

Legislative Testimony
HB 5243 An Act Concerning The Use Of Mercury In Dentistry
March 7, 2012
Dr. Jonathan Knapp, DMD

Senator Gerratana, Representative Ritter and members of the committee; my name is Dr. Jonathan Knapp; I am a general dentist practicing in Bethel, Connecticut, and Vice-Chair of the American Dental Association Council on Dental Practice, which is responsible for providing recommendations and information on how dentists can best support their patients and their practice lives.

I am here today to urge that you reject HB5243. In my 22 years of practice, I have placed numerous amalgam restorations in patients of all ages. I continue to offer this restorative material as an option for patients in certain clinical circumstances, such as those requiring extensive fillings in molar teeth. Dental amalgam is durable, reliable, can be placed efficiently and – unlike tooth colored fillings – it can be placed in a wet environment. These qualities are particularly valuable in treating children and patients whose physiological or psychological conditions make it difficult for them to remain still during treatment.

Additionally, when I discuss treatment options with my patients who have dry mouths, an increasing subset given the prevalence of medications and conditions that contribute to it, I inform them that there is a much earlier incidence, and dramatically higher rate of new decay at the edges of tooth colored fillings than in teeth with amalgam.

Reflecting the national trend, my use of dental amalgam has declined over time, as patients increasingly prefer newer tooth-colored materials. This reduction in the use of amalgam owes completely to patients' preference for more aesthetic restorations, and not to any question about the safety of amalgam. In fact, I have amalgams in three of my own teeth, and have used it in treating members of my own family including one very recently for my wife. If I had any doubt—*any* doubt—about the safety of amalgam, I would never use it to treat a member of my family. And I feel as strongly about the health and safety of every one of my patients. *If I doubted the safety of amalgam, I simply wouldn't use it.*

Dentists have no vested interest in continuing to use amalgam. We do have a vested interest in protecting our patients' safe and effective treatment options. And amalgam is one of the safe and effective options available to us and our patients for restoring decayed teeth. My view regarding the availability of dental amalgam was best articulated by Dr. Ron Tankersley, a past president of the ADA, when he said, "American dentists do not need dental amalgam, but some of our patients do."

Furthermore, I urge the committee to utilize a scientific, evidence-based approach as you consider this issue. This can be a very emotional issue for some who may be the unfortunate victims of all sorts of serious maladies, and who may be looking for something on which to pin blame. However, as others will tell you, dental amalgam and mercury are not one in the same. True sensitivity to dental amalgam is a very rare occurrence and has never been demonstrated under any widely accepted, scientific, peer-reviewed methodologies to cause the systemic problems claimed. Countless teeth, over more than a century, have been saved and maintained through the use of dental amalgam while demonstrable harmful

reactions have been extremely rare. In allergic individuals, peanuts can be deadly. Should we ban the sale of peanuts because a small percentage of the population is susceptible? As the decision-making body on legislation for our state, you in The General Assembly have a duty to consider the strength of the underlying research used to make claims regarding harm caused by amalgam. Independent, scientifically sound, rigorous, peer reviewed research, published in widely accepted and respected outlets, should form the basis for decisions on policies affecting treatment options for patients. Likewise, I would argue that each dental professional has a duty to consider the evidence with the same scientific rigor, and to present options and obtain valid informed consent from patients by upholding the same evidence-based principles. Failing to meet that duty is failing to meet the standard of care for our profession.

Thank you for this opportunity to testify. I will be happy to answer your questions.

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