYWOMAN PARNELL MOVED TO DO PASS  
SENATE BILL 78 (1st REPRINT).

ASSEMBLYWOMAN LESLIE SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN COBB AND HARDY  
WERE ABSENT FOR THE VOTE.)

**Chairwoman Smith:**

Let us move on to Senate Bill 24 (1st Reprint).

**Senate Bill 24 (1st Reprint):** Requires the Director of the Department of Health and Human Services, within the limits of available money, to include in the State Plan for Medicaid a program to provide preliminary determinations of eligibility for certain assistance. (BDR 38-450)

**Amber Joiner, Committee Policy Analyst:**

This bill was sponsored on behalf of Clark County and was heard on May 12, 2009. [Read ([Exhibit D](#)).]

There were no amendments proposed during the hearing on this bill, and there was no testimony in opposition.

**Chairwoman Smith:**

The Committee was concerned about the fiscal note that was attached to this bill when we originally heard this bill, even though the language is more enabling. I discussed with the sponsors of this bill the possibility of entertaining a letter of intent, so that they could begin to explore their options regarding presumptive eligibility. I also discussed the idea with Assemblywoman Leslie, as she is the Vice Chair of the Committee on Ways and Means, and our fiscal staff, and we came to the conclusion that we would probably feel more comfortable if that letter of intent, if it was appropriate, came from the Ways and Means Committee, since it really is a fiscal issue more than a policy issue. If the Committee would entertain the idea, I would suggest we rerefer this to Ways and Means, and then that committee can consider the possibility of a letter of intent.

ASSEMBLYWOMAN PIERCE MOVED TO REREFER SENATE BILL 24 (1st REPRINT).

ASSEMBLYMAN HAMBRICK SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN COBB AND HARDY WERE ABSENT FOR THE VOTE.)

**Chairwoman Smith:**

You should all have a copy of a letter of intent ([Exhibit E](#)). We heard information early in the session regarding the Breakfast in Schools program, as it relates to healthy kids and healthy students, and certainly relates to student achievement. I was very interested in the fact that we seem to be leaving a lot of dollars from the federal level unused, because we do not avail ourselves of all the opportunities with the Breakfast in Schools program. So I talked to the people who represent the food bank about us providing a letter of intent to the school superintendents asking them to work on developing a

program for us to start capturing more federal funds for Breakfast in Schools programs. As you see in the letter, there are a lot of options that can be utilized in this state, and we are not partaking in anywhere near the number we could. We are leaving millions of dollars on the table. I had entertained the idea of the Committee sending a letter of intent to the school superintendents and to the State Superintendent, asking them to please begin developing a program and report back to the Legislature.

Is there discussion?

**Assemblywoman Mastroluca:**

I just wanted to say thank you for doing this. I have done a lot of research on this subject since I came to the Legislature, and this has been one of the most disappointing things that I have seen: the lack of the use of federal money that is available for food for children in schools that we are not taking advantage of. Thank you for doing this.

ASSEMBLYWOMAN MASTROLUCA MOVED TO SEND THE LETTER OF INTENT.

ASSEMBLYMAN STEWART SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMAN HARDY WAS ABSENT FOR THE VOTE.)

**Chairwoman Smith:**

The last thing that I want to mention is a piece of information. You should all have a notice from the Division of Welfare and Supportive Services ([Exhibit F](#)), offering to do a demonstration tomorrow, between 2:00 and 3:30 p.m. in room 3100, of the online application process for the Welfare Division that we have heard so much about. We are putting a lot of resources into this program, and it is really exciting that we will be able to streamline this process, both for our staff and for our citizens in this state. It will be much more efficient, and I think it will ultimately save a lot of money. If you would like to see how this works, because we have heard so much about it, go and see this presentation.

I am going to go ahead and start out of order and take the second bill on our agenda. I will open the hearing on Senate Bill 382 (1st Reprint) and turn the meeting over to the Vice Chair, so I can attend to the other business I have to take care of.

**Vice Chair Pierce:**

This bill was sponsored by the Senate Committee on Health and Education. Mr. Duarte is going to present the bill.

**Senate Bill 382 (1st Reprint):** Revises provisions relating to disproportionate share payments to certain hospitals. (BDR 38-1105)

**Charles Duarte, Administrator, Division of Health Care Financing and Policy,  
Department of Health and Human Services:**

This bill comes to you from both the Senate Committee on Health and Education and the Senate Committee on Finance. It has gone through a significant revision in terms of the first reprint. I have provided written testimony ([Exhibit G](#)), but I am just going to summarize my testimony for you.

The intent of the bill overall is to make sure that we are in compliance with new federal regulations, as well as existing federal regulations, associated with payments to hospitals that serve a disproportionate number of uninsured and Medicaid clients. This program currently provides payments to hospitals in the amount of approximately \$88 million a year. The vast majority of the state match comes from Clark County, in terms of an intergovernmental transfer. About \$1.5 million of the state match comes from Washoe County. In addition, excess governmental transfer funds are used as a state net benefit to fund Medicaid services in the Medicaid budget.

Under the American Recovery and Reinvestment Act of 2009 (ARRA), the amounts of payments to hospitals are going to increase to approximately \$95 million in Fiscal Years 2010 and 2011, which presents an opportunity for us to make sure that we are in compliance and can make best use of these moneys. The compliance issues are going to require that we make significant revisions to the current statute as well as the Nevada State Plan for Medicaid, primarily for fiscal accounting, auditing, and redistribution of funds. However, there are other issues that are in play that may require revision to the statute as well as the State Plan for Medicaid. This is a very controversial issue, as many of you know. Within the constraints of time, energy, and resources that we have had during this session, the Senate Finance Committee made the decision to basically allow the Department to develop regulations in state Fiscal Year 2010 and to present those to the Legislative Committee on Health Care and to the Interim Finance Committee before the statute sunsets. This bill actually allows the statute to sunset June 30, 2010, with regulations and a new Medicaid State Plan to be in place July 1, 2011, which would allow for compliance with the federal Disproportionate Share Hospital (DSH) statutes, so that we can continue making these payments to hospitals. The regulations

would be in place until the next legislative session, and they could always be reconsidered at a later date.

The other important aspect of this bill is that in section 7.5, the Senate indicated that they wanted to include some transitional language, which defines the intent of this bill "for purposes of guiding the department in establishing regulations." Specifically in section 7.5, it emphasizes the important role of public hospitals in providing health care in the state and the role of rural hospitals in providing health care in the state; makes sure that resources to hospitals that have demonstrated a commitment to serving the uninsured and patients on Medicaid are met; provides some transitional payments to hospitals that were receiving DSH payments before July 1, 2010, before the change in regulations, which subsequently may no longer be DSH eligible and, hence, not receive DSH payments; ensures that all DSH funds are expended; makes sure that state revenue is available for DSH payments to fill any losses in revenue from the counties; and provides reports to the Legislative Committee on Health Care and the Interim Finance Committee on the status of regulation development. It also allows for these regulations to be adopted in a manner consistent with section 6 of the bill; they have to be adopted on or before June 30, 2010.

A number of the stakeholders involved thought that this would be the best approach to deal with the revisions that are necessary to the DSH statute, rather than trying to deal with a controversial issue during this very difficult legislative session.

