April 20, 2025

Committee on Health and Human Services

Re: Support for

- **LD 493, which will require landlords to test well water for PFAS and other contaminants and disclose that information to tenants, like they already do for arsenic.**
- **LD 500, which will ensure that low-income Mainers relying on well water can access much-needed PFAS testing.**
- **LD 1326, which will set a more health-protective Maximum Contaminant Level for PFAS in Drinking Water in Maine.**

Dear Chairperson Meyer and Members of the Committee,

My name is Jane Disney, and I am a concerned citizen and PFAS researcher in Maine. As a Maine resident living in a rural area with no clear PFAS source, I discovered PFAS in my drinking water. The level was 15 ng/L, below the Maine standard of 20 ng/L for 6 PFAS, but it still caused me enough concern to install a whole-house filtration system. I had my blood tested for PFAS using the Eurofins PFAS Exposure Blood Test. I discovered that I have 6 different PFAS chemicals in my blood with a serum equivalent of 12.3 ng/mL (not L, but mL, a thousand times greater amount than in my drinking water). In addition, I did a correlation analysis and confirmed that the PFAS in my blood is highly correlated with the PFAS in my drinking water (Spearman's rho = 0.94).

Even though my water was below the state standard, I was exposed to it for long enough to fall into the range between 2 and 20 ng/mL, which, according to "PFAS Testing and Concentrations to Inform Clinical Care of Exposed Patients" in *Guidance on PFAS Exposure, Testing, and Clinical Follow-Up* published by the National Academies Press "**There is a potential for adverse effects, especially in sensitive populations, between 2 and 20 ng/mL."** Further, it is recommended that "following the usual standard of care, clinicians should also prioritize screening for dyslipidemia, hypertensive disorders of pregnancy, and breast cancer based on age and other risk factors." (1)

Having lived in my home for over 30 years, my concern is more for the children I raised here than for myself; my daughter recently got married and plans to have children. I told her she should share with her health care provider her exposure to PFAS. I am sure that we are not the only family in Maine facing these difficult conversations. Families who are reliant on well water near agricultural areas of Maine that had sludge applied to fields have been exposed to even higher levels of PFAS in their drinking water.

As a homeowner in Maine, I was able to make decisions about well water testing and the installation of a whole-house filtration system. If I were a renter, my options would not have been the same. Landlords should be required to test for PFAS, as well as other contaminants in drinking water, and make the situation right for their tenants. The more literature I read, the more I support the more health-protective MCL for PFAS. PFAS is insidious and can accumulate in the blood over many years. That is how I ended up with 1000x more PFAS in my blood than my drinking water. Higher concentrations of PFAS in the blood are associated with cardiometabolic problems like

obesity and diabetes. Early-life exposure to obesogens, such as PFAS, may predispose children to greater adiposity [2]. In addition, PFAS exposure in mothers during pregnancy could lead to a decrease in cardiovascular health of both mothers and children [3]. It can cause vaccines to be less effective in children [4]. We are now learning that there are risks of neurobehavioral issues in children that can be associated with PFAS exposure [5]. Early childhood is a particularly vulnerable and critical window of neurodevelopment. Even at lower levels of contamination, Maine residents, like my family and I, may be accumulating PFAS in their bodies. I have tested my drinking water for all types of anticipated contaminants over the years, but I never knew that PFAS was something I should be testing for.

The least we can do to prevent unnecessary harm is to pass these three bills and ensure that Mainers who live in the 50% of households dependent on private drinking water sources have support for testing for PFAS, that landlords in rural communities provide safe drinking water for their tenants, and that the most health protective standards are in place to both guide decision-making by well owners and to protect the health of all Mainers whether they are dependent on private or public water sources.

Taken together, LD 493, which will require landlords to test well water for PFAS and other contaminants and disclose that information to tenants, LD 500, which will ensure that low-income Mainers relying on well water can access much-needed PFAS testing, and LD 1326, which will set a more health-protective Maximum Contaminant Level for PFAS in drinking water in Maine, are the best next steps to protect Mainers from the potential health effects of PFAS exposure through drinking water.

Thank you for your time and consideration.

Sincerely,
Jane E. Disney, Ph.D.
Maine resident
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Bar Harbor, Maine

1. National Academies of Sciences, Engineering, Health and Medicine Division, Division on Earth and Life Studies, Board on Population Health and Public Health Practice, Board on Environmental Studies and Toxicology, and Committee on the Guidance on PFAS Testing and Health Outcomes. "PFAS Testing and Concentrations to Inform Clinical Care of Exposed Patients." In *Guidance on PFAS Exposure, Testing, and Clinical Follow-Up*. National Academies Press (US), 2022. https://www.ncbi.nlm.nih.gov/books/NBK584705/.
2. Grandjean, Philippe, Yu-Hsuan Shih, Louise Helskov Jørgensen, Flemming Nielsen, Pál Weihe, and Esben Budtz-Jørgensen. "Estimated Exposure to Perfluoroalkyl Substances during Infancy and Serum-Adipokine Concentrations in Later Childhood." *Pediatric Research* 94, no. 5 (November 2023): 1832–37. https://doi.org/10.1038/s41390-023-02665-4.
3. Birukov, Anna, Louise Bjørkholt Andersen, Marianne Skovsager Andersen, Julie H. Nielsen, Flemming Nielsen, Henriette Boye Kyhl, Jan Stener Jørgensen, Philippe Grandjean, Ralf Dechend, and Tina Kold Jensen. "Exposure to Perfluoroalkyl Substances and Blood Pressure in Pregnancy among 1436 Women from the Odense Child Cohort." *Environment International* 151 (June 1, 2021): 106442. https://doi.org/10.1016/j.envint.2021.106442.

4. Sigvaldsen, Annika, Frederik Damsgaard Højsager, Helene Martina Paarup, Iben Have Beck, Clara Amalie Gade Timmermann, Henriette Boye, Flemming Nielsen, et al. “Early-Life Exposure to Perfluoroalkyl Substances and Serum Antibody Concentrations towards Common Childhood Vaccines in 18-Month-Old Children in the Odense Child Cohort.” *Environmental Research* 242 (February 1, 2024): 117814. https://doi.org/10.1016/j.envres.2023.117814.
5. Larebeke, Nicolas van, Gudrun Koppen, Sam Decraemer, Ann Colles, Liesbeth Bruckers, Elly Den Hond, Eva Govarts, et al. “Per- and Polyfluoroalkyl Substances (PFAS) and Neurobehavioral Function and Cognition in Adolescents (2010–2011) and Elderly People (2014): Results from the Flanders Environment and Health Studies (FLEHS).” *Environmental Sciences Europe* 34, no. 1 (September 30, 2022): 98. https://doi.org/10.1186/s12302-022-00675-3.