



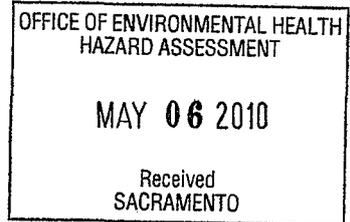
California Department of Public Health
MEMORANDUM

DATE: April 30, 2010

TO: Cynthia Oshita
Office of Environmental Health Hazard Assessment
1001 I Street, IMS A-23
MS 19B

FROM: Donald O. Lyman, M.D., Chief
Division of Chronic Disease and Injury Control
California Department of Public Health
(916) 449-5700

SUBJECT: Bisphenol-A (BPA)



This memorandum is in response to the Office of Environmental Health Hazard Assessment call for public comments on BPA. I appreciate the opportunity to submit comments relevant to the proposed consideration of BPA for listing under the Safe Drinking Water and Toxic Enforcement Act of 1986, Health and Safety Code Section 25249.5 et seq., known as Proposition 65.

Dental sealants are an important public health strategy to prevent dental decay and the high prevalence of caries (cavities) among California's children. Sealants have been extensively studied and are recognized as one of the most effective methods for preventing tooth decay thereby decreasing the need for restorations. Dental sealants do not contain BPA, but some products release small amounts in the hour after application which may contribute to very low-level BPA exposure.^{1,2,3}

Good oral health is a basic necessity for children's overall health. Dental disease is an infectious disease, preventable by simple measures such as fluoride and dental sealants. When left untreated, dental disease can become debilitating and can lead to other serious infections and even death. Infection, sleep deprivation, nutrition problems, tooth loss, attention deficit, and slower social development are a few issues caused by dental decay.

¹ Joskow, R et al., Exposure to bisphenol A from bis-glycidyl dimethacrylate-based dental sealants, JADA, March 2006; 137:353-62.

² Center for the Evaluation of Risks to Human Reproduction, National Toxicology Program U.S. Dept. of Health and Human Services. NTP-CERHR Expert Panel Report on the Reproductive and Developmental Toxicity of Bisphenol A, November 26, 2007

³ Council on Scientific Affairs Statement, American Dental Association, November 2008.

Cynthia Oshita
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Children's oral health problems come at a considerable cost to their overall health, as well as their education; children cannot focus on learning when they are in pain. Additionally, California students miss an estimated 874,000 school days annually due to dental problems. These absences cost local school districts approximately \$28.8 million.

According to the 2006 California Smile Survey, An Oral Health Assessment of California's Kindergarten and Third Grade Children:

- By the time children enter kindergarten, more than 50 percent already have dental decay, 19 percent have rampant decay and 28 percent have untreated decay
- By third grade, over 70 percent of the children have a history of tooth decay
- 28 percent, approximately 750,000 children, have untreated tooth decay
- 4 percent, approximately 138,000 children, need urgent dental care because of dental pain or infection.

Promoting children's oral health is good for children's overall well-being and makes good financial sense for California. For every dollar spent on prevention, as much as \$50 is saved on restorative and emergency oral health procedures.

Healthy People 2010 Oral Health Objective 21-8 calls for 50 percent of 8 and 14 year-old children to have sealants on their permanent molar teeth. According to the 2006 California Smile Survey, only 28 percent of California's third graders have sealants.

For 30 years, the California Children's Dental Disease Prevention Program (CCDDPP), a school-based program serving low-income children, operated in schools providing sealants as one of five required program components: sealants, fluoride, oral health education, and brushing and flossing instructions. This program served more than 300,000 children each year and provided dental sealants to more than 9,000 children annually. Unfortunately, the 2009 budget cuts eliminated funding for CDDPP leaving many low-income, high-risk children without the benefit of this public health program.

As a champion of public health strategies to prevent disease, I support the use of dental sealants. Please consider the public health benefits of dental sealants as you consider BPA as part of your assessment.

cc: Richard Kreutzer, M.D.
Division Chief
Environmental and Occupational Disease Control
California Department of Public Health