**Assemblywoman Leslie:**

I know how difficult the DSH program is, and I know this is where you ended up in the Senate, so there is not much that we can do about it, but I am not thrilled about it because we are giving up our ability to process a DSH bill. I do have a couple of questions, though. On page 10, line 22, in section 7.5, subsection 1, paragraph (f), where it says "Increasing state revenue available for disproportionate share payments"—where is that going to come from? What are people envisioning?

**Charles Duarte:**

That is a good question. Obviously there are not any additional state revenues that are available to offset or to increase funding in other pools. I think many of you may understand that the funding in the current statute is provided to a set number of pools. Primarily, funding goes to public hospitals in Clark County, University Medical Center, but there is a second pool in Clark County and those are private hospitals. I think there has been a lot of pressure to try to increase the total amount of DSH funding to that pool. To do so, we would have to

relieve Clark County of the obligation of paying their portion of the intergovernmental transfer moneys and would also have to increase State General Fund expenditures, to increase that private pool funding. To be frank, I do not know where that would come from in this coming interim, so it may be required for us to maintain the current funding status for each of these pools and to look for ways of funding that in future biennia.

**Assemblywoman Leslie:**

I understand that it says that these are just guidelines to consider, I just wanted to get on the record that there is no money. People need to understand that. Also, at line 15, paragraph (d) in that same section, it says "Providing transitional payments for hospitals"—where was that money going to come from?

**Charles Duarte:**

I think that issue is really going to be dependent on which hospitals are affected, and I cannot make a prediction as to which ones may be, nor how much DSH funding they are receiving right now. It may be just a matter of a very small amount of money to a rural hospital that is highly dependent on that revenue stream, and if they happen to lose that it becomes an issue of materiality in the Medicaid budget as to whether or not we want to fund that small amount of money to keep a rural hospital viable. The issue is really going to be dependent on which hospitals are affected and to what degree.

**Assemblywoman Leslie:**

My final question then is this. My understanding of how this bill works is we are giving you these guidelines, even though we know, under section 7.5, subsection 1, paragraph (f) of the bill, this is not going to happen, and you develop the regulations, and then do we go through the same process? You hold the workshops and eventually come to the Legislative Commission before the July 1, 2010 implementation date? I am just looking for the role of the Legislature in this. That seems to me the only point where the Legislature would have a say. What if they cannot come to an agreement? Then what happens?

**Charles Duarte:**

There are actually several points of contact and oversight afforded in the bill through the Interim Legislative Committee on Health Care and the Interim Finance Committee. We are going to be required to give periodic updates to both committees in terms of the status of regulation development. So while we are going through that public process of developing regulations, we will be periodically reporting to those two committees before it goes to the Legislative Commission. At that point, this would be established in the



*Nevada Administrative Code* (NAC), assuming it was approved by the Legislative Commission.

The question about whether or not we reach agreement is a pressing one, and it is one that I am very concerned about. We are always challenged to come up with some sort of compromise associated with this, but I think there are some constraints that may drive this more toward a reasonable conclusion. One is that, if we do not have an agreement, our State Plan as it is currently written is noncompliant, and we will not have a DSH program, period. I think that is probably the strongest piece of information that everybody has. Our DSH program will go away. That cannot happen.

**Vice Chair Pierce:**

Are there any other questions? Is there anyone else to testify in support of this bill? Is there anyone who would like to give opposed or neutral testimony?

**Assemblyman Hardy:**

If there is nobody else coming forward, is there someone who knows what we are going to do in order to transfer funds during the interim? We have a program, but how are we going to do that? Does it just continue?

**Charles Duarte:**

I am not sure I understand your question. Are you talking about the continuation of county funds coming to the state?

**Assemblyman Hardy:**

All of the funds have to go into those two different pools. Who disburses them? Do we just keep going the way we are going with no change, until we have regulations, and then the regulations will tell us how those funds are disbursed and which hospital they go to?

**Charles Duarte:**

Yes, that is correct. Status quo remains until June 30, 2010, or until the new regulations and State Plan are passed. Then we go along with the new regulations in terms of distribution.

**Assemblyman Hardy:**

Is there someone out there who has been there before us?

**Charles Duarte:**

In looking at other states and their distribution methodologies, it is almost like looking at Medicaid programs. You look at one, you have seen one. They are unique in each state, and they attempt to meet each state's unique needs

in terms of serving the indigent and uninsured. There is not a set standard of best practice that I can readily point to. Our intent with this bill is to come into federal compliance, so that we can continue to have a DSH program. Distribution is really going to be the difficult part, but for the state, maintaining a DSH program and being in compliance with federal regulations is our core principle.

**Assemblyman Hardy:**

So the principle has to have a practice, and the practice is going to be the same practice that we have now? Virtually the same method of operation?

**Charles Duarte:**

At least through June 30, 2010. I do not want to presuppose what the distribution methodology might look like.

**Vice Chair Pierce:**

Is there anyone who would like to give neutral testimony?

**Stacy Shaffer, Political Director, Service Employees International Union, Local 1107, Las Vegas, Nevada:**

I would like to echo Assemblywoman Leslie's comments and just say that we would have preferred that the issue had the opportunity to be resolved during the session, but obviously given the strict time constraints, we are absolutely committed to working with the state and all of the stakeholders during the interim to hopefully come to a resolution before the deadline.

**Vice Chair Pierce:**

Mr. Duarte, would you please come back to the table? Could you just review for us how the public process in the regulations will work?

**Charles Duarte:**

I do have to make a correction. I was under the mistaken impression that the Legislative Commission was going to approve this and that it would be established in the NAC. My understanding is that in the reprint, the language associated with developing the rules through the Legislative Commission was amended out. So those would be in the Division's regulations, which are established separate and apart from the Administrative Procedures Act. We have authority to do that. That being said, the Interim Finance Committee and the Legislative Committee on Health Care will be involved in the oversight of the development of the regulations and will be getting regular reports from the Division. In terms of the regulatory process, we would do this like we do any of our regulations, and that would be to notify all stakeholders, who would like to be involved in the development of these policies, and establish as many

workshops as we need, hopefully in northern Nevada as well as southern Nevada, and, to the extent possible, rural Nevada. We would be inviting all those groups including the hospitals, the counties, and other agencies who want to be involved in the development of this. Through those public workshops, we can begin to flesh out some of the revisions, if necessary, to the existing statute and State Plan, and then we can begin moving forward in terms of developing appropriate regulations and amending our State Plan for Medicaid.

In terms of timeframes, we have to back this up from June 30, 2010, and are aiming for completing this by April 2010 to afford us enough time for any changes that need to be made. We want to be able to get a State Plan amendment into the federal government for review and approval around April 2010.

**Vice Chair Pierce:**

Are there any other questions? Is there anyone else who would like to speak on S.B. 382 (R1)? I am not seeing anyone come forward, so I will close the hearing on S.B. 382 (R1).

I will now open the hearing on Senate Bill 311 (1st Reprint). The Committee will be in recess while we wait for Senator Matthews to arrive to present the bill.

[The Committee is in recess at 2:48 p.m.]

**Vice Chair Pierce:**

The Committee will come back to order [at 2:52 p.m.]. Senator Matthews is not able to be here, so Dr. Glover will present the bill.

**Senate Bill 311 (1st Reprint):** Requires the fluoridation of water provided by certain public water systems and water authorities in certain counties. (BDR 40-924)

**Joel Glover, DDS, Chair, Council on Legal and Legislative Matters, Nevada Dental Association, Las Vegas, Nevada:**

I have practiced general dentistry in Reno, Nevada for 38 years, and I serve as the Chair of the Council on Legal and Legislative Matters for the Nevada Dental Association.

