Testimony of Maine Public Health Association in Support of:
LD 582: An Act to Require Health Insurance Carriers to Provide Coverage for Blood Testing for Perfluoroalkyl and Polyfluoroalkyl Substances

Joint Standing Committee on Health Coverage, Insurance and Financial Services
Room 220, Cross State Office Building
Tuesday, March 4, 2025

Good afternoon, Senator Bailey, Representative Mathieson, and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services. My name is Rebecca Boulos. I am a resident of South Portland, and executive director of Maine Public Health Association. MPHA is in support of LD 582: "An Act to Require Health Insurance Carriers to Provide Coverage for Blood Testing for Perfluoroalkyl and Polyfluoroalkyl Substances."

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent more than 850 individual members and 70 organizations across the state. The mission of MPHA is to advance the health of all people and places in Maine. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine's communities, and we take that responsibility seriously.

The proposed bill would require all health insurance carriers providing coverage in Maine to cover the costs of blood testing for perfluoroalkyl and polyfluoroalkyl substances (PFAS), in accordance with clinical guidelines established by the National Academies of Sciences, Engineering, and Medicine, starting on January 1, 2026.

In 2022, Governor Mills established the PFAS Fund to support farmers whose land and/or water were contaminated from PFAS; homes adjacent to contaminated farmland were also eligible to receive support. I have the honor of serving on the PFAS Fund Advisory Committee, which was charged with developing a plan for the funds, and I co-chair the Health Subcommittee. In 2023, the Advisory Committee published our report, *Plan for the Administration of the Fund to Address PFAS Contamination*, which identifies various strategies for supporting impacted farmers and their neighbors, and includes a recommendation for blood testing.

PFAS are found in air, soil, surface water, and groundwater (including drinking water); food and food packaging; commercial household products; and some living organisms (where PFAS have accumulated over time). PFAS remain in the body for prolonged periods of time (anywhere from months to years) after they have entered it. PFAS contamination has been identified in well-water sources and farm fields across the state of Maine, putting those who rely on those resources at risk of hazardous chemical exposures.[1]

PFAS exposure may reduce antibody responses to vaccines[2,3] and infectious disease resistance.[4] PFAS exposure can also alter metabolism[5] and fertility,[6] reduce fetal growth, and increase the risk of being overweight or obese.[7] PFAS exposure has also been associated with several chronic health problems, including

increased cholesterol levels, liver dysfunction, and increased risk of testicular and kidney cancers.[8] A 2017 review of the research literature explored the relationship between PFAS exposure and children's health. Six associations with health were identified: early puberty onset, immunity/infection/asthma, thyroid and renal function, cardio-metabolic measures, and neurodevelopmental/attention.[9]

The National Academy of Sciences, Engineering, and Medicine recommends PFAS blood serum tests for people who are likely to have a history of elevated exposure to PFAS, including communities with documented exposure, people living near farms where sludge may have been spread, people with an occupational exposure risk, including firefighters, and people living near landfills, incinerators, airports, and military bases.

Treatment for PFAS exposure starts with assessing patients' level of exposure, and if patients have elevated serum levels, then continued health monitoring. There is no approved procedure to remove PFAS chemicals from an exposed person's body. However, the assessment of personal exposure can help impacted patients understand their health risks and take steps to prevent, or mitigate, future adverse health effects, including dyslipidemia, thyroid dysfunction, and testicular cancer.

Currently, many private Maine insurers leave patients to cover the full cost of the serum test unless their deductible has been reached. The approximately $600 per person cost of the serum test is currently preventing PFAS-impacted Mainers from assessing their exposure and monitoring their risk for other negative health impacts.

It is clear PFAS exposure poses a risk to public health. As such, we support efforts to improve our understanding of our own exposure and ability to minimize potential health risks. We support the intention of this bill and believe it is protective of public health. We respectfully request you vote LD 582 "Ought to Pass." Thank you.

---

[1]Maine Department of Environmental Protection. 2019. Per- and Polyfluoroalkyl Substances (PFAS).
[2]Grandjean P, Heilmann C, Weihe P, et al. 2017. Estimated exposures to perfluorinated compounds in infancy predict attenuated vaccine antibody concentrations at age 5-years. *J Immunotoxicol*,14(1):188-195.
[3]Looker C, Luster MI, Calafat AM, et al. 2014. Influenza vaccine response in adults exposed to perfluorooctanoate and perfluorooctanesulfonate. *Toxicol Sci*.,138(1):76-88.
[4]National Toxicology Program. 2016. Monograph on immunotoxicity associated with exposure to perfluorooctanoic acid (PFOA) and perfluorooctane sulfonate (PFOS). Research Triangle Park, NC: National Toxicology Program.
[5]Liu G, Dhana K, Furtado JD, Rood J, Zong G, Liang L, Qi L, Bray GA, DeJonge L, Coull B, Grandjean P, Sun Q. 2018. Perfluoroalkyl substances and changes in body weight and resting metabolic rate in response to weight-loss diets: A prospective study. *PLoS Med*,15(2):e1002502.
[6]Bach CC, Vested A, Jorgensen K, Bonde JP, Henriksen TB, Toft G. 2016. Perfluoroalkyl and polyfluoroalkyl substances and measures of human fertility: A systematic review. *Crit Rev Toxicol*,46(9):735-55.
[7]Braun J. 2017. Early-life exposure to EDCs: Role in childhood obesity and neurodevelopment. *Nat Rev Endocrinol*,13(3):161–173.
[8]Agency for Toxic Substances and Disease Registry. 2022. What are the health effects of PFAS?
[9]Rappazzo KM, Coffman E & Hines EP. 2017. Exposure to perfluorinated alkyl substances and health outcomes in children: A systematic review of the epidemiologic literature. *International Journal of Environmental Research and Public Health*, *14*(7):691.