Good afternoon, Senator Bailey, Representative Mathieson and honorable members of the Health Coverage, Insurance, and Financial Services Committee. My name is Gretchen Drown, I live in Portland, and I am here to testify in favor of LD 1688.

Mine was one of the early cases of COVID, in March of 2020. My son, a ninth grader at the time, also had COVID, and both of us went on to have our own versions of long covid with morphing chronic symptoms that manifested differently for each of us.

If you think back to those early spring days of 2020, you may recall how Maine's health care professionals were scrambling, along with the rest of the world, to meet the COVID crisis in full PPE, ventilators at the ready, surrounded by grief, fear, and trauma. The emerging patterns of unresolved symptoms among non-hospitalized patients would have to wait. Long COVID didn't have a name or an ICD-10 code. No one could say whether I might still be infectious weeks or months later when tests started to become more widely available. While the pandemic raged, a quiet and less visible shadow crisis was forming, as people survived acute COVID yet found that their health did not improve, or that it worsened in unexpected ways, defying all the conventional guidance about rest, nutrition, self-care, and exercise.

I felt that I was fighting for my life while trying to advocate for my son. There were millions like me around the world, and thousands here in Maine. You'll likely hear different statistics, as one study, for example, reported 8.4% of those surveyed ever having had long covid, defined as symptoms lasting longer than three months. That would make more than 117,000 Mainers. If even half of those people increased their need for doctor's appointments and tests, that would create a major impact on the health care system. This is one of the reasons that LD 1688 is important: better educated clinicians will make for more efficient use of patient and provider resources.