The 60th anniversary of fluoridated water was in 2005. Fluoride has been used in this country now for 64 years. Sixty-nine percent of the people in our nation receive fluoridated water. According to the latest statistics, in Nevada,

72 percent of our population now receives fluoridated water. That was due to the passage of Assembly Bill No. 689 of the 70th Session in 1999, which required fluoridation of the public water systems in Clark County. We want to let you know that the Nevada Dental Association wants to make it very clear how wonderful fluoride has been in Clark County. We have seen the decrease of dental decay in our children and tremendous savings on dental care. Senate Bill 311 (1st Reprint) would do the same thing in Washoe County. It would provide fluoridation for the water supplies in Washoe County, and hopefully we would have the same results, which would be a lessening of tooth decay and great savings of state dollars in repair of tooth decay for those populations who are receiving state aid.

You will be hearing testimony from three practicing dentists today. Doctor Tyree Davis is the Dental Director of the Nevada Health Centers. That organization offers a sliding fee for uninsured patients in Clark County. You will hear from Dr. Victor Sandoval, who is a professor at the University of Nevada, Las Vegas School of Dentistry. They did a seven-year period study across the state, showing the effectiveness of fluoridation. Finally, you will hear from Dr. Donna Hellwinkel, who has practices in the underserved areas of northern Nevada with the Saint Mary's Mobile Dental Health Team. She will provide experience regarding her work on oral disease in the Washoe County area.

You are going to hear a lot of testimony from those who believe that fluoridation is associated with disease and that the fluoridation of the water supply is an infringement of civil liberties. We have provided each of you with the 2005 Fluoridation Facts ([Exhibit H](#)), which is a manual that was produced by the American Dental Association which explains exactly how fluoride works. It is not a junk-science article. We are very serious about wanting to provide better oral health services and save dollars. We feel that the fluoridation of our water supply in northern Nevada will do just that.

[At the request of the Chair, Joel Glover's testimony ([Exhibit I](#)) was entered into the record.]

**Assemblyman Hardy:**

You have alluded to a few things. Could you tell us what it would cost to implement this?

**Joel Glover:**

You should have the info on your desk.

**Assemblyman Hardy:**

Can you give me a figure?

**Joel Glover:**

The Truckee Meadows Water Authority (TMWA) has come up with a figure of \$1.53 per hook up.

**Assemblyman Hardy:**

Per month?

**Joel Glover:**

Initially. Actually, it would be 54 cents per connection per month.

**Assemblyman Hardy:**

Forever and ever?

**Joel Glover:**

I do not think anything is forever and ever when it comes to your water bill.

**Assemblyman Hambrick:**

One of the things that we have in front of us is a letter from the City of Sparks ([Exhibit J](#)). I should think most governmental organizations should be neutral on this issue, but in this letter, in the second paragraph, they have given an estimated expense of \$50 million to \$100 million. I am not saying it is right or wrong, and I have no way of judging that, so I am going to let you address that.

Regarding my other questions, the last paragraph of the letter states, "To summarize, the long term river environmental and sustainability impacts to the Truckee River related to this addition of fluoride are unknown, as well as the cost consequences in regional wastewater treatment plant and its operations which could potentially be substantial."

My first question is, did the voters of Washoe County already speak once on this issue, and what was the outcome? If that vote was taken, why do we need this again? And can you give me some comment on the cost factor that I raised earlier?

**Joel Glover:**

I have not seen the letter from the City of Sparks. Fifty million dollars sounds outrageously expensive, and I am not sure that number has merit. I would say, if you want to talk "black and white" facts, when 69 percent of the cities in the United States of America are fluoridating their water, and we have not seen any deleterious effects in the runoff of water in the municipal water systems, I do

not know why it would occur in Washoe County. I am sorry, what was your third question?

**Assemblyman Hambrick:**

You got to it. It was on the fact that the voters have already spoken on this.

**Joel Glover:**

It was voted on six years ago. In six years, we have seen what has happened in Clark County. We have seen a tremendous decrease in dental disease; we have seen a tremendous savings, about \$13 million in treatment costs; and we have seen a tremendous growth in the population. As a practicing dentist, I see a lot of patients who come to me and ask why in the world there is no fluoridated water. We think there has been a change in attitude and that the voters should have the opportunity to speak again.

**Assemblyman Hambrick:**

I agree with you that the voters should get to speak. But that should be a local issue, rather than an issue for the Legislature, correct? Why should the state come in and mandate these things? Why should it be decided at the state level rather than the local level?

**Joel Glover:**

We are following the way it was done in Clark County.

**Assemblywoman Spiegel:**

I am not sure if you can answer these questions, but on page 4 of the bill, in section 4, it talks about the advisory questions to be on the ballot in November 2010. My first question is, if the people vote "no," would the fluoridation immediately cease, and how would that happen?

**Joel Glover:**

I would assume that if the vote is to cease and desist the fluoridation of the water, it would cease and desist at that point in time, period.

**Assemblywoman Spiegel:**

My other question then is in section 5 of the bill, it says, "section 3 of this act becomes effective on October 1, 2013." But there is no section 3. So would that just go away? Is it just a drafting error?

**Joel Glover:**

Yes.

**Vice Chair Pierce:**

Are there any other questions for Dr. Glover? If there are none, Dr. Davis please proceed.

**Tyree Davis, DDS, Dental Director, Nevada Health Centers, Inc., Las Vegas Nevada:**

I am requesting your support of S.B. 311 (R1), which would require fluoridation of certain community waters. [Read prepared testimony ([Exhibit K](#)).

**Vice Chair Pierce:**

Are there any questions for Dr. Davis? I do not see any. Please go ahead Dr. Hellwinkel.

**Donna Hellwinkel, DDS, Private Citizen, and representing the Nevada Dental Association, Reno, Nevada:**

Thank you for giving me the opportunity to talk to you about S.B. 311 (R1). [Read prepared testimony ([Exhibit L](#)).]

**Assemblyman Stewart:**

I have received a lot of emails from people who are concerned about fluoride causing health problems. I have a couple of flyers here. One says that "Health authorities now agree that fluoride should not be given to infants" ([Exhibit M](#)). Another one says that fluoride causes an uptake of lead in children ([Exhibit N](#)). How would you respond to those?

**Donna Hellwinkel:**

As Dr. Glover indicated, fluoride was first put into water in Grand Rapids, Michigan over 60 years ago. The effects of this fluoride have been studied over and over again. The deleterious effects that you mentioned do not happen. It is in the facts and figures of the booklet that Dr. Glover provided to you ([Exhibit H](#)).

**Vice Chair Pierce:**

Is it my understanding that the amount of fluoride put in water has decreased over the years? That the parts-per-million (ppm) has been decreased, so that it is less now than it was before?

**Donna Hellwinkel:**

I believe that is correct. I think it ranges from 0.7 ppm to 1.0 ppm. Some of my colleagues may be able to answer these scientific questions better than I.

**Vice Chair Pierce:**

Are there any questions for Dr. Hellwinkel? If not, then we will go to Dr. Sandoval in Las Vegas.

**Victor Sandoval, DDS, Professor and Chair, Department of Professional Studies,  
School of Dental Medicine University of Nevada, Las Vegas, Las Vegas,  
Nevada:**

I appreciate the opportunity to speak with all of you today. [Read prepared testimony ([Exhibit O](#)).]

