



**Testimony of Sarah Calder, MaineHealth**  
**In Support of LD 1380, “Resolve, Establishing the Study Group on Solutions**  
**to Address Maine’s Behavioral Health Workforce Shortage”**  
**Tuesday, April 8, 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 1380, “Resolve, Establishing the Study Group on Solutions to Address Maine's Behavioral Health Workforce Shortage.”

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 1380 forms a study group to review the workforce needs to meet the growing demand for behavioral health services. As we’ve shared with you before, the workforce shortage is directly impacting access to critical behavioral health services. For example, last year we were not able to accept nearly 31% of the referrals we received for outpatient psychiatry simply because we didn’t have sufficient psychiatric staffing. 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 increased loss of \$1.1 million from the year prior.

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 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. Without sustainable rates, we cannot compete with the lure of private practice, and we will continue to face these workforce shortages.

In addition to supporting sustainable reimbursement rates, it is critical that we look to support innovative solutions like Earn as You Learn models, supporting internships and apprenticeships, training preceptors, and student loan repayment to address our workforce needs. As you heard last week in the hearing on LD 1311, these solutions are proving to be highly effective in recruiting and retaining in other medical fields and should be considered and tailored for the behavioral health workforce.

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.