



Division of Drinking and Ground Waters Response to Comments

Proposed Changes to OAC Rule 3745-82-03*

3745-82-03, Monitoring for compliance with secondary maximum contaminant levels.

***Note:** After the review period ended, DDAGW decided to rescind the current version of OAC Rule 3745-82-03 and replace it with two new rules: a new version of OAC Rule 3745-82-03 and new OAC Rule 3745-82-04. The new version of OAC Rule 3745-82-03 contains the general requirements from paragraph (A) of the current effective rule. The other new rule, OAC Rule 3745-82-04, contains the fluoride-specific requirements from paragraphs (B) through (D) of the current effective rule. Also after the review period ended, language was added to the fluoride-specific requirements to specify the permissible amount of time in which a system adding fluoride may have an operational, minimum daily average of less than 0.7 mg/L.

Agency Contact for this Package

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Ohio EPA issued public notice and requested comments for the period of December 11, 2015 to January 11, 2016 on proposed rules in the Ohio Administrative Code (OAC). This document summarizes the comments and questions received during the comment period.

Ohio EPA reviewed and considered all comments received during the comment period. By law, Ohio EPA has authority to consider specific issues related to protection of the environment and public health.

In an effort to help you review this document, the questions are grouped by topic and organized in a consistent format. The name of the commenter follows the comment in parentheses.

General Comments

Comment 1: “Are all Ohio public water systems now allowed to set their target level at .8ppm fluoride regardless of where they are located in Ohio? As you may know, the target level from the CDC previous recommendation was based on average air temperature and varied depending on location.” **(Doug Cragoe, resident)**

Response 1: All public water systems that add supplemental fluoride are required to have a monthly average between 0.8 and 1.3 mg/L, regardless of where they are located in Ohio. This range is a statutory requirement established in section 6109.20 of the Ohio Revised Code (ORC).

Comment 2: “From my reading of these documents it seems that no water system in Ohio can legally add fluoride only up to .7ppm. They must add enough to be at .8ppm at least. True?” **(Doug Cragoe, resident)**

Response 2: The draft rule available during the interested party review period eliminated the minimum daily average of 0.8 mg/L, which would have allowed more days at or below 0.7 mg/L. Revisions to the rule were made, after the review period, which establish a minimum daily average of 0.7 mg/L. The revisions allow public water systems to operate at 0.7 mg/L during the month as long as the system’s monthly average at the entry point is between 0.8 and 1.3 mg/L. Systems will not be allowed to have daily average above 1.3 mg/L or below 0.7 mg/L for more than three days in a month without incurring a violation. Lastly, these requirements do not apply to all systems but those serving a population of 5,000 or more people.

Comment 3: “What would it take to allow Ohio public water systems to set their target level at .7ppm? Would the state legislature have to change ORC Section 6109.20?” **(Doug Cragoe, resident)**

Response 3: Yes, section 6109.20 of the ORC will have to be changed before we can change the fluoride operating range listed in OAC Rule 3745-82-03. We have not heard of any proposed revisions at this time.

Comment 4: “If you can, I would like to get information about public notice requirements that must take place when a public water system has more than the secondary maximum contaminant level of fluoride in the water. That would be 2ppm according to the federal EPA. Can you send me the requirements, and any specific wording required? Thanks.” **(Doug Cragoe, resident)**

Response 4: Public notification requirements for a system that has exceeded the secondary maximum contaminant level are found in OAC Rule 3745-81-32 paragraphs (B)(1)(a) and (C)(1)(a). For more information about the fluoride program and public noticing requirements for this rule, please contact Kathy Pinto at (614) 644-2752.

Comment 5: “I’m a member of the public. I spoke to Ohio Health about fluoridation and got more information. My understanding is that this rule change would allow water systems to have an essentially lower operating range than before. For example, if a water system wanted to set .8ppm as a target with the new rules they could have their own operating range of say .6 to 1ppm, as long as the monthly average is .8ppm. Does the Ohio EPA think the laws regarding fluoridation and the operating range should be changed by the legislature?” **(Doug Cragoe, resident)**

Response 5: Yes, the proposed changes allow public water systems to operate at lower fluoride levels than with the effective rule. Ohio EPA revised the rule after the interested party review period to clarify that an operational, minimum daily average of 0.7 mg/L in some cases is permissible. This daily average of 0.7 mg/L is based on The Centers for Disease Control and Prevention (CDC’s)

recommended optimal fluoride level. In addition, the revisions allow compliance to be calculated monthly. This allows public water systems to operate at 0.7 mg/L during the month as long as the system's monthly average at the entry point is between 0.8 and 1.3 mg/L.

Ohio EPA will not express an opinion about the revision of ORC Section 6109.20 but will make revisions to the OAC if the statute is revised.

Comment 6: "Fluoride is a safe and effective way to reduce tooth decay, save money for the state and individuals and reduce human suffering from the pain of tooth decay."
(Paul Casamassimo, Nationwide Children's Hospital)

Response 6: Thank you for your comment.

