Metropolitan Council Meeting
Wednesday, December 11, 2002
Council Chambers
3:00 P.M.

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2002-463: Minnesota Valley Transit Authority (MVTA) Opt-Out Service Agreement

Other Business

Continued Discussion of Blueprint 2030 Draft

Reports

Chair
Council Members
Regional Administrator

Adjournment

Part III - Certification
It was moved by Nelson, seconded by Kummer:

"That the Metropolitan Council:

1. authorize implementation of the joint MCES/Minnesota Dental Association (MDA) program to reduce dental mercury discharge levels;

2. grant a variance from the Local Pretreatment Standard for mercury in the MCES Waste Discharge Rules to dental offices participating in the program; and

3. approve a targeted grant to MDA to cover a share of the costs of marketing the program to dentists."

Keith Buttleman, Director of Environmental Planning and Evaluation, explained that several years ago the staff undertook a research project with the cooperation of the dental community where they documented the contribution of mercury into the sewer system from dental offices. It was one of the first instances in the United States where a scientifically-valid study was done documenting how much mercury goes into the system from dental offices and how effective equipment can be at removing that substance. Based on those findings, staff has been working in conjunction with the Minnesota Dental Association to develop a program to reduce the mercury going into the sewer system. Buttleman introduced Scott Lingle, President of the Minnesota Dental Association. Also in attendance were Marla Ivan, staff of the dental association; Leo Hermes and Peter Berglund of the Council's Industrial Waste Program; and Rebecca Flood of the Council's regulatory compliance program who all worked on formulating this program.

Scott Lingle addressed the Council and commented that this project was an example of what can be done through cooperation instead of regulation. He stated that dentists are educated professionals who are concerned about the environment and are eager to do the right thing. He noted that real science was used to make their decisions which made the cooperation very good. He pointed out that the benefit to the Council is that it avoids the expense of regulators, inspections and the bureaucracy it takes to maintain a regulatory program. He also noted that the benefit to the dental community is that they are keeping costs down while maintaining an efficient and less intrusive system which will be passed on as reduced health care costs to the patients. He stated that the system will be monitored by both the association and the Council in the years ahead. He noted that there has already been a successful program in Duluth and they are now taking the format for that program statewide.

Buttleman further pointed out that another benefit to the Council is the potential cost savings, which could be as high as $100 million if this program is as successful as expected in reducing mercury entering the regional system. It could eliminate the need for the Council and ratepayers in the region having to pay for filtration systems to reduce this substance from wastewater treatment plants. He noted that those systems cost approximately $1 million per 100 million gallons.

Hornstein asked if the dental community is considering the phase-out of mercury altogether over a specific period of time. Lingle responded that they have seen a dramatic decrease in the use of silver mercury fillings. However, he noted that this is not the problem in the wastewater discharge. He stated that the problem stems from removal of silver mercury fillings from patients as they are replaced with other substances. He pointed out that this would probably be the case over the next 30-40 years. Hornstein asked if there is a deliberate effort underway to eliminate the use of mercury. Lingle responded that it is one of the most cost-effective, long-lasting restorative materials they have. However, their recent experience has been that people want white fillings for cosmetic reasons. He noted that, because medical assistance programs are looking for the cheapest, quickest and most cost-effective material, amalgam will remain the restorative material of choice.

A vote was then taken on the motion and carried.