

**CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
BOARD OF HEALTH MEETING**

MINUTES

Thursday, December 11, 2008

A meeting of the Philadelphia Board of Health was held on Thursday, December 11, 2008, in the Municipal Services Building, 1401 J.F.K. Boulevard, Rooms Y and Z.

Board Members Present: Jose A. Benitez, MSW; Marla J. Gold, MD; Shannon P. Marquez, MEng, PhD; Scott McNeal, DO; Susan Schewel, CRNP, PhD; Donald F. Schwarz, MD, MPH; Yolanda F. Slaughter, DDS, MPH

Attendees: Harriet Ackerman; Joan Bland; Jerome Bowman; Andrea Brockman, DDS; Sean Connolly; Michelle S. Davis; Paul DiLorenzo, DDS; Nan Feyler; Thomas Gamba, DDS; Kay Graham; Karla Hill; Adele Holloway; Thomas Huynh; Stuart Katz; Freya Koss; Carmen Lemmo; Arnelle LLoyd, DDS; Giridhar Mallya, MD, MSHP, Kate Maus; Jeff Moran; Patricia Nesmith; Peter Palermo; Karen Palmer; Alvin Powell; Palak Raval-Nelson, P; Susan Robbins, MD; Thomas Storey, MD; Carol J. Ward; Darnell Wilkerson

Welcome and Introductions

Board Chair Health Commissioner Donald F. Schwarz called the meeting to order at 5 PM. He noted that this is the first meeting of the new Board of Health, welcomed and introduced the Board members, and reviewed the meeting's agenda. He said that those presenting testimony on the Dental Amalgam Brochure will be limited to five minutes; however, testimony is to be followed by a question and answer period with answers limited to two minutes.

Risk Based Food Inspection Regulations

Palak Raval-Nelson, Director of the Department of Public Health's Food Protection Program, explained that a risk based approach to food protection and inspection will focus on the reduction of factors known to contribute to food borne illnesses. It will also establish frequency of inspection based upon risk. For example, an establishment providing pre-packaged food products would not be inspected as often as a diner or other food establishment with multiple food handling procedures. Board members have received and reviewed revisions to regulations governing establishments that handle food, along with an executive summary (Attachment A) of the steps taken to implement a new risk based food protection program in keeping with the recommendations of the Center's for Disease Control (CDC), the Food and Drug Administration (FDA), and the Pennsylvania Department of Agriculture.

Dr. Schwarz asked the Board to endorse or reject the new regulations. He said that Board endorsed regulations will be forwarded to the Law Department for review and a period of public comment.

Marla J. Gold, MD, moved that the Board accept the new regulations. Scott McNeal, DO, seconded the motion. Motion passed.

Mercury in Dentistry Brochure

Health Commissioner Schwarz called upon Department of Public Health Chief of Staff Nan Feyler to present a summary of City Council ordinance # 040904-AAAA (Attachment B), which requires the Department of Public Health to create a fact sheet that informs the public about the potential hazards of mercury in dental amalgam. The legislation also requires that dentists distribute the fact to consumers, for signature by the consumer, so that consumers may make an informed decision about their dental care.

Nan Feyler noted that copies of the ordinance were distributed to the Board in advance of the meeting. She said that when the Board has approved a final document, it would be provided to City Council.

Commissioner Schwarz summarized the outcome of a previous meeting that included members of the Board of Health and representatives of the Department of Public Health, the Philadelphia Dental Society and Consumers for Dental Choices. The participants agreed that their objective was to create a single-page, low-literacy fact sheet that enables consumers to make informed choices about the materials used in dental offices and identifies additional resources consumers may consult for further information.

Based upon information offered by both groups at the previous meeting, the Department of Public Health has circulated a draft fact sheet for consideration at today's meeting of the Board of Health.

The Philadelphia Dental Society and Consumers for Dental Choice have submitted written revised drafts (Attachments C&D) to the Board.

Dr. Schwarz asked those presenting testimony about the fact sheet to introduce themselves. Dr. Vincent DiLorenzo, Dr. Andrea Brockman, Dr. Thomas Gamba, Dr. Arnelle Lloyd, and Freya Koss identified themselves to offer testimony.

Dr. DiLorenzo delivered prepared testimony (Attachment E) in support of the revisions submitted by Consumers for Dental Choice.