**Assemblyman Stewart:**

Do you feel that fluoride should not be given to infants? The flyer here ([Exhibit M](#)) states that there is a link between fluoride and bone cancer in boys.

**Victor Sandoval:**

To my knowledge, there have not been any deleterious effects. We do indeed recommend that infants and young children receive fluoride. The benefits are received as the tooth is growing in these young children, and that is when we can maximize the benefits. I am not familiar with any studies that show these deleterious effects or should lead us to have any caution toward that end.

**Assemblyman Hardy:**

If a person does not have fluoride in the water, and they use a supplement for their child, what is the cost? Should adults take a supplement as well? What would be the cost for that?

**Victor Sandoval:**

I do not have any cost estimates for you. I can say that if you receive a prescription from a dentist or pediatrician for a fluoride supplement, there will certainly be a cost. My educated guess would be pennies on the dollar for fluoridated water compared to a supplement.

With adults, you still get the beneficial topical effect that you would have with the water. As the Centers for Disease Control and Prevention (CDC) underscored for us, people of all ages will continue to get the benefits from fluoridated water.

**Assemblyman Hardy:**

So you estimate pennies on the dollar, pennies being the fluoridated water and dollar being the supplement? And it is a topical effect for the adult, and I believe that a fluoride supplement is still considered a prescription for which you would have to go to a doctor, which means the cost of the supplement would be magnified for some people who do not have insurance, correct?



**Victor Sandoval:**

Yes. The topical benefit continues throughout a person's lifetime. Obviously, every time you take a sip, you bathe the exposed tooth surfaces with the fluoride. The added value is when you incorporate this cavity fighting ability as the tooth bud is growing. You generally get people through the cavity prone years, if you will, and it maintains those strong teeth through those years if you incorporate the benefit of the fluoride into the budding teeth. You are getting the added benefit of the topical bathing of the teeth every time you take a sip of the fluoridated water.

**Vice Chair Pierce:**

Mr. Matheis, please come up to the table.

**Lawrence P. Matheis, Executive Director, Nevada State Medical Association, Reno, Nevada:**

We support this bill. We are really relying on the science. I think there are three primary documents that we are referring to. The CDC did a fairly in depth overview ([Exhibit P](#)) of the all the clinical literature on public drinking water fluoridation. I have also included the Mortality and Morbidity Weekly Report on Fluoride ([Exhibit Q](#)). They are both good resource documents, and I think it answers a lot of the concerns that are often more hypothetical than based on looking at the evidence and looking at the clinical studies of the evidence. The other source that is most definitive is from the National Academy of Sciences ([Exhibit R](#)). They performed a complete study of all the scientific literature on the drinking water standards, went through all of the clinical literature on purported illnesses or adverse results, and found that the science did not indicate that there were significant adverse results. Those two studies are valuable for those who wonder whether there is a consensus in the science. There is a consensus in the science. There are other policy, political, and cost issues that always have to be evaluated, but in terms of the scientific and clinical consensus, that is really overwhelming on this. As overwhelming as it is on issues like tobacco.

For Nevada, we went through the late 90s having one of the worst records of the impact of dental carries in children on our health care system in the country. The most noted one was in the Clark County emergency departments and hospitals, where that was the primary location for children presented with dental issues. The numbers in Clark County since the adoption of the water fluoridation have now gone to approximate the national mean in all of the other communities that have water fluoridation. That means the visits to the emergency departments have now changed, dramatically. It is not about the tooth decay, the dental carries, the infections, and the pain that is related to that. It is still there for some, but the data do demonstrate what the national

studies have consistently shown: That dental carries dramatically decrease and the secondary problems resulting from dental carries in children also dramatically decrease when fluoride is provided. Now it is a question of whether the families in the Truckee Meadows are going to be able to replicate the same national experience that has now gone on for three generations.

**Assemblyman Stewart:**

These things that I have brought up about bone cancer risk to infants and so forth, you would not have a concern with them, as a medical doctor?

**Lawrence Matheis:**

I am not a physician.

**Assemblyman Stewart:**

Then, as representing the medical community?

**Lawrence Matheis:**

Those concerns have been studied, and there is simply no scientific support justifying that conclusion.

**Vice Chair Pierce:**

Mr. Johnson, if you could please come forward.

**Michael L. Johnson, representing Northern Nevada Dental Coalition for Underserved Populations, Reno, Nevada:**

I am going to defer my comments for the sake of the Committee's time. I think the issue has been well covered, and I offer no new information to this issue. I do support S.B. 311 (R1).

**Vice Chair Pierce:**

Mr. Laxalt, please come to the table.

**David R. Laxalt, Carson City, Nevada, representing Nevada Dental Hygienists' Association, Las Vegas, Nevada:**

You should have a letter indicating our support for S.B. 311 (R1) ([Exhibit S](#)). We support the bill.

**Vice Chair Pierce:**

Is there anyone who would like to speak in support of S.B. 311 (R1)?

**Bobbette Bond, Las Vegas, Nevada, representing the Health Services Coalition, Las Vegas, Nevada; Nevada Health Care Policy Group, North Las Vegas, Nevada; and the Culinary Health Fund, Las Vegas, Nevada:**

In 1996, I went to work for the Culinary Health Fund, and my job at that time was the Communications Coordinator. Over the course of the next five years, my job evolved from communications to patient advocacy. The number one issue that we had those years was what to do about our 1-year-olds to 6-year-olds, who had so much dental decay and so much difficulty with their dental care that they had these emergency room bills, but more importantly, they amassed anesthesia bills because they had to be admitted to the hospital and go through substantial anesthesia treatment to get their damaged teeth repaired, because they could not be treated in a dental chair. When dental fluoride started in 1999 or 2000, I was still doing a lot of patient advocacy, and we started to see that by 2005 and 2006, our problems with kids with high decay were disappearing.

My story is more anecdotal, but it is based on numbers that I can provide to the Committee regarding the trend that we have seen. This is one of the easiest, smartest, and least expensive ways to protect our children and our communities. I think most all of the health plans are in favor of prevention, in general.

**Assemblywoman Mastroluca:**

In your experience, is there anything else that you find that is as efficient in helping with tooth decay in children?

**Bobbette Bond:**

No. We would like more education and communication. It does make a difference, but it is not enough, especially in a community where children are in childcare a lot during the day. The other thing that we have had great success with is topical fluoride and sealants. That has helped.

**Vice Chair Pierce:**

Are there any other questions? Seeing none, is there anyone else to speak in support of S.B. 311 (R1)? Is there anyone who would like to speak in opposition?

**Lori H. Quinn, Private Citizen, Reno, Nevada:**

I am here to represent cancer patients today. A couple of things I am the daughter of a dentist. I grew up as the daughter of a dentist and a health food person in southern California. I used to see photographs of children with carries. My father used to show us that when we were kids so that we would brush our teeth. I was raised with this stuff, and I know every argument.

