

Senator Bailey, members of the committee, thank you for the opportunity to testify today. My name is Taylor West and I'm here to speak in strong support of this legislation to modernize psychology licensure in Maine and to offer constructive recommendations drawn from successful federal practices.

First, I would like to identify myself as not only a strong advocate for mental health accessibility, but I am so fierce in my desire for equitable expansion because I am also a disabled veteran reliant on mental health care to succeed in my daily life.

I want to applaud the sponsor, Sen. Bailey, and this committee for taking on emergency legislation to address the fact that Maine is facing a behavioral health workforce shortage. We have communities, schools, and veterans struggling to access timely mental health care — not because the expertise doesn't exist, but because structural barriers prevent qualified professionals from entering the field efficiently. This bill takes a meaningful step forward by removing outdated restrictions and broadening pathways for well-trained psychologists to become licensed in Maine. That alone will help reduce delay, expand access, and strengthen our mental health system.

However, I would like to offer food for thought on how this bill can complement practices I benefit from as a patient within the Department of Veterans Affairs.

One of the most impactful practices the VA uses is a supervised "graduate psychologist" pathway. It allows doctoral graduates to immediately begin providing patient care under supervision while they complete their final licensure steps. This is one of the reasons the VA is the largest employer of Psychologists. If Maine were to adopt a provisional licensure pathway similar to this approach, we could convert months of waiting into months of actual service.

The VA has also demonstrated the value of structured training pipelines. By partnering with universities and clinical sites, it invests directly in the next generation of psychologists and retains them in the system. Maine could strengthen its own workforce by incentivizing similar partnerships among the University of Maine system, hospitals, community mental health centers, and schools. These kinds of training pipelines keep talent here, rather than losing it to out-of-state opportunities.

Another VA practice which could be adapted at the state level is flexibility in credentialing and portability. The VA is able to hire clinicians licensed in any state, allowing resources to flow where the need is greatest. I do understand Maine cannot replicate federal hiring authority, but improving reciprocity and telehealth participation through mechanisms, like continuing Maine's 2021 commitment to PSYPACT. This would bring more clinicians into reach, particularly for rural and underserved communities.

Finally, the VA has shown that targeted incentives — such as loan repayment and rural service incentives — can make a measurable difference in clinician recruitment and retention. For a rural state like Maine, even modest incentives could yield substantial improvements in access.

What I appreciate most is that none of these recommendations require lowering standards or compromising patient safety. They simply reduce friction and align the system with modern workforce realities. This bill already moves in that direction, and by building on approaches that have been tested and proven elsewhere, Maine can position itself as a leader in expanding behavioral health access.

Finally, I commend the sponsor for bringing forward thoughtful legislation at a moment when it is badly needed. By continuing to modernize licensure pathways, strengthen training pipelines, and adopt strategies used successfully by the VA, we can reduce barriers, increase access, and support the wellbeing of our communities. Thank you for your attention and for your commitment to improving mental health care in Maine.