

# CALIFORNIA DENTAL ASSOCIATION®

January 23, 2004

The Honorable Dan Burton  
Chairman  
Committee on Government Reform  
2157 Rayburn House Office Building  
Washington, D.C. 20515-6143



Dear Chairman Burton:

Thank you for inviting me to testify at the "Subcommittee on Human Rights and Wellness," at the University of Southern California in Los Angeles on January 29. I regret that I am unable to attend due to a business conflict.

We have attempted to find a representative for the California Dental Association (CDA) who would be available to attend your hearing, but we have been unable to do so. Your concerns are very important to CDA and we respectfully request that you accept the attached as our statement to be entered into the Congressional record.

CDA believes that dental amalgam is a valuable and safe choice for dental patients and encourages and supports continued research and constructive dialogue with organizations and individuals to further public health and environmental quality goals.

Thank you for the opportunity to respond on this important subject.

Sincerely,

Cathy Mudge  
Assistant Director, Public Policy

c: The Honorable Diane Watson

**CALIFORNIA DENTAL ASSOCIATION  
STATEMENT FOR THE CONGRESSIONAL RECORD  
SUBCOMMITTEE ON HUMAN RIGHTS AND WELLNESS OF THE  
COMMITTEE ON GOVERNMENT REFORM**

*The Honorable Dan Burton, Chairman*

*“California’s Compliance with Dental Amalgam Disclosure Policies”*

*January 29, 2004*

*University of Southern California  
Los Angeles, California*

**Position Statement on Dental Amalgam**

The California Dental Association (CDA) supports the continued use of dental amalgam as a safe, long-lasting, and versatile dental restorative material.

Dental amalgam has been used to restore the teeth of more than 100 million Americans and many more worldwide. It contains a mixture of metals including mercury, silver, copper, and tin, which chemically binds together into a hard, stable and safe substance. Concern about adverse health affects from amalgam’s mercury content is unfounded. Dental amalgam has been studied and reviewed extensively, and has established a long record of safety and effectiveness.

CDA looks to the federal and international public health agencies to determine the safety of all products used in the practice of dentistry. The U.S. Food and Drug Administration, U.S. Public Health Service, World Health Organization, Centers for Disease Control and Prevention, National Institutes of Health, and U.S. Department of Health and Human Services all have found dental amalgam to be a safe and effective dental restorative material and have recommended no limitations on its use except for patients that are allergic to any of the metal components contained in amalgam.

**Continued Research on Dental Amalgam**

To ensure public safety, these public health organizations continue to review and monitor the literature and research. The U.S. Public Health Service reviewed the body of science regarding the safety of dental amalgam and published reports in 1993 and 1997, not recommending any restrictions be placed on its use. FDA, NIH, and NIDCR are currently sponsoring another independent review of the scientific literature since 1997 and a report will be published later this year.

**History of the Dental Materials Fact Sheet**

Beginning in 1993, dentists received the Dental Materials Fact Sheet, referred to as the DMFS, from the Board of Dental Examiners of California. The legislation requiring the creation of this fact sheet was passed in 1992 (Chapter 801, 1992 Statutes) and specifically required:

“...the Board of Dental Examiners of California to develop, distribute, and update as necessary, a fact sheet describing and comparing the risks and efficacy of *the various types of dental restorative materials* that may be used to repair a dental patient’s oral condition or defect...”

This law did not single out dental amalgam; it specifically required information for all restorative materials. This fact sheet was intended as a resource to dentists when speaking with the patients about the restorative material choices available to them.

During the dental board’s review by the California’s Joint Legislative Sunset Review Committee in 1999, public citizens expressed concern that the DMFS had not been updated recently. The following year, a revision to the fact sheet was pursued by the board. The process spanned almost 2 years, beginning with the dental board establishing a process to identify an objective and independent expert to assist them in developing a revised fact sheet -- a process that could withstand scrutiny. The new fact sheet was approved by the Dental Board in November 2001, following months of public hearings held by the board throughout the State of California to ensure that the public had the opportunity to hear and comment on the proposed fact sheet. That document was published and sent to dentists before the end of 2001.

At the same time, legislation also passed (SB 134, Chapter 532, Statutes of 2001) amending the original law regarding the fact sheet, now requiring that the DMFS, effective January 1, 2002:

“...shall be provided by a dentist to every new patient and to patients of record prior to the performance of dental restoration work.”

The legislation also requires that the patient must acknowledge receipt of the DMFS in writing.

To comply with the law, dentists began providing the DMFS to their patients in January 2002.

Since the new law required the dentist to provide the patient with a copy of the DMFS, and although not specifically required by the legislation, the dental board proposed creating a consumer-friendly version of the DMFS, simplifying the language to meet the recommended reading level standard used by the Department of Consumer Affairs for information distributed to the public.

The board established a two-person subcommittee to develop this consumer-friendly fact sheet, and that process is ongoing. In 2003, one member of the subcommittee proposed a new fact sheet containing significantly different information from that contained in the current fact sheet, information that is not supported by the body of scientific literature. Support was not provided for this version of the fact sheet by the other subcommittee member. The board has asked the subcommittee to bring forth a document that the board can vote on. Currently two versions are scheduled to be discussed at the dental board meeting scheduled for January 29-30 in Sacramento.

## **Related Legislation**

Recently CDA supported legislation giving state dental Medicaid (Denti-Cal) providers the flexibility to place non-amalgam posterior fillings, while allowing them to bill for the covered benefit of amalgam, supporting CDA's position that dental treatment should be decided by the dentist and the patient.

The impact of dental amalgam on the environment continues to be studied as well. Although dental amalgam can be found in dental office wastewater, its exact impact on the environment is undetermined. Dentistry, as a health profession, is the steward of the public's dental health and includes being a responsible member of the community with regard to our impact on the environment. Where it is deemed prudent for dentistry to take meaningful steps to reduce amalgam waste, dentistry is prepared to do so. Currently CDA is proposing legislation to create uniform, comprehensive statewide best management practices which will significantly reduce the presence of dental amalgam in wastewater.

## **Conclusion**

We believe that California dentists and the licensing board are complying with dental amalgam disclosure policies. We are not only complying but we continue to support and encourage dentists to inform their patients of all the dental treatment options recommended and available to them, not only restorative materials.

In addition, we continue to work successfully with every wastewater treatment organization that has asked for our assistance in reducing the amount of dental amalgam in wastewater leaving our office.

CDA believes that dental amalgam is a valuable and safe choice for dental patients and encourages and supports continued research and constructive dialogue with organizations and individuals that further public health and environmental quality goals.

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