In support of the revised fact sheet provided by the Philadelphia Dental Society, Dr. Gamba delivered prepared testimony and submitted the testimony and documents referenced in his remarks. (Attachment F).

The meeting was opened to questions for Dr. DiLorenzo. Dr. Schwarz asked for the difference in cost between amalgam and resin fillings. Dr. DiLorenzo said that composite resin is one third to one half greater in cost.

Dr. Slaughter thanked Dr. DiLorenzo for his remarks. She commented that she has reviewed many very sound studies that represent the best evidence available. She cited a need for further study and better instruments to establish causal relationships, but encouraged a precautionary as well as an evidence-based approach to the issue.

Dr. DiLorenzo agreed that there is a meeting place for precautionary and evidence based approaches, but stated that some established scientific facts have not been included in the draft. He said that individuals should be informed that mercury vapor is released from the surface of the filling. In response to a question from Dr. Schwarz, he said that 15 - 20 micrograms of mercury could be released per day. Dr. Slaughter cited a study that places the figure at between 1.7 and 2.7 micrograms. Dr. DiLorenzo said the World Health Organization considers the use of mercury in dentistry to be the leading source of exposure to mercury, far greater than seafood or coal producing plants. He also noted even greater risk during placement and removal of fillings.

Dr. Slaughter commented that debate over the issue has brought about many improvements in the handling of mercury as a potential occupational hazard. Dr. DiLorenzo encouraged continued education of practitioners saying that masks and gloves do not provide sufficient protection.

In response to a question from Dr. Schwarz, Dr. DiLorenzo said the he is not currently practicing and is in the process of finding a new position.

The meeting was opened to questions for Dr. Gamba. Dr. Schwarz asked Dr. Gamba about the comparative costs of composite resin and amalgam fillings. He said the in his office the cost of a one surface amalgam filling is \$125 while a comparable resin filling is \$180. He indicated that this speaks to public health concerns about access to care and impacts Medicaid patients and low-income families.

Asked about measures for the protection of patients during the placement or removal of amalgam, Dr. Gamba said that both the American Dental Association and the Pennsylvania Dental Association have established amalgam best management practices which address precautions and procedures for the protection of the patient, the dentist, the assistant and the environment. These procedures, he said, were established primarily to address environmental concerns. The use of amalgam separators is a recommended best practice to protect the environment. A dental dam is used to prevent the patient from ingesting any excess amalgam. Masks, gloves and eye protection protect the dentist and assistant.

Dr. Gold asked why mercury, rather than another substance, is used in binding metals in the amalgam. Dr. Gamba said that he did not know, and was unaware of any experiments with other metals to produce a similar compound.

Dr. Schwarz asked Dr. Gamba to discuss how he counsels patients when they are asked to choose between resin and amalgam. Dr. Gamba indicated that he places very few amalgams compared to composites. Most patients prefer composites, and today's materials are more durable than early composites. Amalgam is used primarily in the posterior teeth where access and moisture control are difficult. Dr. Gamba said that he explains to the patient why amalgam is being used, and advises, "it does contain mercury, but we believe it is safe."

Dr. Slaughter asked Dr. Gamba to expand on his earlier comment about access to care and impacts on lower income families.

Dr. Gamba said that he is a Medicaid provider and in that system the dentist is paid much less to place a composite than he is to place an amalgam. The greatest problem, he said, is in children who are sometimes not able to sit for a technique sensitive procedure such as placement of composite.

Composite restorations placed under the best circumstances do not last as long as amalgam. Placed under poor circumstances, on a child who is moving around in a wet environment, a composite restoration would fail very quickly, which entails another visit to the dentist.

Susan Schewel asked for clarification of a statement in the Dental Society's revised fact sheet that indicated that the FDA is reviewing dental amalgams. Jerome Bowman of the Dental Society said that the FDA is in the process of reclassifying dental amalgams as a "medical device."

Dr. Brockman delivered prepared testimony (Attachment G) in support of the revised fact sheet submitted by Consumers for Dental Choice.

Dr. McNeal asked Dr. Brockman to discuss the difficulties of placing composite fillings in children and to comment on their durability. Dr. Brockman said that she only places composite fillings in children and has found that they are just as able to sit for the procedure as they were when she was in dental school and placed amalgam fillings. She said that very few patients have returned to replace a composite resin. If a dentist is using a rubber dam, high-speed suction, and proper technique, composite resins do not de-bond.

