



Lowering the fluoride dose one point

Reducing the total daily exposure from treated drinking water to as low as reasonably achievable

The Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) recommend ≥ 0.6 mg/L as an effective minimum fluoride treatment level for the prevention of tooth decay(1)(2). In January 2025, Nebraska's revised regulation lowered the target treatment level to 0.7 mg/L and lowered the upper threshold to 0.9 mg/L while maintaining the operational minimum at 0.5 mg/L.(3)

“Although 0.7 mg/L is the recommended optimal level, ≥ 0.6 mg/L is still effective for the prevention of caries.”

Centers for Disease Control & Prevention MMWR June 2, 2023

The American Dental Association (ADA) Fluoride Facts 2025 references a 2011 report by the American dental association council on scientific affairs that recommends, *“Practitioners should be aware that children are exposed to multiple sources of fluoride during the tooth development period. Reducing fluoride intake from reconstituted infant formula alone will not eliminate the risk of fluorosis development.”*(4) The AAP notes the importance of clinicians providing advice to parents on the proper use of fluoridated toothpastes(5) and advocates exclusive breastfeeding from 6 to 12 months indicating, *“Human breast milk has been shown to have consistently low levels (0.005-0.01 ppm) of fluoride,”* and use of fluoride-free or low concentration fluoride for potential fluorosis risks.”(4)(6)

TABLE 2 Fluoride Supplementation Schedule for Children (2)

Age	Fluoride Ion Level in Drinking Water, ppm ^a		
	<0.3	0.3–0.6	>0.6
Birth to 6 mo	None	None	None
6 mo to 3 y	0.25 mg/d ^b	None	None
3–6 y	0.50 mg/d	0.25 mg/d	None
6–16 y	1.0 mg/d	0.50 mg/d	None

Source: Centers for Disease Control and Prevention.²¹

^a 1.0 ppm = 1 mg/L.

^b 2.2 mg of sodium fluoride contains 1 mg of fluoride ion.

Table 2. Reference Intakes for Fluoride

(6) Food and Nutrition Board of the Institute of Medicine 1997⁴⁰

Age Group	Reference Weights kg (lbs)*	Adequate Intake (mg/day)	Tolerable Upper Intake (mg/day)
Infants 0–6 months	7 (16)	0.01	0.7
Infants 7–12 months	9 (20)	0.5	0.9
Children 1–3 years	13 (29)	0.7	1.3
Children 4–8 years	22 (48)	1.0	2.2
Children 9–13 years	40 (88)	2.0	10.0
Boys 14–18 years	64 (142)	3.0	10.0
Girls 14–18 years	57 (125)	3.0	10.0
Males 19 years and over	76 (166)	4.0	10.0
Females 19 years and over	61 (133)	3.0	10.0

* Value based on data collected during 1988–94 as part of the Third National Health and Nutrition Examination Survey (NHANES III) in the United States.⁴⁰

“We don’t think that infants between 0 and 6 months of age need extra [fluoride] outside of what they would get in breast milk”

*Ann Anderson Berry, MD
Neonatologist, 2025 HHS Legislative Testimony*

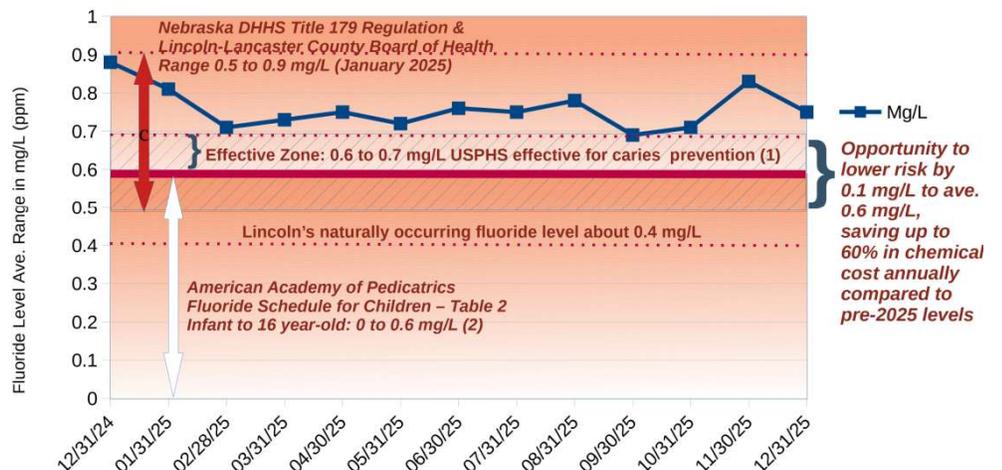
Lincoln’s 2025 drinking water fluoride treatment reports appear to be treating within an operational range of ± 0.1 mg/L with a set minimum of 0.7 ppm.(7) *Is there an opportunity to lower the fluoride treatment level by another point to further minimize fluoride harms to the most vulnerable?*

“Adding fluoride to water supplies may lead to slightly less tooth decay in children’s baby teeth.”

*ADA Fluoridation Facts 2025
Ref. to 2024 Cochrane Database of Systematic Reviews
Water fluoridation for prevention of dental caries*

Lincoln Water System - Fluoride Treatment Reports by Month

December 2024 to December 2025 - Hydrofluorosilicic Acid Contract \$116,900



(1) CDC MMWR June 2, 2023 citing U. S. Public Health Service 2015 recommendation

(2) Clark MB, Slayton RL. American Academy of Pediatrics Section on Oral Health. Fluoride Use in Caries Prevention in the Primary Care Setting. Pediatrics. 2020; 146(6):e2020034637

References

- 1) Bochmer T. J. et al. *Community Water Fluoridation Levels To Promote Effectiveness and Safety in Oral Health — United States, 2016–2021*. Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. June 2, 2023. Accessed Feb. 2026. [cdc.gov/mmwr/volumes/72/wr/pdfs/mm7222-H.pdf](https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7222-H.pdf)
- 2) Clark MB, Slayton RL, AAP Section on Oral Health. *Fluoride Use in Caries Prevention in the Primary Care Setting*. Pediatrics. 2020;146(6):e2020034637
- 3) Nebraska Department of Health & Human Services. Title 179 Public Water Systems. Chapter 1: *Rules and Regulations Governing Fluoridation of Water Supplies*. January 20, 2025. rules.nebraska.gov/browse-rules
- 4) Berg J, Gerweck C, Hujoel PP, et al. *Evidence-based clinical recommendations regarding fluoride intake from reconstituted infant formula and enamel fluorosis: a report of the American dental association council on scientific affairs*. J Am Dent Assoc. 2011;142(1):79–87.
- 5) American Academy of Pediatric Dentistry. *Policy on use of fluoride*. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2024:101-3.
- 6) American Dental Association. *Fluoridation Facts*. 2025. Accessed Feb. 2026 ada.org/resources/community-initiatives/fluoride-in-water/fluoridation-facts
- 7) Lincoln Transportation & Utilities. 2025 Fluoride Treatment Reports. Access through Nebraska Department of Water, Energy and Environment portal.
- 8) Nebraska HHS Legislative Committee Hearing. Testimony. LB147. March 2025. nebraskalegislature.gov/FloorDocs/109/PDF/Transcripts/Health/2025-03-12.pdf