Comment 7: "On behalf of the Children's Oral Health Action Team (COHAT), we would like to extend our support of the proposed changes to OAC Rule 3745-82-03."

"COHAT was formed as a result of the Ohio Department of Health Director's Task Force on Oral Health and Access to Dental Care in 2009. COHAT is a team of more than 30 member organizations focused on improving children's oral health through education and advocacy."

"In an effort to improve children's oral health in Ohio, COHAT is in support of the drafted revisions of the rule. Drinking fluoridated water keeps the teeth strong and reduces tooth decay by approximately 25% in children and adults. By preventing tooth decay, community water fluoridation has been shown to save money, both for families and the health care system. This is a way to make an investment in our state's future by helping to ensure that every child grows up ready to learn and have a successful adulthood. Oral health is critical to overall health."

"COHAT was created to ensure that children have healthy teeth and gums, and rule 3745-82-03 adhere's with our mission." **(Julie DiRossi King, COHAT Advocacy Committee Chair and Michelle Fitzgibbon, COHAT Advocacy Coordinator)**

Response 7: Thank you for your comments in support of the proposed changes to OAC Rule 3745-82-03.

Comment 8: "Thank you for the opportunity to comment on OAC Rule 3745-82-03. Greater Cincinnati Water Works supports the proposed changes to 3745-82-03. These changes will provide flexibility for Ohio drinking water utilities with regard to required fluoride levels in drinking water. This flexibility will allow utilities to operate with fluoride levels closer to the CDC's recommended level of 0.7 mg/l without violating the state requirement of 0.8-1.3 mg/l. Ideally the state requirement would be lowered to an operating range encompassing 0.7 mg/l. However, we understand this is outside the authority of OEPA, so in lieu of this, we support the changes to OAC 3745-82-03 as currently proposed." **(Jeff Swertfeger, Greater Cincinnati Water Works)**

Response 8: Thank you for your comment in support of the proposed changes to OAC Rule 3745-82-03.

Comment 9: “I agree with the proposed rule changes. This will allow water systems in Ohio to reduce the amount of added fluoride to be closer to the CDC recommended amount of .7ppm. No large dental or public health organization has stated they are opposed to lowering the amount of fluoride added to water to the .7ppm level. I expect this rule revision to have no opposition.” **(Doug Cragoe, resident)**

Response 9: Thank you for your comment in support of the proposed changes to OAC Rule 3745-82-03.

Comment 10: “The Ohio Dental Hygienists’ Association (ODHA) has been a passionate advocate for the water fluoridation system in the State of Ohio as an active means of increasing the oral health of Ohio’s citizens, particularly our children, some of whom do not have regular access to oral health care. The Centers for Disease Control and Prevention (CDC) has recognized water fluoridation as one of 10 great public health achievements of the 20th century. Ohio public water systems began fluoridating public water systems in the early 1950s and over 90 percent of Ohioans served by public water supplies receive fluoridated water.”

“ODHA is also a member of the Children’s Oral Health Action Team (COHAT) that previously submitted a letter of support of the proposed changes to OAC Rule 3745-82-03. ODHA would like to add its support as an Association as well. The rule under consideration allows flexibility for local water systems by continuing to allow them to fluoridate water within an identified range. The notice that is to be provided of any instance of exceeding the upper limit of 1.3 milligrams per liter at each entry point is an important function. While the scientific assessments to balance the benefits of preventing tooth decay through community water fluoridation is well-proven, a critical goal also needs to be limiting the risk of dental fluorosis because of exposure to excessive amounts of fluoride during the tooth forming years (age 8 and younger). Dental fluorosis generally appears as white spots on the tooth surface of some children. The rule accomplishes this protection through a water system’s reasonable notice of non-compliance with the limit.”

“ODHA applauds the effort to improve children’s oral health in Ohio and is in support of the Ohio Environmental Protection Agency, Division of Drinking and Ground Water’s drafted revisions to Rule 3745-82-03 of the Ohio Administrative Code, monitoring for compliance with secondary maximum contaminant levels.”

“Drinking fluoridated water keeps the teeth strong and reduces tooth decay by approximately 25% in children and adults. By preventing tooth decay, community water fluoridation has been shown to save money, both for families and the health care system. This is a way to make an investment in our state’s future by helping to ensure that every child grows up ready to learn and have a successful adulthood. Oral health is critical to good overall health.”

“Thank you for your time and providing us the opportunity to comment on this

rule revision. If you have any questions, please feel free to contact Matt Whitehead, ODHA Legislative Counsel, (614) 461-9335 or Barb Ranck, ODHA President at (740)-607-2531.” **(Matt Whitehead, ODHA)**

Response 10: Thank you for your comments in support of the proposed changes to OAC Rule 3745-82-03.

End of Response to Comments