



**Testimony of Sarah Calder, MaineHealth
In Support of LD 258, “Resolve, to Attract and Retain Behavioral Health
Clinicians”
Monday, March 10, 2025**

Senator Ingwersen, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sarah Calder, Senior Government Affairs Director at MaineHealth, and I am here to testify in support of LD 258, “Resolve, to Attract and Retain Behavioral Health Clinicians.”

MaineHealth is an integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our vision of “Working Together So Maine’s Communities are the Healthiest in America,” MaineHealth, which includes MaineHealth Behavioral Health, is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and providing better access to behavioral healthcare through integration with primary care.

LD 258 makes an unprecedented investment in the behavioral health workforce to offset the growing financial burden of an advanced clinical degree. As just one example, according to the [Council on Social Work Education](#), in 2020, master’s graduates had, on average, over \$47,965 in student loan debt and 73% of master’s graduates had student loan debt. But, according to the [Bureau of Labor Statistics](#), a social worker’s median salary in 2023 was just \$58,380.

The high cost of education coupled with relatively low salaries results in many skilled clinicians leaving organizations that primarily serve Medicaid patients for private practice where there is immediate potential for higher incomes and more control over the service being delivered. For this reason, many licensed mental health and substance use organizations that primarily serve Medicaid clients, including MaineHealth, are experiencing high turnover and multiple vacancies. For example, MaineHealth Behavioral Health is currently recruiting for approximately 43 social workers and these positions are open, on average, for 125 days before a candidate is hired. And, as we’ve shared with you before, the workforce shortage is directly impacting access to care. Last year we denied nearly 31% of the referrals we received for outpatient psychiatry simply because we didn’t have capacity.

To meet the growing demand for services, we must be able to offer competitive pay to recruit and retain both psychiatrists and psychiatric nurse practitioners. The majority of our patients seeking outpatient psychiatry are covered by MaineCare and we estimate that the current MaineCare rates cover only 50% of the cost of providing this care. MaineHealth Behavioral Health lost over \$5.5 million dollars last year alone providing Medication Management services, an increase of \$1.1 million from the year prior. Without sustainable rates, the exodus to private practice continues.

With that said, should the Committee move forward with this legislation, we would urge you to consider adding language that requires recipients to practice in community-based settings, which predominantly serve MaineCare patients.

With that amendment, I urge you to support the legislation before you today, and I look forward to working with you this Session to rebuild the continuum of care and close the gaps in the system.

Thank you and I would be happy to answer any questions you may have.