

Testimony of Dr. Rachel Criswell, MD, MS, IBCLC
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In SUPPORT of LD 582

**An Act to Require Health Insurance Carriers to Provide Coverage for Blood Testing for Perfluoroalkyl
and Polyfluoroalkyl Substances**

Before the Health Coverage, Insurance and Financial Services Committee
March 4th, 2025

Good afternoon Senator Bailey, Representative Mathieson, and members of the Health Coverage, Insurance, and Financial Services Committee. My name is Dr. Rachel Criswell, and I am a full spectrum family medicine physician and environmental health researcher in Skowhegan. I received my Medical Degree and Masters Degree in Biomedical Research at Columbia University and completed my family medicine residency at the Maine-Dartmouth Family Medicine Residency in Augusta. I currently co-lead an NIEHS-funded project assessing PFAS blood levels in sludge-affected communities in central Maine, and I serve as the Local Health Officer in my town of Mount Vernon. Please accept this testimony in support of LD 582, which would clarify that insurance companies must cover the full cost of the PFAS serum bill as an Essential Health Benefit addressing preventative care and chronic disease management.

My family medicine practice is in the heart of the communities affected by PFAS-contaminated biosolids, and I care for families who have very elevated levels of PFAS in their blood. The community in which I practice is rural and largely agricultural, and even those who are not farmers rely heavily on home gardens, backyard chickens, hunting, and fishing to sustain their families. When news of the PFAS contamination in central Maine broke, patients were concerned about their exposure and what it meant for their way of life, their families, and their health. As you well know, since that time, the Maine Department of Environmental Protection (DEP) has identified over 300 residential wells that have PFAS levels hundreds and thousands of times above the Maine recommended safe level, meaning that individuals drinking from these wells have extremely high levels of chemical exposure.

Over the course of the last several years, our understanding of the health risks associated with PFAS have evolved significantly. Most importantly, in 2022, the National Academies of Science, Engineering, and Medicine (NASEM) shared a comprehensive meta-analysis identifying health conditions with a strong evidence base linking them to PFAS exposure, including decreased antibody response, high cholesterol, decreased fetal and infant growth, and kidney cancer. Evolving evidence exists linking PFAS to breast and testicular cancers, ulcerative colitis, pregnancy-induced hypertension, changes in liver enzymes, and thyroid disease.¹

Importantly for me as a clinician, NASEM determined blood PFAS thresholds that dictate when an individual is at risk of these conditions. Not only that, but they have laid out concrete protocols for how and when to screen for PFAS-associated conditions among these individuals, and how to monitor PFAS blood levels to make sure they are decreasing appropriately. The great news is that all of these conditions and tests are well within the scope of primary care and can be easily incorporated into annual physicals. However, my patients and I need to know about the elevated risk to appropriately manage it.

PFAS blood testing is the most effective way to do this. While online toxicokinetic calculators are available to help determine projected blood levels based on water levels of PFAS,^{2,3} a recent study published in Environment International that I authored showed that these calculators are not reliable for estimating blood levels among populations with high exposure.⁴ Relying on these calculators rather than blood testing would result in unnecessary screening for some and potentially miss those at risk.

Outside of individuals with known water exposure such as in my community, NASEM and in 2024 the Agency for Toxic Substances and Disease Registry (ATSDR) define other populations that may be at risk for high levels of PFAS exposure.⁵ As a primary care clinician, these questions are easy to ask as a part of wellness exams. If a person falls into one of these risk categories - for example if they are a firefighter or Veteran - the NASEM guidelines clearly recommend testing their blood for PFAS. A decade ago, these were not questions that clinicians asked, because the evidence was not yet available. I am grateful that I now have these resources to help care for my patients.

If a patient's blood tests positive for elevated PFAS - and I can tell you that I have patients with PFAS blood levels 10 to 100s of times higher than the NASEM threshold for elevated health risk - then I can work with patients to screen them appropriately, and I can include this risk factor in my thinking when determining differential diagnoses. Further, I can work with the patient, the Maine Centers for Disease Control, and the Maine DEP to reduce environmental exposure and recheck at appropriate intervals to make sure no new exposures are occurring.

As research in clinical care of patients affected by PFAS continues to advance, I work with patients to make informed decisions about healthy lifestyle and body burden reduction interventions. Already, I have worked with fellow clinicians in Portland and my own hospital's Pharmacy and Therapeutics Committee to develop an evidence-based protocol for use of the medication cholestyramine for lowering PFAS body burden more quickly than typical biological excretion. This comes on the heels of a 2024 Danish clinical trial that showed the tremendous efficacy and safety of this medication for PFAS body burden reduction.⁶

While it is unclear whether rapid removal of PFAS from the body reduces health risk, there is an increasing and understandable desire among highly exposed populations to identify safe and effective means of PFAS body burden reduction. Indeed, body burden reduction may be an important intervention for women of reproductive age, as reducing serum PFAS reduces trans-placental and lactational transfer of PFAS from mother to fetus and neonate.⁷ Further, early data from studies of liver cells indicate downregulation of certain cancer genes with the *removal* of PFAS.⁸

As awareness increases about the health risks associated with PFAS exposure and the availability of PFAS body burden reduction treatments, several well-known, qualified laboratories currently offer PFAS serum testing, and more clinicians are aware of how to order, interpret, and act on these tests. However, cost is an enormous barrier for patients, as many insurances do not cover the cost of testing, and out-of-pocket costs can range anywhere from \$400-\$600. There have been numerous times in my clinic room, where I have identified a patient at risk for elevated PFAS exposure, and in the course of shared decision-making they decide NOT to have their blood tested because of the cost. Screening at-risk individuals for elevated PFAS exposure is preventive health care, just as a mammogram or cholesterol test may be, and it should be affordable and available to patients who need it.

For these reasons, I urge you to vote unanimously "Ought to Pass" on LD 592. Thank you for your time.

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