The question that Assemblyman Hambrick raised about the cost, it is on the record in the Senate, and it is exorbitant. The other thing is, regarding the poison issue, I picked up this tube of fluoride toothpaste. [Held up toothpaste to the Committee.] It says here, "Warning: keep out of reach of children under six years of age. If more than used for brushing is accidentally swallowed, get medical help or contact poison control center right away." Another thing is I do not know if you have seen the advertisements on TV, but now they do make toothpaste for children, specifically for children, with no fluoride in it. The logical thing to conclude here is that the dentists are pushing this for a certain reason. Who in this room has never had a root canal? I have had a couple, and it is not from a lack of brushing my teeth. I think these children that are getting root canals are getting them done because they can. Twenty years ago we would not be doing these baby root canals on children. I am not a dentist, but I do remember that our adult teeth come in much later, so I do not know why they are not simply pulling these baby teeth, but that is another issue.

If you look at indigenous people, they all have beautiful teeth. It has to do with diet, and I will personally make an effort to assist the people in these clinics to pass out toothbrushes and help with education, because that is what we need to do.

Cancer patients are not allowed to drink fluoridated water. Anyone who is undergoing cancer treatment is supposed to drink nonfluoridated water. There are many people who do not know that they have cancer right now. We are talking about prostate cancer, breast cancer, ovarian cancer, etc.

The last point I want to make is that the people have voted this down. Not once, not twice, but three times.

**Vice Chair Pierce:**

Are there any questions for Ms. Quinn? I do not see any. Please proceed, ma'am.

**Gay Langham-McNally, Private Citizen, Reno, Nevada:**

I am a clinical nutritionist, and one of the things I think is important is that we understand that fluoride, on the periodic table, is the most reactive element. It is very reactive with chlorine, which is in our water supply. With that information, it is scientifically prudent to think, very carefully, about how much fluoride we are getting. I have a document that we passed out entitled *Meeting Water Fluoridation Goals* ([Exhibit T](#)). On pages 3 through 6, you get an idea of the foods, the amount of fluoride that is in certain foods, and the fluoride that is in medications. If you just take a moment to look, you will probably see some medications that you or people that you know are taking.

On page 7, there is a sample of fluoride intake for the tooth-developing population. It indicates that they would be getting as much as ten times as much fluoride as they would need for daily intake because of the food and medication supply. The food supply is contaminated with fluoride because of the fluoridated pesticides and food processing that is done in areas where the water is fluoridated. The World Health Organization (WHO) in 1994 said that dental and public health administrators should be aware of the total fluoride exposure in the population before introducing any additional fluoride program. I think that is very prudent.

**Vice Chair Pierce:**

Are there any questions for Ms. Langham-McNally?

**Assemblywoman Mastroluca:**

Is it not true that excess fluoride is filtered out of your body through your kidneys, so that your body is not absorbing more than it needs?

**Gay Langham-McNally:**

Actually, not. It builds up in some people's systems more than others and can cause problems.

**Assemblywoman Mastroluca:**

I would love to see the data that show that.

**Vice Chair Pierce:**

Ms. Yarborough, please proceed.

**Laurie Yarborough, Private Citizen, Reno, Nevada**

I would like to start by addressing the question regarding infants, because I think this is incredibly critical. We are trying to address a population of a poor and needy underserved group. All of you have a copy of this flyer ([Exhibit M](#)), and it is not meant to look like a poison label or a scare tactic. This is true information that was taken directly from the CDC, the American Academy of General Dentistry, and the American Dental Association (ADA). On November 9, 2006, based on a National Research Council report, which was a 500-page document, the American Dental Association warned that fluoridated water should not be mixed into concentrated formula or foods intended for babies one year and younger in order to avoid moderate dental fluorosis (white, yellow, or brown stains affecting the tooth surface). The CDC stated that using fluoridated water for infant formula may influence a child's risk for developing enamel fluorosis. I have the references to each one of these at the bottom of the page.

Those professionals sat up here and said over and over that it was "safe and effective," as if repeating it makes it true. We also say, show us the science. I will provide you with every document that I possibly can to show you that the science is not all in support. In fact, there is an unbelievable growing number of professionals that are questioning this. Right now there are over 2,400 professional, medical, dental, and environmental people, along with 14 Nobel Laureates, who have signed a national petition to stop fluoridation, because of the cumulative effect of the fluoride on the body. Yes, 50 percent of the fluoride will be excreted through your kidneys, but that does not take into account renal dysfunction and kidney issues.

I have three children. My first-born has no fluorosis. My second was a juice drinker. He still brushed his teeth, still ate his vegetables, still took good care of his teeth, and went to the dentist every six months. There were no issues. My third child preferred a lot of milk and maybe cheese, which I am sure provided him with lots of calcium that strengthened his teeth. My second son developed white spots on his teeth, which the dentist said was normal and that his teeth were great. Another mom told me that it was due to too much fluoride. This was when he was very young. He is preparing to graduate from high school now. I have been studying this issue for a long time because I was getting no answers from the professionals, just like you have received no answers from the professionals who sat up here today and gave you their rubber stamp of approval. Even their own dental journals are saying that fluoride is topical, not systemic. What part of dental school actually covers the ingestion and systemic effects? Have they studied epidemiology? Have they studied allergy? Have they studied brain research? I am offended by anyone who would call our countless hours of research "junk science."

**Vice Chair Pierce:**

Ms. Yarborough, we have a lot of people who are signed in to speak, so if you could please begin to wrap it up.

**Laurie Yarborough:**

I have given you a tremendous amount of information ([Exhibit U](#)). It is not intended as a scare tactic, because I believe and know that beyond this I have discovered what the problems are, and I have found amazing solutions that are occurring right now throughout the country.

My last comment is with all of the comments about the horrible tooth decay, not one person talked about baby bottle tooth decay. Seventy-two percent of the children in these Head Start programs have baby bottle tooth decay. This is a very ethnic issue.

Regarding all of these oral epidemics, if you look state-by-state, you will see that they are occurring everywhere. The Indian reservations have been federally mandated to be fluoridated since the 50s. Why then do the Native American Indians have a 265 percent higher incidence of tooth decay? I have the study to show it. We have to make an aggressive stance on diet and healthy lifestyle. Let us empower the weak, not weaken the strong. Let us educate, and let us do this in a forward and healthy minded way.

**Vice Chair Pierce:**

Are there any questions for Ms. Yarborough? Ok, I do not see any.

**Gay Langham-McNally:**

I just wanted to add that there is a study currently being conducted about accumulation of aluminum fluoride in the brain, and that being a cause of Alzheimer's disease.

**Vice Chair Pierce:**

I would like to remind the witnesses to please not repeat what has been said before and try to be concise. Ms. Chapman, please go ahead.

**Lynn Chapman, State Vice President, Nevada Families, Sparks, Nevada:**

I would like to start by saying that my daughter was home schooled. I had control over what she ate and drank. She did not have any cavities, and she has never had fluoride treatments or fluoride anything. She did not have cavities until she became a teenager and started drinking sodas. My grandmother did not live in a fluoridated area, she had her own teeth her whole life, and she lived to be 98 years old. I passed out some information. The first I would like to bring your attention to is a hand-out entitled *Notable Quotes* ([Exhibit V](#)). These are quotes from the Journal of the American Medical Association, Environmental Protection Agency (EPA) scientists, the Chief of Cancer Research, and other people and organizations, who are talking about problems like hip fractures, for which there were 340,000 hospital admissions in 1996, and they said that women had 75 to 80 percent of the hip fractures. Medicare costs for hip fractures were estimated at \$2.9 billion in 1991 according to the CDC. There is a lot of information on that page.

