

**Testimony of
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On behalf of the
Maine State Chamber of Commerce**
**Before the Joint Standing Committee on Health Coverage and Insurance and Financial Services
in opposition to
L.D. 132, An Act to Require Health Insurance Carriers to Provide Coverage for Blood Testing for Perfluoroalkyl and
Polyfluoroalkyl Substances**

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Sen. Bailey, Rep. Perry and members of the Joint Standing Committee on Health Coverage and Insurance and Financial Services, my name is Peter Gore, and I am a Government Affairs Consultant with Maine Street Solutions, and I am here on behalf of my client, the Maine State Chamber of Commerce, a statewide business association representing both large and small businesses speaking to you today in opposition to **L.D. 132, An Act to Require Health Insurance Carriers to Provide Coverage for Blood Testing for Perfluoroalkyl and Polyfluoroalkyl Substances**.

LD 132 would require all health insurance carriers offering products in Maine to cover the cost of blood testing for the presence of Perfluoroalkyl and Polyfluoroalkyl substances, or PFAS. The Maine State Chamber has been very active and involved in several pieces of legislation regarding PFAS in other committees over the last several years. Like a lot of the legislation regarding PFAS, LD 132 is well intended and seeks to do the right thing. However, the logistics of carrying out the objectives of this health insurance mandate, and its implementation are complicated, and raise a number of concerns.

First, the cost associated with this mandate are likely to be enormous. It is our understanding that a PFAS blood test can range anywhere from \$400 to \$800 dollars *per test*. Since there is no lab currently conducting PFAS blood tests in Maine, any tests will need to be conducted by out of state laboratories. That will result in a significant cost to all insureds in Maine should this mandate be approved. And the new additional cost associated with LD 132 would be on top on the most expensive mandate ratified by the legislature in the past 20 years – the infertility mandate passed during the 130th Legislature and awaiting implementation.

To this point, no matter how well-intentioned mandated benefit coverage may be, there is a cost associated with its enactment. Over the years, the Maine legislature has authorized the inclusion of a numerous mandated benefits into our insurance code. According to the Bureau of Insurance website and the most recent report I last saw (2019), the legislature has enacted or expanded upon previously established mandated benefit coverage more than 39 times since 1975. Some of these mandates have larger cost implications than others; however, the Bureau of Insurance has estimated at that time that their total cost implications amount to 10.63 % for groups over 20, 10.68% for groups of 20 or fewer, and 9.33% for individual ratepayers. These figures were calculated prior to the enactment of LD 1539, the infertility mandate. Right now, the AFAS Committee is debating how to fund the roughly \$4 million a year this will cost the state to cover infertility treatment through *just* exchange based plans. If covering exchanged based plans will cost \$4 million a year, the Chamber is extremely concerned with the cost to the *entire* commercially based health insurance market. LD 132 represents yet a further significant cost increase, all of which impacts health insurance affordability.

Most employers I have spoken with over my time with the State Chamber want to do the right thing for their workers by providing access to health insurance, both because they feel a social responsibility to do so, but

also because it helps both attract and retain quality workers. But we also know every day, employers across this state are faced with making difficult choices; choices like whether they will be here tomorrow, whether or not to lay off or rehire their workers, whether or not to remain here, whether they can afford to provide a pay raise, or whether or not they can afford to continue their health insurance coverage for their employees. It is a fact that in our last Making Maine Work Survey, 43% of respondents ranked the cost of health insurance a top priority and concern for their business, behind only the availability of workers and energy costs.

Those are cost based choices that public policy outcomes like the one proposed by L.D. 132 may in fact impact. We know this because they tell us so. As our organization has said before this committee many times, mandated benefits, no matter how well intentioned, serve no purpose if they push health insurance premiums beyond the reach of either the employer or the employee. The challenge for employers to maintain their health insurance benefits in the coming months will depend on many things, and the cost of that insurance is chief among them.

In addition, once someone tests, what happens next? A recent Federal CDC guidance document says, "*a blood test also doesn't directly indicate whether any health conditions you are experiencing were caused by PFAS exposure or definitively predict whether you are likely to develop certain health problems in the future.*" In other words, if you are concerned and choose to have your blood tested, test results will tell you how much of each PFAS is in your blood, but it is unclear what the results mean in terms of possible health effects. The blood test will not provide information to pinpoint a health problem, nor will it provide information for treatment. The blood test results will not predict or rule out the development of future health problems related to a PFAS exposure. A blood test for PFAS can tell you what your levels are at the time the blood was drawn, but not whether levels in your body are "safe" or "unsafe."

It is fair to assume that we all have a certain amount of exposure to PFAS given they are in everyday consumer products that have been around for many years. But we still are far away from being able to identify what much of this means.

We recognize there is significant discussion and recognition regarding the presence of PFAS in our everyday products, in our soils and water, and our bodies. But at the same time, there appears to be no clear reason to mandate blood tests for PFAS. Doing so it will result in serious premium increases that raise the rates of others by socializing the cost across all insureds, whether they access this mandate or not. Should this committee elect to explore implementing this mandate, we would strongly encourage it to be sent for the Maine Bureau of Insurance for analysis and a mandate study. However, it is the position of the Maine State Chamber that because this mandate holds the potential for further increases in health care costs in Maine, and the concerns businesses have regarding the existing cost of health insurance moving forward, we are opposed to legislation that may add, even in a small way, to future costs. It is for this reason the Maine State Chamber of Commerce is opposed to L.D. 132. Thank you for your attention to our testimony.