

**Testimony of Peter Hayes  
to the Joint Standing Committee on Health Coverage, Insurance and Financial Services**

**In Opposition to**

**LD 132, An Act to Require Health Insurance Carriers to Provide Coverage for Blood Testing for Perfluoroalkyl and Polyfluoroalkyl Substances**

**March 28, 2023**

Good afternoon Senator Bailey, Representative Hatch, and Members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services.

My name is Peter Hayes and I'm the President and CEO of the Healthcare Purchaser Alliance of Maine. The HPA is a nonprofit that represents the purchasers of healthcare in Maine. Our mission is to advance healthcare value and to support and incentivize high-quality, affordable care. We have over 60 members, including some of the largest public and private employers and health trusts in Maine. Collectively, our members spend over a billion dollars annually providing health care for nearly one quarter of the commercially insured population in the state.

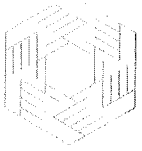
I'm here today to testify in opposition to LD 132. I appreciate Senator Brenner's attention to the issue of PFAS in our communities, but I have some concerns with requiring commercial health plans to pay for such testing. PFAS testing is currently conducted as part of environment public health surveillance by the Centers for Disease Control and other health agencies. For the more than half a million people in Maine covered by commercial insurance, this bill would supplement that community testing with individual testing to be paid for by Maine businesses and taxpayers.

As I've previously testified before this committee, Maine employers are already struggling to afford healthcare coverage for their employees and families. In fact, Maine already has the highest individual deductibles in the country.<sup>1</sup> This mandate would generate more costs that employers will have to absorb, whether through higher employee premium contributions, less generous plans, higher deductibles, additional employee cost sharing, or other cost-saving strategies—including fewer or smaller wage increases.

I would also point out that while a 2022 study by the National Academies of Sciences, Engineering, and Medicine recommended testing for PFAS, it concluded that such testing should be offered to those patients who are "likely to have a history of elevated exposure"—including those with occupational exposure, those who have lived in communities with documented contamination, and those who have

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<sup>1</sup>Kaiser Family Foundation, Average Annual Deductible per Enrolled Employee in Employer-Based Health Insurance for Single and Family Coverage, 2021. Available at: <https://www.kff.org/other/state-indicator/average-annual-deductible-per-enrolled-employee-in-employer-based-health-insurance-for-single-and-family-coverage/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Average%20Single%20Deductible%22,%22sort%22:%22desc%22%7D>.



lived where contamination may have occurred.”<sup>2</sup> The study also concluded that “retesting is of no or limited value if initial serum levels are low and exposure does not change.”<sup>3</sup> If the committee does decide to move forward with LD 132, I would urge you to limit eligibility for testing and retesting to those at high risk, consistent with the National Academies’ recent recommendation. As currently drafted, it appears that the test would be available to anyone requesting it.

Finally, if the committee is interested in pursuing this LD, I would urge that you send it to the Bureau of Insurance for a mandate study, so that you can get a better understanding of its cost and benefits, and can consider it within the context of the other mandated benefits you are considering this session.

Thank you for the opportunity to share HPA’s feedback on LD 132.

I’d be happy to answer any questions and will be available for the work session.

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<sup>2</sup> National Academies of Sciences, Engineering, and Medicine. 2022. Guidance on PFAS Exposure, Testing, and Clinical Follow-Up. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26156>.

<sup>3</sup> Ibid.