MPHA
Maine Public Health Association

**Testimony of Maine Public Health Association in Opposition to:**
**LD 827: An Act to Allow the Sale of Polymer-coated Cookware That Is Authorized for Food Contact by the United States Food and Drug Administration**

Joint Standing Committee on Environment and Natural Resources
Room 216, Cross State Office Building
Monday, March 17, 2025

Good morning, Senator Tepler, Representative Doudera, and distinguished members of the Joint Standing Committee on Environment and Natural Resources. My name is Rebecca Boulos. I am a resident of South Portland, and executive director of Maine Public Health Association. MPHA is in opposition to LD 827: "An Act to Allow the Sale of Polymer-coated Cookware That Is Authorized for Food Contact by the United States Food and Drug Administration."

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.

Maine has been a national leader in preventing and addressing contamination from toxic per- and polyfluorinated substances (PFAS). Currently, there are changes underway in the country's Capitol that are impacting federal agency staffing, funding, and oversight. Thus, we have reason to suspect that the U.S. Food and Drug Administration (FDA) may not be as current with PFAS regulations as the State of Maine. Given the human health impacts of PFAS, including increased risk of certain cancers, we should be doing all we can to limit people's exposure to these toxic chemicals, not identifying ways to increase our exposure.

What is particularly challenging about these chemicals is both their widespread use and the public's unawareness of their additive exposure and accumulation. PFAS are found in air, soil, surface water, and groundwater (including drinking water); food and food packaging; commercial household products; and some living organisms like wildlife and fish (where PFAS have accumulated over time). PFAS remain in the body for long 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 recent 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]

Given the human and environmental health risks associated with PFAS, we must prioritize limiting people's exposure to these toxic chemicals. This bill would repeal existing protections and thus, we believe it is harmful to public health. We respectfully request you to vote LD 827 "Ought Not to Pass." Thank you.

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[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.