



January 29, 2026

Dear Senator Carney, Representative Kahn and honorable Members of the Judiciary Committee,

My name is Katherine Marble. I am a resident of Temple, a Licensed Clinical Social Worker, and the Clinical Director of Health Affiliates Maine based in Auburn. I write on behalf of our organization to express strong support for LD 2106.

Health Affiliates Maine is a statewide behavioral health organization with more than 500 providers and administrative staff serving over 8,500 adults, children, and families annually. Our services are delivered in community-based settings throughout Maine, including homes, schools, clinics, and other locations where individuals seek safety, privacy, and support.

Legal and Ethical Obligations of Healthcare Providers

Behavioral health care is governed by some of the strongest confidentiality protections in both federal and state law. These include:

- The Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 and 164
- Federal substance use treatment confidentiality regulations under 42 CFR Part 2
- Maine health privacy statutes, including 22 M.R.S. §1711-C and related provisions
- Professional ethical standards governing licensed clinical social workers and other clinicians

These laws are not discretionary. Providers and healthcare organizations are legally obligated to protect patient information and the circumstances of care, with limited and clearly defined exceptions, typically requiring patient consent or a valid court order.

When enforcement activity occurs in healthcare or school settings without judicial warrants, healthcare workers may be placed in untenable positions—forced to choose between compliance with enforcement requests and compliance with federal and state confidentiality laws. Violations can expose providers and organizations to civil penalties, criminal liability, professional discipline, and loss of licensure.

LD 2106 provides essential clarity and protection by affirming that enforcement actions in these sensitive settings must meet established legal standards through judicial oversight.

Trauma-Informed Care and Patient Safety



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Behavioral health systems in Maine are built on trauma-informed principles. Many of the individuals we serve—children, veterans, survivors of violence, individuals with serious mental illness, and those in recovery from substance use—have experienced significant trauma, including prior interactions with law enforcement, family separation, or displacement.

Unexpected enforcement activity in treatment or school environments can:

- Trigger acute trauma responses
- Exacerbate symptoms of PTSD, anxiety, and depression
- Disrupt treatment engagement and medication adherence
- Lead to long-term avoidance of healthcare services

Healthcare environments must remain predictable, safe, and therapeutic to be effective. When safety is compromised, clinical outcomes worsen and long-term costs to the healthcare system increase.

Child Protection Considerations

Schools and pediatric healthcare settings deserve special consideration. Children receiving counseling, special education services, or medical care rely on these environments for stability and emotional security.

Enforcement actions in these settings—particularly without judicial oversight—risk:

- Causing direct psychological harm to children
- Interrupting mandated educational and therapeutic services
- Undermining mandatory reporter relationships and child welfare coordination
- Discouraging families from seeking early intervention services

Children should never be collateral damage of enforcement practices. LD 2106 helps preserve schools and healthcare facilities as protected spaces focused on child development, safety, and wellbeing.

Public Health and Community Safety

When individuals avoid healthcare settings out of fear, the consequences extend beyond individual patients:

- Untreated mental illness and substance use disorders increase emergency room utilization
- Public health surveillance and prevention efforts are weakened
- Crisis interventions become more frequent and more costly
- Community safety is undermined when people delay care until conditions become emergencies

Judicial oversight does not prevent lawful enforcement—it ensures it occurs in a manner consistent with constitutional protections, public health priorities, and professional obligations.

Conclusion

LD 2106 strikes a careful and appropriate balance between legitimate enforcement authority and the need to protect:

- Patient confidentiality
- Provider legal compliance
- Trauma-informed care practices
- Child safety
- Public health and community stability

For these reasons, Health Affiliates Maine strongly supports LD 2106 and respectfully urges the Committee to vote in favor of this legislation.

Thank you for your time and consideration.

Respectfully,



Katherine (Kate) Marble, LCSW
Clinical Director, Health Affiliates Maine