Testimony in support of LD 132 An act to require health insurance carriers to provide coverage for blood testing for perfluoroalkyl and polyfluoroalkyl substances

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Senator Baily, Congresswoman Perry and members of the Health Coverage, Insurance and Financial Service Committee. Thank you for the opportunity to testify in support of LD 132 today.

My name is Dr. Rachel Criswell, and I am a full spectrum family medicine physician at Redington-Fairview General Hospital in Skowhegan. I currently care for 10-20 patients who are affected by PFAS-contaminated biosolids, and I consult with patients from all over the state who have been affected by PFAS.

I received my medical degree and my Masters in biomedical research from Columbia University, where I conducted research on PFAS in human milk and associated health outcomes. Since then, I have published multiple papers on PFAS in human milk, and I am the Principle Investigator collaborating with the Maine CDC on the first study quantifying serum PFAS levels among the affected residents in the Fairfield area.

Exposure to high levels of PFAS is associated with a number of health conditions, including high cholesterol, kidney cancer, thyroid disease, testicular cancer, pre-eclampsia, and low birth weight in infants. Research shows that these effects are a risk with levels of PFAS greater than 20 ng/ml in a person's blood, and many of my patients have levels in the 100s and 1000s of ng/ml.

Thankfully, PFAS-associated health conditions are things that we know how to monitor for, prevent, and treat with common, easily available health tests and medications, but only if we know a person's risk. Because of the nature of PFAS exposure here in central Maine, estimates of a person's blood levels cannot be made based on water levels alone. People who are affected by PFAS-associated biosolids may have exposure from eating contaminated game, working in contaminated gardens, or consuming vegetables grown on contaminated land.

For this reason, *all* Mainers need access to the PFAS serum test, regardless of their insurance or financial status. For the uninsured, this test can cost up to \$600, and even those with health insurance sometimes pay that much before meeting their deductible. I can tell you firsthand that some patients who qualify for PFAS screening decide *not* to get tested because they cannot afford it. LD 132 is essential, so that *all* PFAS-affected Mainers can access and use the PFAS blood test to decide with their doctors what sort of health screening is needed in the future and how to mitigate their exposure.