



Vermont
Medical
Society

To: Senate Health & Welfare Committee
From: Jessa Barnard, Vermont Medical Society, jbarnard@vtmd.org
Date: Submitted in Writing February 1, 2024 – Updated for February 7, 2024
RE: Opposition to Section 4, S. 197 – PFAS Registry

I am submitting this written testimony on behalf of the members of the Vermont Medical Society, Vermont's largest physician and physician assistant membership association, representing approximately 2900 physicians and PAs from around the state, both primary care and specialists, and at all practice settings.

VMS recognizes the health concerns associated with PFAS exposure and supports efforts to reduce PFAS exposure throughout the State. However, we **oppose the inclusion of Section 4 of S. 197**, which would require the Department of Health to create and operate a registry to document and examine the correlation between PFAS exposure and adverse outcomes on human health and would require “a health care provider that screens for, diagnoses, or provides therapeutic services to patients with adverse health conditions and diseases that may be attributable to PFAS exposure to report to the Department all individuals diagnosed as having such a disease or condition not later than six months from the date of diagnosis.”

There are a number of concerns with this language. The CDC Agency for Toxic Substances and Disease Registry just published on January 18th new guide for clinicians on PFAS and health (<https://www.atsdr.cdc.gov/pfas/resources/pfas-information-for-clinicians.html>). The guidance lists a wide range of health conditions that *may* be associated with PFAS exposure, while in some cases the evidence is limited or inconclusive, including:

- Increases in cholesterol levels
- Small decreases in birth weight
- Lower antibody response to vaccines in children
- Kidney and testicular cancer
- Pregnancy-induced hypertension or preeclampsia
- Changes in liver enzymes
- Thyroid disease and dysfunction
- Breast cancer
- Ulcerative colitis

Because these conditions *may* be attributable to PFAS, this language could require health care providers to report patients diagnosed with all of these conditions to the registry – even if they do not have any documented exposure to or testing for PFAS. For example, about 34% of Vermont adults have high cholesterol

(https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_08181)

[6.pdf](#)) and 1 in 13 babies are low birthweight (<https://www.marchofdimes.org/peristats/state-summaries/vermont>)

Even if the registry required or was based around PFAS testing, the Guide emphasizes that the intent of potential PFAS testing is to identify and reduce exposure sources – it is not to link PFAS testing results with any one health condition. In fact, a key point noted in the report is that “PFAS blood testing results do not provide information for treatment or predict future health problems” and lists limitations of PFAS blood testing to include:

- results do not indicate whether a current illness can be attributed to PFAS exposure,
- PFAS blood test results do not predict future health outcomes.

In summary, while PFAS clearly can be detrimental to health at some level, that level cannot yet be accurately quantified, nor more importantly can the amount of harm from that exposure determine the causation of many illnesses, conditions, or cancer. While we support efforts to address sources of PFAS exposure and contamination, given that “nearly all people in the United States have measurable amounts of PFAS in their blood,” and there is currently inconclusive evidence linking PFAS exposure to specific negative health outcomes, we do not support a registry requiring reporting by health care professionals at this time.

Thank you for considering our feedback on S. 197. Please don’t hesitate to reach out with any questions to jbarnard@vtmd.org or if you would like testimony on this issue.