Dr. Schwarz asked how Dr. Brockman counseled her patients about amalgam versus the alternative. Dr. Brockman said that she originally took steps to protect herself from the mercury vapor she was inhaling. She covered herself from head to toe, and used special equipment to remove mercury from the air, used other devices to protect patients from vapor, provided patients with dietary supplements, and counseled patients to maintain a diet that is high in foods containing sulfur. In more recent years, her patients were advised that amalgam fillings were not used in the office and that they had the option of going to another practice for placement of an amalgam filling.

Dr. Gold asked if data is available that provides a cost benefit analysis that measures the potential risk of exposure in some individuals against the potential for diminished care among large numbers of people. Dr. Brockman said that this type of analysis would be very difficult because not much is known about the health problems that might result that are more costly than dental procedures themselves. Dr. Slaughter cited an article from the Public Health Report (Attachment I) that estimated that elimination of amalgam fillings in children would result in a one billion dollar cost the first year and 13 billion dollars over a fifteen-year period.

Dr. Arnelle Lloyd of the New Era Dental Society, a minority dental society, testified in support of the revisions submitted by the Philadelphia Dental Society.

Dr. Lloyd commented that in her non-profit practice it would not be practical to place composite fillings exclusively. She suggested that the fact sheet be written in a tone that is cautionary, not alarmist. Because the professional and government organizations we rely upon for guidance have not ruled out the use of amalgam, she urged the Board not to adopt language that may scare the population she serves who are least able to afford services.

She said that Medicaid reimburses equally for amalgam and composite, so a choice is available. Her practice, however cannot afford the more expensive composites. Amalgam is often used because it lasts longer.

Dr. Lloyd said that, taking into account age, autoimmune and other conditions, she would explain to the patient what she would do in their circumstances.

Dr. Schwarz asked Dr. Lloyd if her patients use the internet. She reported that many of her patients are young people who use the internet.

He asked if restoration takes place the same day a decayed tooth is identified or if it requires a return visit. Lloyd indicated that a large proportion of visits are emergencies, so teeth are usually restored the same day.

Dr. Lloyd said that educational material that would be beneficial to her patients should be easy to read, easy to understand, and to the point. She endorsed the draft material submitted by the Philadelphia Dental Society and said that the material should be balanced, neither assuring that amalgam is completely safe, nor that it is severely toxic and should not be used.

Board members Shannon P. Marquez, MEng, PhD, and Marla J. Gold, MD, queried Dr. Lloyd about any special concerns she may have about the brochure or its impact on her practice. Dr. Lloyd reported none, indicating that it is her responsibility to educate patients, but ultimately a patient or a parent decides. She did not expect that her practice would be slowed or otherwise hampered by the process.

Dr. Schwarz asked, “If Medicaid reimbursed at a rate of \$300 for either an amalgam filling or a composite filling which would you choose?”

Dr. Lloyd said that if the care included a proximal surface she would likely use resin. If it did not include a proximal surface she would likely place amalgam.

Freya Koss, Director of the Pennsylvania Coalition for Mercury Free Dentistry, delivered prepared testimony in support of the revised fact sheet submitted by Consumers for Dental Choice.

Dr. Schwarz asked Ms. Koss how much information an average person would extract from a brochure. She noted that her group had submitted a condensed draft that was one page in length and endorsed the idea of supplement this information with additional information made available on a website. But, she express concern that everyone does not have internet access and many will rely solely upon information provided by their dentist. In her experience, a dentist may offer the choice between a white and a standard filling – without mentioning that the standard filling contains mercury. Efforts to educate dentists, to reach out to the Pennsylvania Dental Association, thus far, have not met with success, she said.

Following discussion among the members of the board, steps for completion of the fact sheet were outlined. Nan Feyler summarized:

Citations should be submitted to the Department of Public Health, by December 18th, in electronic format or in the form of nine hard copies. The health department will compile these materials, create a comprehensive list, and the distribute list and materials by January 4th.

Comments should be submitted to the health department by January 11th. The department will review the comments and provide the new draft by January 15th, for a second round of comments. Those testifying may submitted additional supporting materials, and may attend the February meeting of the Board of Public Health, which is open to the public. Materials should be sent to Nan.Feyler@phila.gov and Donald.Schwarz@phila.gov. Dr. Schwarz entertained a motion to adjourn. The motion was seconded. Motion passed.

The meeting was adjourned at 6:40 PM.