There is a website, <[www.nofluoride.com](http://www.nofluoride.com)>, and they have a lot of papers, and medical journal articles, and information from environmental, political, media, and government agencies that are not in favor of fluoride. They are new studies, mind you. Also, you can go to <[www.about.com](http://www.about.com)> and click on the chemistry link. It talks about how you can put filters on your home, but they cost \$3,000 to \$5,000 to take the fluoride out of your water, if you do not want it.

I have also provided an article entitled *U.S. Army Medical Command Concerned About Fluoridating* ([Exhibit W](#)). It was written by Dr. Phyllis Mullenix, who is a researcher who has been investigating the neurotoxicity of fluoride since 1987. She was asked by the U.S. Army Medical Command at Fort Sam Houston in San Antonio, Texas, for her opinion of fluoride. I have included her entire letter. Dr. Mullenix says in the letter that there are no advantages to water fluoridation and that the risks far exceed the benefits. I also included all her references and notes, and you can look those up if you so desire.

I also have provided you with a document entitled *EPA Scientists Oppose Fluoridation* ([Exhibit X](#)). Even our own EPA scientists have expressed their opposition to fluoride in the drinking water. In this paper—and they talk extensively about different types of research—I also have included all of their endnotes and literature citations.

I live in Washoe County, and I am very offended because I voted no on this issue. I do not want fluoride in my water. I do not want to water my lawn with fluoride, I do not want to take a shower with fluoride, and I do not want to put fluoridated water on my vegetable garden. We do not want fluoride. I am very offended that we have to go through this once again.

I would like to close with the cost of disease. The following 11 national associations and organizations have removed themselves from the American Dental Association's list of endorsements for fluoridation: the American Cancer Society, the American Heart Association, the National Kidney Foundation, the American Academy of Allergy and Immunology, the American Diabetes Association, the Society of Toxicology, the Chronic Fatigue Syndrome Activation Network, the American Psychiatric Association, the American Chiropractic Association, the American Civil Liberties Union (ACLU), and the National Institute of Municipal Law Officers. These organizations no longer endorse fluoridation of water. It is terrible to force Washoe County to do this when we have already said no. Please vote no on this bill.

**Vice Chair Pierce:**

Are there any questions for Ms. Chapman? Please proceed, Ms. Hansen.

**Janine Hansen, President, Nevada Eagle Forum, Elko, Nevada:**

I served on the ballot committee in 2002 regarding the issue of fluoride in Washoe County, which we opposed. By the way, the people voted for the third time: 58 percent against fluoride. I have seen the amendment proposed ([Exhibit Y](#)) by the Truckee Meadows Water Authority (TMWA), and I would like to say that if you are going to move this bill forward, this is the only fair thing to do. Allow the fluoride to be placed in the water only after the people have



had the right to vote. It seems to me very convoluted to force the fluoride and the costs in advance of actually allowing the people to vote on it, and it is a violation of their trust in you.

Recently, I had the wonderful opportunity to listen to *John Adams* by David McCullough. One of the things I learned from listening to that was he was the most instrumental person in bringing about the Declaration of Independence, beside Thomas Jefferson himself. I was listening to that just the other day, and these words came to my mind from the Declaration of Independence as I thought about this particular issue, because of the fact that the people have already voted on it three times. [Quoted the Declaration of Independence ([Exhibit Z](#)).] The people in Washoe County have already spoken that they did not want this. If you are determined to move this forward, then they should have this right, as proposed by the TMWA amendment, to have the opportunity to vote first. That is the only way that you can abide by the principles of the Declaration of Independence and utilize the consent of the governed.

I know you have heard a lot of information, and I would just like to make a couple of points about fluoride itself. The flyer that I passed out shows pictures of dental fluorosis ([Exhibit AA](#)). You have this yellow flyer that I have provided ([Exhibit BB](#)) from the CDC. The CDC has released the statistics that 41 percent of adolescents aged 12 to 15 have dental fluorosis, which means too much fluoride in the water, and 36 percent of teenagers aged 16 to 19 have dental fluorosis. This is very expensive to treat, and this may be one of the reasons that dentists make more money in fluoridated areas than they do in nonfluoridated areas. Dental fluorosis can be cosmetically treated; cost and success can vary significantly, depending on the treatment.

Earlier, you heard that the American Dental Association policy changed in November of 2006, recommending that only the following types of water be used to prepare infant formula. This is located in the *Professional Statement* I provided ([Exhibit CC](#)). Those included purified, distilled, deionized, and mineralized water. Why is this? A formula made with fluoridated water contains 250 times more fluoride than the average .004 parts per million concentration found in human breast milk in nonfluoridated areas.

At the last hearing, I figured out how much that would cost an average family if they had to buy nonfluoridated water. It would end up costing about \$680 a year for a family to buy bottled water if they had to avoid the fluoride, at a cost of \$5 per case of 24 bottles of water. That helps avoid the fluoride in the drinking water, but that does not avoid it in the bathing water. They would still be exposed to it there. One of the things that concerns me the most is the

issue of bone fractures in older people, which fluoride has been linked to. My mother is 93, and that is a great concern to me.

Fluoride has a statistically significant association with adverse effects, which include an increased risk of bone fractures, decreased thyroid function, lowered intelligence quotient (IQ), arthritic-like conditions, dental fluorosis, and osteosarcoma. There is a great deal of information available, and I would just mention that with this information, we have a responsibility, if we are going to force fluoride on people. If you are in favor of fluoride then you have to be willing to let the people vote, in advance of forcing it into the water. This is un-American to force this before a vote can take place. And why, if it is so good, would they be afraid to allow a vote? They stated that this was based on the results in Clark County. If you read the question that was on the Clark County ballot, you will see that most people would have read it and been confused. You had to vote "yes" in order to mean "no." This is the kind of convoluted process that makes people distrust government.

**Vice Chair Pierce:**

Do you remember the years this issue has been on the ballot?

**Janine Hansen:**

The most recent time was 2002. It was also earlier, perhaps in the 70s.

**Mary Jane Noblehart, Private Citizen, Reno, Nevada:**

While there are several economic, environmental, and health issues that could be talked about, I would like to focus on the health issues. [Read prepared testimony ([Exhibit DD](#)).]

**Assemblywoman Parnell:**

I have a general question. I am sorry I had to miss some of the testimony, but this appears to me, through the discussion and through the testimony, that this is about people who do not want fluoride in our system and are attacking the dentists, because they support this. I guess my question would have to be, why on earth would the American Dental Association be here supporting a bill, if in fact they would have fewer patients in their offices? That does not make sense to me. I could see if there was a suggestion that it is going to increase the number of people they see, or bring them financial benefit, but I cannot see that. I do not understand that logic.

**Mary Jane Noblehart:**

I wish that I understood as well. It does not make sense to me either. You can go online and read numerous studies that are opposed to fluoride. I do not understand the studies proponents are using.

**Janine Hansen:**

The information that I received was that in fluoridated areas, dentists make more money.

**Vice Chair Pierce:**

Are there any more questions for Ms. Noblehart? I do not see any. Please try not to repeat information that has already been given to the Committee. Dr. Tom Morris, please proceed.

**Tom Morris, Au.D., Private Citizen, Reno, Nevada:**

I would like to say, at this time, the important things that I wanted to talk about have already been made. Regarding Assemblywoman Parnell's question, one point that I would like to make is regarding the American Dental Association's policy change. In 2006, they recommended that only certain types of water be used in preparing infant formula, which was addressed earlier. In other words, the American Dental Association is concerned about infants receiving fluoridated water. I am a resident of Washoe County and have been all of my life. I have a family in Washoe County, I am opposed to fluoridating our water, and I urge you to vote "no."

