Statement for the Record
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Chair and members of the committee,

My name is **Dr. Thomas Larkin**, and I the founder of *Proactive Oral Wellness* here in Kentucky. I have been a dentist for over four decades, with a focus on prevention and the critical link between oral health and overall health.

Key facts for Kentucky

- Nearly **100% of Kentuckians on community water systems receive fluoridated water**—the highest coverage in the nation.
- **State regulations (902 KAR 115:010)** set the optimal level at **0.7 mg/L**, the CDC's recommended standard to maximize benefit while minimizing risk.
- Kentucky children, especially in rural and Appalachian areas, continue to experience **tooth decay at rates above the national average**. The state spends **tens of millions annually on preventable dental emergencies**, most through Medicaid.
- Recent national reviews (NTP, 2024; JAMA Pediatrics, 2025) link **higher fluoride exposures above 1.5 mg/L** to possible neurodevelopmental effects, but both note **insufficient evidence of harm at 0.7 mg/L**, the level Kentucky uses.

My recommendation

- **Maintain fluoridation at 0.7 mg/L** with **continuous monitoring and transparent public reporting** so Kentuckians can trust their water supply is both safe and effective.

- Expand **targeted prevention**: school-based sealant programs, fluoride varnish at well-child visits, and silver diamine fluoride (SDF) for active decay.

If fluoridation is removed

If the legislature chooses to make fluoridation optional, **removal must be paired with offsets** or the consequences will be significant:

- **Higher cavity rates in children**, particularly in underserved rural and low-income communities.
- **Increased Medicaid expenditures** as preventable dental disease shifts to costly emergency room visits.
- **Widening health disparities**, with the greatest burden falling on families who can least afford private care.

In such a case, the state must **fund alternative prevention programs**—statewide school sealants, fluoride varnish at medical and dental visits, and expanded use of SDF—and must **track dental ER visits and Medicaid costs** to hold policy accountable.

Conclusion
This is not a simple yes/no issue. The science tells us that **0.7 mg/L is safe and effective**, but the legislature has options. My advice is:

- If you maintain fluoridation, **do it with strong monitoring and targeted prevention**.
- If you remove it, **replace it responsibly**, or the cost—in dollars and in children's health—will be far higher.

Thank you for the opportunity to share my perspective.

Thomas Larkin, DDS
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