

April 3, 2025

## **NASW Maine Testimony for LD 1311: An Act to Expand Maine's Health Care Workforce by Improving Educational Opportunities**

Good morning, Senator Ingwerson, Representative Meyer, and esteemed members of the Committee on Health and Human Services,

I am Julie Schirmer, a clinical social worker and president of the National Association of Social Workers, Maine Chapter, testifying in support of LD 1311. I have decades of experiences and stories to share about the importance of primary care preceptors in my role as Assistant Family Medicine Clerkship Director, overseeing medical students from Tufts, the University of Vermont, and the University of New England. A significant portion of my time was spent recruiting and supporting family medicine preceptors, as well as providing “academic detailing” to physicians throughout the state. I saw how the competing demands of a busy medical practice make it challenging for practicing physicians to take on the additional responsibility of serving as preceptors for our students.

Today, I am primarily concerned about how this bill can support the behavioral health clinical workforce, including psychiatrists and behavioral health counselors, and propose some language changes that would enable this bill to address Maine's critical shortage of behavioral health clinicians, with 7-month waitlists for behavioral health clinicians and medication prescribers.

The lack of behavioral health organizations and providers accepting students is one of the key factors that is limiting the pipeline of people entering into the behavioral health clinical workforce. Our schools report drops in enrollment in behavioral health fields and shortages of placements in community agencies, whose bottom lines are so tight that it is difficult to allocate time for training clinical students. The grants in this proposed program could help provide incentives, including providing payment for placements and piloting behavioral health teaching community organizations similar to what is happening in Washington State.

We propose amending the language in this bill to be inclusive of behavioral health clinicians and other members of the clinical team. “Rotations,” “residencies,” and “preceptorships” are terms commonly used in physician training. “Internships” and “placements” are terms commonly applied to behavioral health clinicians and other members of the healthcare team. We recommend adding the following terms, underlined and in blue print, to the bill's text.

*On Page1, Section 4-D (lines 34-37):* Establishing and expanding clinical preceptorships and internships in rural and underserved communities, including the cost of preceptor and supervisor recruiting, training, and compensation for their time, and travel and housing costs for learners in rural rotations and clinical placements;

*Section 4-E (lines 38-39):* Supporting programs that seek to develop local health care education leaders for the purpose of expanding clinical internships, rotations, residencies, and preceptorships;

*On Page 2, Section 4-F (lines 1-5):* Competitive grants for innovative solutions, technological advancements, and earn as you learn programs to support and expand clinical education, training, and placements for all clinical healthcare roles. The department shall consult with experts in the field of health care in designing the grant program;

*In the Summary (lines 21-23):* This bill establishes the Maine Health Care Education Training *(remove Medical Residency – as the first two points are all about clerkship rotations in medical school. Also, by listing only medical residency it reads to me as medical only)* Fund and appropriates \$5,000,000 annually to support health care in rural and underserved communities and the physician and other clinical health care team members workforce development.

Thank you for supporting our workforce and keeping Mainers healthy and safe.

Best,

Julie M. Schirmer, LCSW, ACSW  
President, NASW Maine Chapter Board of Directors