

INTERIM JOINT COMMITTEE ON LOCAL GOVERNMENT

Minutes of the 4th Meeting of the 2020 Interim

September 22, 2020

Call to Order and Roll Call

The 4th meeting of the Interim Joint Committee on Local Government was held on Tuesday, September 22, 2020, at 9:00 AM, in Room 171 of the Capitol Annex. Senator Wil Schroder, Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members: Senator Wil Schroder, Co-Chair; Representative Michael Meredith, Co-Chair; Senators Ralph Alvarado, Denise Harper Angel, Christian McDaniel, Morgan McGarvey, Robby Mills, Michael J. Nemes, Damon Thayer, and Johnny Ray Turner; Representatives Danny Bentley, Randy Bridges, George Brown Jr, Jeffery Donohue, Larry Elkins, Deanna Frazier, Joe Graviss, Regina Huff, Kim King, Adam Koenig, Jerry T. Miller, Brandon Reed, John Sims Jr, and Ashley Tackett Laferty.

Guests: Senator Stephen West, 27th Senate District; Senator Julie Raque Adams, 36th Senate District and Senate Caucus Chair; Representative Kim Moser, 64th House District and Health, Welfare, and Family Services Committee Co-Chair; Representative Mark Hart, 78th House District; Cindi Batson, RN BSN; Dr. Jack Kall, DMD, Academy of General Dentistry; Mayor James Smith, City of Cynthiana; Dr. Boyd Haley, University of Kentucky Professor Emeritus; Dr. Darren Greenwell, Kentucky Dental Association; John Cox, Kentucky Chamber of Commerce; and Allison Adams, Foundation for a Healthy Kentucky.

LRC Staff: Mark Mitchell, John Ryan, and Cheryl Walters.

Approval of Minutes

Senator Schroder approved the minutes from the August 27, 2020 meeting without objection.

Local Control of Water Fluoridation

Senator West told the Committee that the issue of local control of water fluoridation need to be looked into, and is getting national attention. The legislation he is sponsoring for the 2021 Session of the General Assembly is about clean water, and Kentucky's goal should be 100 percent access to the cheapest and safest water. The bill is not anti-dental care. Water fluoridation and its methods have been changed. The chemicals in the water are toxic. Eastern Kentucky has to be one of the main focuses of the issue in terms of dental

care. One of the main reasons for discussing the issue now is because there are many studies coming out every day relating to the addition of fluoride to the water. The issue may be resolved on its own because of a lawsuit against the EPA over the use of fluoride.

Ms. Cindi Batson stated that there is no question that fluoride is harmful. She noted two research reports that contained research relative to the harmful effects of fluoride. She was distressed that the addition of fluoride to water systems was law in Kentucky—one of 13 states to mandate fluoridated water. Her daughter developed dental fluorosis, which is the hyper-mineralization of tooth enamel caused by ingestion of excessive fluoride during enamel formation. Emissions from smokestacks can elevate non-pharmaceutical grade fluoride levels in drinking water. She noted a bibliography in the meeting materials for additional studies on the topic. The goal is to appeal to the legislature for local control of water fluoridation. Current science is stifled because of the mandate.

Dr. Jack Kall, DMD and Fellow in the Academy of General Dentistry, told the Committee that the state mandate for fluoride in the water should be removed. The core issue is freedom of choice, informed consent, and whether or not the state has a right to place children in harm. It is so much more than water fluoridation and the prevention of cavities. There is an oral-systemic connection—how conditions in the mouth affect conditions in the body. This provided a lens to look at the safety of materials and procedures used in dentistry. Given that fluoride is a known neurotoxin, the addition of fluoride in the water is questionable. Risk assessment in the public health field is a factor. The Wingspread Statement helps assess risk. The statement says, “When an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically. In this context, the proponent of the activity, rather than the public, should bear the burden of proof.” The precautionary statement and principle has been cited in a professional dental journal, and that fluoridation is a question that is right for applying this cautionary approach. The proponents of water fluoridation have not proven its safety. Until they do so, no government should require a neurotoxin to the water supply.

Mayor James Smith, City of Cynthiana, noted that the City of Cynthiana has its own water treatment facility. The experts are divided on the issue of water fluoridation. The issue is to have local control. The best government is local government—the closer you get to the people, the more responsive the government is for the people. The leadership of the water plant wants to produce the best product for its customers. Government produced water is the only product that is produced without any input from its customer base. Give local governments the chance to respond to the wants of the people.

Dr. Boyd Haley, Professor Emeritus Chemistry and Biology, University of Kentucky, told the committee that fluoride is toxic and induces oxidative stress in whichever tissues it gets into. Oxidative stress is the symptomatic end of every disease that is known. Fluoride also crosses the blood/brain barrier and gets into the brain. In

Alzheimer's, Parkinson's disease, and other diseases the damage done is through oxidative stress in the brain by many factors. Fluoridation can be one of these factors. Kentucky should have a solid, scientific look at this. The Environmental Protection Agency should not be used as guidance in this issue. Anything that has been proven toxic to young children should be removed from the water supply.