**Vice Chair Pierce:**

What kind of doctor are you?

**Tom Morris:**

I am not a dentist, I am an audiologist. I am here as a concerned citizen with a strong scientific background.

**Vice Chair Pierce:**

Are there any questions for Dr. Morris? I do not see any.

**John L. Wagner, Carson City, Nevada, State Vice Chairman, Independent American Party, Elko, Nevada:**

We oppose this bill on the grounds that the people cannot vote for this until after it goes into effect. If you put the fluoride system in, costing hundreds of thousands of dollars, and then ask the people, why should they vote it down? They have already spent the money, so they are going to approve it, whether they want to or not. If you are going to have a vote, the people should vote before the system is put in.

Also, they talked about one part per million. Does that mean that each glass will have the same amount of fluoride in it? I believe the answer is no. Fluoride is also corrosive. It is going to affect the pipes, and eventually you are going to have maintenance problems.

**Vice Chair Pierce:**

Are there any questions for Mr. Wagner? I do not see any. Ms. Wisniewski, please proceed. Again, please do not repeat testimony.

**June Wisniewski, Private Citizen, Reno, Nevada:**

You should have my testimony ([Exhibit EE](#)). I live in Reno, Nevada, and I have been opposing and voting against this bill for many years. Please vote "no" on S.B. 311 (R1). We voted against this, and we do not want this now. This is a hidden tax. This will add 50 cents and more per water bill.

The main reason I am here is because I am a survivor of Hodgkin's disease. While I was undergoing treatment, I went to see my dentist. He prescribed fluoride treatments. I had chronic diarrhea for 6 weeks. I was very sick. The doctor who prescribed the fluoride was our first speaker, Dr. Joel Glover. I asked Dr. Glover what I could do to stop this, and his response was "I do not know." I went to see my oncologist, my radiologist, my neurologist, and they suggested that I stop. Dr. Glover only treats teeth. He does not treat the body. I wish he was here now so that I could ask him why he prescribed something that hurt my system. He sort of gave me a choice: my teeth or my body. I stopped taking the fluoride, I went on a very good diet, and I recovered. I am a 15-year survivor of cancer. This fluoride will give me diarrhea. I do not want to be sick. If this happens, and this is passed, I will have to file an injunction. You have received testimony in favor and against. I know it is personally harmful to me. I know I am going to be sick. I do not want to be forced to take a poison that I know is going to compromise my immune system.

Another issue is, where are we going to get the money from to do this? We are supposed to be having a budget crisis. Please vote "no" on this issue.

**Vice Chair Pierce:**

Are there any questions? I do not see any. Is there anyone else who would like to testify in opposition to S.B. 311 (R1)?

**Juanita Cox, Sparks, Nevada, representing Citizens In Action, Sparks, Nevada:**

I have provided my testimony ([Exhibit FF](#)). I thank the dentists who came forward with their studies, but, unfortunately, their studies are old. If you check the dates, you can find out that the studies are outdated. More recent studies show not the benefits of fluoride but the detriments. What disturbs me

is that we are paying great money in this state for these professors that have used old testimony and studies.

I have dental fluorosis. I developed it by having fluoride treatments as a child in an area that had naturally occurring fluoride. The dental fluorosis that I have is mild. My teeth are mottled and have white spots. That is an indicator that my bones also have problems and that I will probably have problems as I age. I definitely have problems with my kidneys because of the fluoride and fluorosis. Fluoride accumulates in bodies. It creates brittle bones and brittle teeth, so I will probably have problems with this as I grow older.

As this bill stands, I feel that this bill is an unfunded mandate. It demands that Washoe County spend millions of dollars that we do not have. The counties are in trouble. There are more important issues for which our money needs to be spent. This bill is saying that we need to spend millions of dollars before the people even get to vote.

**Vice Chair Pierce:**

I need to ask you to wrap up.

**Juanita Cox:**

My last point is that we are overlooking the issue of the federally protected Truckee River, which has endangered fish. Fluoride kills fish, period. You are asking the City of Sparks to clean out the sewer system to protect those endangered species. These costs have not been evaluated. They are going to be horrific.

**Vice Chair Pierce:**

Are there any questions for Ms. Cox? I do not see any. Please proceed, sir.

**Michael Pagni, Reno, Nevada, representing Truckee Meadows Water Authority, Reno, Nevada:**

The Truckee Meadows Water Authority (TMWA) Board is opposed to this bill as drafted, but we have proposed an amendment ([Exhibit Y](#)) which addresses our concerns. As a preliminary matter, I would like to recognize that there are a number of different opinions here today on the potential health benefits or detriments of fluoride. The TMWA Board has taken no position on those health issues. The focus of our concerns is (1) the timing of the vote, and (2) the potential for significant stranded costs and unforeseen fiscal impacts. The bill as written is limited to Washoe County and specifically to the TMWA. We are an enterprise fund. That means that every dollar that TMWA incurs is passed on to the customers.

In order to understand the fiscal impacts on TMWA, you must understand what the law is in Washoe County, today. In 1967, the Legislature adopted *Nevada Revised Statutes* (NRS) 445A.025 through 445A.050. This granted the citizens in every county the right to decide, through a ballot question, whether or not they wanted their water supply fluoridated. The citizens of Washoe County exercised that right, as recently as 2002, when they said "no", they did not want fluoride. The result of that act, under the 1967 law, is that currently it is illegal for a public purveyor to fluoridate the water supply in Washoe County.

This brings us to our first area of concern. That is the impact that this bill may have on TMWA's ability to deliver water to its wholesale customers. The water distribution system in Washoe County is somewhat unique. The TMWA has both retail customers and wholesale customers, who in turn, redeliver the water we sell them to their retail customers. Under section 2 of this bill, it would require that all water delivered by TMWA be fluoridated. Because of the 2002 vote and the effects of the 1967 act, which remain unchanged by this bill, it is also illegal for those wholesale customers that redeliver that water to their own customers. This creates a significant potential for litigation, has a potential for some unforeseen and unknown fiscal impacts, and creates some internal inconsistencies within the bill, which are troubling to TMWA. What we have proposed is an amendment to section 1, by adding a new subsection 5 ([Exhibit Y](#)), which would address that issue by clarifying that it is legal to both deliver fluoridated water to wholesale customers and for those wholesale customers to redeliver that fluoridated water to their customers.

The second area of concern is the timing of the vote. As this bill is drafted, it does not give the people the right to vote on whether fluoridation should be implemented until 4 months after fluoridation has already been implemented. This puts the cart before the horse and, quite frankly, is the opposite of what should occur. The vote of the people should come first, and whatever they may vote, should be what is implemented. By delaying the vote of the people, TMWA customers could incur millions of dollars of unnecessary costs. There are two types of costs that TMWA is going to incur because of fluoridation operation and maintenance expenses, which include the cost of labor and chemicals, and capital improvement costs, which include the cost of building the plant, the facilities, and the pipes to put the fluoride in. Because of the delay in the vote, TMWA will have to construct the plant before the vote occurs. We will have to incur millions of dollars to construct these facilities. If the people vote to reject fluoridation, the people will be stuck with these costs, which in 2002 they already said they did not want. The way to fix this is to put it to the vote of the people, first. So we have proposed an amendment

([Exhibit Y](#)) to section 5, subsection 1, which would make the effective date of the bill January 2, 2011. This would allow the people to vote first.

