



STATEMENT OF

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ON BEHALF OF THE

AMERICAN DENTAL ASSOCIATION

TO THE

SUBCOMMITTEE ON DOMESTIC POLICY

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

UNITED STATES HOUSE OF REPRESENTATIVES

ON

**“ASSESSING EPA’S EFFORTS TO MEASURE AND REDUCE
MERCURY POLLUTION FROM DENTIST OFFICES”**

MAY 26, 2010

The American Dental Association (ADA) is the world's largest and oldest dental association, representing more than 157,000 dentists nationwide. For nearly 150 years, the ADA has actively sought to promote the oral health of the public and promote the development of scientifically accurate information. Based on our understanding of the subject of this hearing, the ADA is pleased to comment on the memorandum of understanding ("MOU") with the Environmental Protection Agency (EPA) and the National Association of Clean Water Agencies (NACWA).

The ADA is proud of its efforts on behalf of the environment, predating the MOU. For example, the ADA has issued and continually updated as appropriate its "best management practices" (BMPs) for handling waste amalgam. These BMPs call for the use of standard control methods, recycling of collected amalgam, and **the use of amalgam separators.**

Even without separators, dentists capture in their offices approximately 78 percent of the waste amalgam, with almost all of the remaining 22 percent captured by water treatment plants before the wastewater is discharged to surface water. In other words, approximately 99 percent of the amalgam is captured in the office or by the sewage treatment plant prior to discharge into rivers, streams or lakes. Adding a separator allows the capture of that additional amalgam waste in the dental office, where it can more easily be recycled, instead of at the wastewater treatment plant.

In 2001, the ADA first met with EPA to propose developing a voluntary program. The ADA continued meeting with EPA thereafter, through several changes in the Office of Water. In 2007, the ADA added separators to its best management practices or BMPs. At that time, EPA was studying whether the release of dental office wastewater into sewers warranted the issuance of an enforceable pretreatment standard. The ADA filed public comments explaining that no such standard was necessary, in part because dentists can and will act on their own. For example, the ADA added separators to its BMPs. We asked, as we had in the

past, to work with EPA on this issue. EPA contacted us in early 2008 and proposed an MOU to promote the use of separators.

EPA's consultant had estimated that approximately 40 percent of the dentists in the United States were using separators. The MOU required the ADA to prepare a baseline report by the end of June 2009 on the number of separators currently in use. Based on numerous data sources (including the ADA web based and mail-in dentist surveys, EPA data and outreach to separator manufacturers), the ADA produced an estimate. Unfortunately, as we have pointed out to EPA and NACWA, the underlying data is contradictory and incomplete. Recognizing this, and with the support of the ADA, EPA decided to directly seek data from separator manufacturers to develop a firmer estimate. That work is well underway.

The MOU also called on all the parties to agree upon a progress goal. Without a baseline, this has been difficult, but the parties have agreed on a very aggressive goal of 20 percent gain in separator use within 12 months of the acceptance of the goal in the MOU, and 25 percent gain every 12 months thereafter. These are absolute numbers; if the baseline is determined to be 20 percent, our goal is 40 percent in twelve months and 65 percent in two years. We are only counting voluntary adoption of separators. In other words, separators added as part of a mandate are not counted towards meeting this goal.

This is very ambitious, but we are committed to it. The ADA has devoted substantial time and resources to promoting its best management practices. For example, the ADA has reached out to its members directly, through its newspaper, its website and in posters and brochures. Last year, its volunteer leaders on the ADA Council on Dental Practice published an opinion editorial, extolling the MOU and urging dentists throughout the country to install separators.

The ADA has also reached out to state dental societies, explaining the value of separators and offering its resources to states wishing to pursue a program on its

own. Dental societies have responded. States as diverse as Missouri, Montana, New Mexico, Ohio and Michigan are all pursuing their own initiatives to promote separator use.

Several factors favor such ongoing efforts:

First, dentists, as health professionals, will respond to scientific evidence and cooperative approaches. Some early efforts were not successful because of lack of understanding on both sides. But efforts under the MOU are different: the ADA is engaged and the partnership includes EPA and wastewater treatment officials.

Second, a voluntary-based approach makes a great deal of sense where dentistry contributes less than one percent of the total mercury found in our lakes and streams--0.4 percent of the mercury in surface waters is attributable to dentistry (i.e., other sources, primarily air emissions, including those from outside of the U.S. make up the vast majority of mercury entering surface water in the U.S.). Moreover, the use of amalgam continues to shrink, primarily for cosmetic reasons but also due to advancements in other materials. Some estimate that it comprises less than a third of the market now. In other words, this is an issue shrinking on its own.

Third, mandating separators would require a costly inspection and enforcement program, given that some 100,000 dental offices would need to be regulated. The approach under the MOU avoids this cost

Of course, nothing precludes state or local agencies, or EPA, from enacting a mandatory program should voluntary efforts fail. In other words, the best approach is to allow the voluntary efforts of organized dentistry to move forward, avoid excessive government regulation and minimize the costs to the taxpayers. If these efforts fail, all options remain open.

In closing, dentists have already taken action to reduce their already minimal contribution to environmental mercury by following BMPS. They bring to these efforts the same commitment they bring to providing the best possible oral health care to the American people.

Dentistry is proud of all of its efforts to protect the environment, just as we have always protected the health and well being of our patients. We pledge to continue our efforts. We appreciate the opportunity to share these views with you.