Dr. Darren Greenwell, President of the Kentucky Dental Association (KDA), told the Committee that the KDA supports continuing the state mandate of water fluoridation. Fluoridation is the single most effective measure in preventing tooth decay. The Center for Disease Control has declared community water fluoridation one of ten great public health achievements in the 20th Century. Tooth decay has devastating effects on people. Fluoridation is effective, safe, and cheap in the prevention of tooth decay. People have died from tooth decay and abscesses resulting from tooth decay. There is good, peer-reviewed science on this issue showing the addition of fluoride is safe and effective. It is present in the environment. The cost of fluoride is minimal. The cost to fluoridate a person's water throughout their life is less than one dental appointment billing. Changing this during a pandemic where patients' access to care is difficult, because dentists cannot see the same number of individuals per day as they did prior to the pandemic. Dentists have been champions of preventive medicine since the beginning, and fluoridation is another way to prevent disease before it needs to be treated. Studies say the current levels of fluoridation are safe, and effective, and considering the present sugar consumption levels among children, they would be greatly affected without fluoridated water. Alaska stopped fluoridation, and Medicaid dollars spent fixing children's teeth can be observed before and after the stoppage because of the lack of fluoride in the water system

Representative Hart, who has the companion bill to Senator West's in the House, reiterated that the legislation just calls for local control of water fluoridation and to undo an unfunded mandate.

Representative Bentley commented that there needs to be more studies done on the pharmaceutical grade use of fluoride in humans.

Local Control of Tobacco Sales and Marketing

Representative Moser, Co-Chair of the Interim Joint Committee on Health, Welfare, and Family Services, said that allowing local control of marketing of tobacco products is the next logical, cost free step for Kentucky to reduce tobacco related illnesses and the associated health care expenses as well as business productivity and losses in the Commonwealth. She pointed out that Kentucky ranks first in the nation for cancer deaths, and more than a third of those deaths are caused by smoking. Smoking also leads to heart disease, strokes and chronic obstructive pulmonary disease (COPD).

Annual health care costs in Kentucky directly caused by smoking is \$1.92 billion. Medicaid costs caused by smoking in Kentucky is \$590 million. Residents' state and

federal tax burden from smoking-caused government expenditures is \$1,100 per household.

Regarding e-cigarettes (vaping), in 2020, about 1.8 million fewer U.S. youth are current e-cigarette users as compared to 2019. However, one in five U.S. youth still currently use e-cigarettes which is down from one in four in 2019. The middle schoolers' rate is at one in 20 this year versus one in ten in 2019. They use disposable flavored e-cigarettes. It is not known if these national trends are being reflected in Kentucky, but its youth vaping rate has been higher than the national rate every year. Kentucky has yet to solve its tobacco problem.

Mr. John Cox, Manager of Public Affairs with the Kentucky Chamber of Commerce, stated that compared with non-smoking employees, employees who currently smoked were 33 percent more likely to miss work and were absent from the workplace for an average of 2.7 more days per year. Absenteeism decreases when smokers quit, even among those who have recently quit. Smokers are also more like than nonsmokers to take unsanctioned breaks. These breaks are the largest single cost from a smoking employee and result in eight to 30 minutes per day per employee in lost work time.

On average, employers pay an additional \$659 per year in medical and pharmacy costs for each employee who smokes. Across U.S. states, six to 18 percent of total health care expenditures are attributed to smoking-related illnesses. Tobacco use is also associated with increased risk of injury and property loss due to fire, explosions, and vehicular collisions. The Chamber supports the issue of local control of tobacco product marketing and sales in Kentucky.

Senator Raque Adams, Senate Caucus Chair, said tobacco use differs across Kentucky. Data from 2018 shows that smokeless tobacco use is higher in the eastern and southern parts of the state than it is in Greater Louisville and western regions. Local leaders know the details and the reasons for these differences that sometimes state level leaders do not know.

There are demographic smoking disparities. Smoking rates are higher among Native Americans, persons with lower education and income levels, those who are uninsured, those on Medicaid, persons with disabilities, the LGBTQ community, and those who suffer with mental disorders.

There is only one measure that communities can adopt to reduce the health care risks and costs associated with tobacco use, which is through smoke-free laws. Many communities have done that, but some have not.

Local communities should have the right to adopt measures that their constituents want and that those communities are ready to enforce. Kentucky has made major progress

in recent years at the statewide level by requiring schools to be tobacco free, and in raising the legal age to purchase tobacco products from 18 to 21. Allow communities to go even further should they so choose.

Ms. Allison Adams, Vice President for Public Policy with the Foundation for a Healthy Kentucky, stated that the local smoke-free laws prohibit smoking and vaping in indoor workspaces and public places. Fifty-six Kentucky communities in Kentucky have enacted local smoke-free laws protecting 36 percent of Kentuckians. State statutes prohibit city and county governments from regulating the use, display, sale and distribution of tobacco products.

Beginning in 1985, “Big Tobacco” began using preemption as a tactic to overturn existing—and block new—local laws. By getting these preemption laws at the state level, the companies could avoid lobbying local governments. The Foundation supports repealing the state law preventing local controls. Local control is a tool, not a mandate.

Representative Graviss noted his appreciation of the advocate’s efforts. He anticipated assisting family farmers in moving to alternative crops.

There being no further business, the meeting was adjourned at 10:00 a.m.