The bill as currently drafted had to word the ballot question in a way that could be construed as confusing. A "no" vote would mean "yes" and a "yes" vote would mean "no." By moving the effective date of the bill, you are able to have the ballot question be a straightforward "Should the water supply be fluoridated?" We have offered that amendment in section 4 of our proposal.

The final change that we have made is that whatever the people may vote should have a legal effect. We have added language, in a new subsection 4, in section 5 of the bill, which recognizes that if the people vote "no," the bill expires by limitation. This is the same language that was used in Clark County and the same language that has been used in other circumstances where the people are given the right to vote. Those are our requested changes.

**Assemblyman Hambrick:**

How many types of fluoride are there? Is there a technical difference to how you treat different types of fluoride?

**Michael Pagni:**

I cannot testify to the different types of fluoride. I can only testify to the fiscal impact. The ongoing operation and maintenance costs are estimated to be about \$1 million per year, and they would escalate 3 to 4 percent every year. The capital plant costs would range, initially, from between \$2 to \$5 million.

**Assemblywoman Spiegel:**

Have you spoken to Senator Matthews about your proposed amendment? What were her comments?

**Michael Pagni:**

This proposed amendment was presented to the Senate Finance Committee. It looks a little different because they added a right to vote, but we have the same timing which we originally proposed to Senate Finance for the vote to occur first, and the same ballot question language.

**Assemblywoman Parnell:**

Was this amendment accepted in Senate Finance? Or was it just presented?

**Michael Pagni:**

Our amendment was presented, but it was not accepted.

**Vice Chair Pierce:**

Is there anyone else who would like to speak in opposition to this bill? I do not see anyone, so is there anyone who would like to give neutral testimony? I do not see anyone coming forward, so I will close the hearing on S.B. 311 (R1). We are going to recess while we wait for the Chair to return.

[Committee in recess at 4:40 p.m.]

**Chairwoman Smith:**

The Committee will come to order [at 4:54 p.m.]. It sounds like you had a lively meeting in my absence. Let us consider Senate Bill 382 (1st Reprint), which was the disproportionate share (DSH) bill. We have one clarification that we need to make. I would ask our Committee Policy Analyst to address the clarification of the process.

**Amber Joiner, Committee Policy Analyst:**

I received an email from Mr. Duarte clarifying his testimony. I will read it directly. [Read ([Exhibit GG](#)).]

**Chairwoman Smith:**

I think that clarifies the issue regarding the regulation process. Is there any other discussion regarding S.B. 382 (R1)? I will take a motion.

ASSEMBLYWOMAN MASTROLUCA MOVED TO DO PASS  
SENATE BILL 382 (1st Reprint).

ASSEMBLYWOMAN SPIEGEL SECONDED THE MOTION.

**Chairwoman Smith:**

Is there any discussion?

**Assemblyman Denis:**

Just as a disclosure, under Rule 23, I do serve on the Board of North Vista Hospital. This bill will not impact us any more than anyone else.

THE MOTION PASSED. (ASSEMBLYMEN HARDY AND LESLIE  
WERE ABSENT FOR THE VOTE.)

**Chairwoman Smith:**

Is there any public comment to come before the Committee at this time? I do not see anyone. Is there any comment from Committee members?



**Assemblyman Hambrick:**

I would like to hear about the different types of fluoride...

**Chairwoman Smith:**

That hearing is closed. I would like you to ask that question outside of the meeting if you will. We are going to stand in recess just in case we have anything else. There is one other bill in the Senate that may possibly come over, and we may have to convene an additional meeting. So we will stand in recess subject to the call of the Chair [at 4:58 p.m.].

[This meeting was adjourned at 1:54 p.m. on May 30, 2009.]

RESPECTFULLY SUBMITTED:

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Chris Kanowitz  
Committee Secretary

APPROVED BY:

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Assemblywoman Debbie Smith, Chair

DATE: \_\_\_\_\_

**EXHIBITS**

**Committee Name:** Committee on Health and Human Services

**Date:** May 27, 2009

**Time of Meeting:** 2:18 p.m.

<b>Bill</b>	<b>Exhibit</b>	<b>Witness / Agency</b>	<b>Description</b>
	<b>A</b>		Agenda
	<b>B</b>		Attendance Roster
S.B. 78 (R1)	<b>C</b>	Amber Joiner	Work Session Document
S.B. 24 (R1)	<b>D</b>	Amber Joiner	Work Session Document
	<b>E</b>	Chairwoman Smith	Letter of Intent
	<b>F</b>	Chairwoman Smith	Letter from Romaine Gilliland
S.B. 382 (R1)	<b>G</b>	Charles Duarte	Testimony
S.B. 311 (R1)	<b>H</b>	Joel Glover	Fluoridation Facts
S.B. 311 (R1)	<b>I</b>	Joel Glover	Testimony
S.B. 311 (R1)	<b>J</b>	Wayne A. Seidel	Letter from the City of Sparks
S.B. 311 (R1)	<b>K</b>	Tyree G. Davis	Testimony
S.B. 311 (R1)	<b>L</b>	Donna Hellwinkel	Testimony
S.B. 311 (R1)	<b>M</b>	Laurie Yarborough	Health Alert flyer
S.B. 311 (R1)	<b>N</b>	Laurie Yarborough	Dartmouth News article

S.B. 311 (R1)	<b>O</b>	Victor Sandoval	Testimony
S.B. 311 (R1)	<b>P</b>	Lawrence P. Matheis	CDC Overview
S.B. 311 (R1)	<b>Q</b>	Lawrence P. Matheis	CDC Mortality and Morbidity Weekly Report
S.B. 311 (R1)	<b>R</b>	Lawrence P. Matheis	National Academy of Science Report
S.B. 311 (R1)	<b>S</b>	David Laxalt	Letter from the Nevada Dental Hygienist's Association
S.B. 311 (R1)	<b>T</b>	Gay Langham-McNally	<i>Meeting Water Fluoridation Goals</i>
S.B. 311 (R1)	<b>U</b>	Laurie Yarborough	Fluoride Information
S.B. 311 (R1)	<b>V</b>	Lynn Chapman	"Notable Quotes", Article in AMA Journal
S.B. 311 (R1)	<b>W</b>	Lynn Chapman	Army Medical Command report
S.B. 311 (R1)	<b>X</b>	Lynn Chapman	EPA Scientist's oppose Fluoridation
S.B. 311 (R1)	<b>Y</b>	Michael Pagni	Proposed TMWA amendment
S.B. 311 (R1)	<b>Z</b>	Janine Hansen	Quote from the Declaration of Independence
S.B. 311 (R1)	<b>AA</b>	Janine Hansen	Fluorosis flyer
S.B. 311 (R1)	<b>BB</b>	Janine Hansen	CDC Prevalence of Enamel Fluorosis
S.B. 311 (R1)	<b>CC</b>	Janine Hansen	<i>Professionals' Statement</i>

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S.B. 311 (R1)	<b>DD</b>	Mary Jane Noblehart	Testimony
S.B. 311 (R1)	<b>EE</b>	June Wisniewski	Testimony
S.B. 311 (R1)	<b>FF</b>	Juanita Cox	Testimony
S.B. 382 (R1)	<b>GG</b>	Amber Joiner	Email from Charles Duarte