



Stacy Brenner
Senator, District 30

THE MAINE SENATE
132nd Legislature

3 State House Station
Augusta, Maine 04333

Testimony of Senator Stacy Brenner in Support of LD 582, "An Act to Require Health Insurance Carriers to Provide Coverage for Blood Testing for Perfluoroalkyl and Polyfluoroalkyl Substances"

Before the Joint Standing Committee on Health Coverage, Insurance and Financial Services

March 4, 2025

Senator Bailey, Representative Mathieson, and esteemed members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, my name is Stacy Brenner. I represent Senate District 30, which includes all of Gorham and most of Scarborough. I appreciate the opportunity to introduce LD 582, "An Act to Require Health Insurance Carriers to Provide Coverage for Blood Testing for Perfluoroalkyl and Polyfluoroalkyl Substances."

As we consider this legislation, it is essential to frame this proposal not as a new mandate, but as an expansion of the existing Essential Health Benefit (EHB) that requires coverage for preventive care, screenings, and chronic disease management. The scientific understanding of PFAS exposure and its health consequences has evolved significantly since Maine adopted its benchmark health insurance plan in 2014. Now, with clear federal guidance and established clinical protocols, it is evident that PFAS blood serum testing falls squarely within the scope of preventive healthcare.

The Evolution of Scientific and Medical Understanding of PFAS Exposure

When Maine's EHB benchmark plan was established in 2014, the medical community had not yet determined how to monitor PFAS exposure effectively or how to screen for related health conditions. At that time, PFAS blood testing was not widely available, nor was the extent of exposure in Maine fully understood. However, since then, extensive research—including the 2022 National Academies of Science, Engineering, and Medicine (NASEM) report—has identified clear links between elevated PFAS levels and serious health risks, including:

- **Decreased antibody response** in adults and children¹
- **High cholesterol** in adults and children²
- **Decreased fetal and infant growth**³
- **Increased risk of kidney cancer** in adults⁴
- **Emerging evidence** for links to breast and testicular cancer, ulcerative colitis, pregnancy-induced hypertension, liver enzyme changes, and thyroid disease⁵



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These findings have led to new clinical guidelines that incorporate PFAS blood testing as a necessary tool for risk assessment, exposure reduction, and early disease intervention. The **2024 Agency for Toxic Substances and Disease Registry (ATSDR) PFAS Guidance for Clinicians** provides clear recommendations for screening individuals at high risk, including those living in areas with known contamination, firefighters, farmers working on affected land, and veterans⁶.

LD 582 as an Expansion of Existing EHBs, Not a New Mandate

Both federal and Maine law require insurance plans in the individual and small group markets to cover ten essential health benefits (EHBs). One of these is "**Preventive and wellness services and chronic disease management**" (45 CFR § 156.110)⁷. PFAS blood serum testing fits squarely within this category, as it serves as a screening tool that allows clinicians to:

- **Identify elevated PFAS exposure** in at-risk individuals
- **Implement exposure reduction strategies** to prevent long-term health consequences
- **Monitor PFAS levels over time** to assess the effectiveness of intervention measures
- **Screen for associated health conditions** at earlier stages, leading to better patient outcomes

Maine's current EHB benchmark plan, **Anthem's 2014 product**, includes a broad category of preventive screenings but does not explicitly mention PFAS blood serum testing—unsurprising, given that the necessity of such screening was not yet recognized at the time⁸. However, the **Affordable Care Act (ACA)** allows for updates to EHBs when new medical evidence emerges. Under **Section 1302(b)(4)(G)-(H)** of the ACA, the U.S. Department of Health and Human Services (HHS) is required to periodically review and update EHBs to reflect scientific advancements, with states responsible for implementation⁹.

Given the overwhelming medical consensus on the dangers of PFAS exposure, LD 582 aligns with this precedent and should be considered an **expansion of existing preventive care** rather than a new insurance mandate.

Avoiding State Defrayal Costs

One concern that has been raised is whether requiring coverage for PFAS blood testing would trigger state defrayal under ACA regulations. The **Center for Consumer Information and Insurance Oversight (CCIIO)** provides only technical assistance in making defrayal determinations¹⁰. However, a broader legal and clinical interpretation supports the argument that this is **not a new mandate**.



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A relevant precedent in Maine exists: **LD 249 from the 130th Legislature**, which required insurance coverage for **postpartum care services beyond the standard six-week checkup**. The HCIFS Committee determined that this was **not a new mandate** but rather an **expansion of existing maternity and newborn care coverage**, which is already an **essential health benefit (EHB)**. The bill ultimately moved forward **without requiring the state to defray additional costs**¹¹.

Similarly, LD 582 should be recognized as an expansion of **preventive services and chronic disease management**, both of which are already covered under Maine's EHB plan. Just as LD 249 acknowledged the evolving medical consensus around postpartum care, LD 582 aligns with updated scientific evidence regarding the health risks of **PFAS exposure and the necessity of screening**. By following this precedent, we can ensure access to critical **PFAS blood testing** without imposing **new defrayal obligations** on the state.

Conclusion

The case for **PFAS blood testing** is clear. We now have well-documented scientific evidence confirming the **link between PFAS exposure and serious health risks**, as well as **established clinical guidelines** for screening and monitoring affected individuals. Given that **Maine law already mandates coverage for preventive screenings and chronic disease management**, incorporating **PFAS blood serum testing** into this framework is a **logical and necessary step**.

I urge the committee to **recognize LD 582 as an expansion of existing insurance coverage rather than a new mandate**. Doing so will ensure access to critical **health screenings for Maine residents while avoiding unnecessary defrayal costs**.

I strongly encourage the committee to **pass this proposal this session and not send it for a mandate study**.

Thank you for your time and consideration. I welcome any questions you may have.



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Footnotes:

1. National Academies of Sciences, Engineering, and Medicine. *Guidance on PFAS Exposure, Testing, and Clinical Follow-Up*. 2022.
2. Agency for Toxic Substances and Disease Registry (ATSDR). *Toxicological Profile for Perfluoroalkyls*. 2021.
3. Environmental Protection Agency (EPA). *Health Effects of PFAS*. 2023.
4. Centers for Disease Control and Prevention (CDC). *PFAS and Human Health*. 2023.
5. ATSDR. *PFAS and Cancer Risk*. 2024.
6. ATSDR. *PFAS Guidance for Clinicians*. 2024.
7. 45 CFR § 156.110. *Essential Health Benefits Standards*.
8. Maine Bureau of Insurance. *Maine's Benchmark Plan for Essential Health Benefits*. 2014.
9. Affordable Care Act (ACA) § 1302(b)(4)(G)-(H).
10. Center for Consumer Information and Insurance Oversight (CCIIO). *State Essential Health Benefit (EHB) Benchmark Plans*.
11. Maine State Legislature. *LD 249 (130th Legislature)*.