

February 16, 2026

RE: Testimony in Support of LD2082: Regulating Artificial Intelligence in Mental Health Services

Dear Senator Pierce, Representative Kuhn, and Members of the Committee on Health Coverage, Insurance, and Financial Services,

My name is Shawn Graham, Ph.D., LCPC, BC-TMH. I am a clinical mental health counselor, an educator, and the current President of the Maine Mental Health Counselors Association (MEMHCA). I am writing to offer my emphatic support for LD 2082, *An Act to Regulate the Use of Artificial Intelligence in Providing Certain Mental Health Services*.

As an educator and clinical mental health counselor, I view the integration of Artificial Intelligence into healthcare with both optimism for its administrative potential and grave concern for its clinical application. LD 2082 represents a critical, common-sense guardrail that embraces innovation while adhering to the most fundamental ethical mandate of healthcare: *Do No Harm*.

Ethical and Cultural Imperatives

The cornerstone of effective therapy is the therapeutic alliance—a relationship built on human empathy, cultural humility, and trust. Algorithms, no matter how sophisticated, lack the lived experience required to navigate the complex intersectionality of a human life.

In October 2025, [Brown University released a pivotal analysis regarding AI in mental health](#), highlighting significant ethical and cultural concerns. The report underscores that AI models are trained on historical data, which often contains inherent biases. When applied to mental health:

- Cultural competence is compromised as AI models lack the nuance to understand cultural idioms of distress, leading to potential misdiagnosis or culturally insensitive responses.
- There is a profound ethical risk in allowing non-human entities to influence vulnerable individuals without the safety net of professional judgment or oversight from licensing boards.

The Risk of Harm

We cannot legislate in a vacuum. We must look at the tragic reality of unregulated AI interaction in mental health contexts. The primary ethical obligation of a Licensed Clinical Professional Counselor (LCPC) is the protection of the client.

Unsupervised AI chatbots have been linked to catastrophic outcomes. We have seen lawsuits nationwide—involving tragedies such as the deaths of Adam Raine and Sewell Setzer III—where AI chatbots allegedly failed to identify crisis markers, or worse, validated suicidal ideation rather

than intervening. Unlike a licensed Maine professional, an AI cannot look a client in the eye, sense a shift in affect, or make an immediate, ethical decision to hospitalize a client in imminent danger. LD 2082 ensures that clinical responsibility remains where it belongs: with licensed human beings.

Current Legislative Landscape

Maine is not alone in recognizing these risks. LD 2082 aligns Maine with a growing number of states that are proactively regulating this space to protect consumers. Current legislation across the United States regarding clinical mental health counseling and AI includes:

- **Illinois:** Has enacted legislation (Wellness and Oversight for Psychological Resources Act) prohibiting AI systems from engaging in therapeutic communications or making independent clinical decisions without professional oversight.
- **Utah:** Mandates strict disclosure requirements for "AI mental health chatbots," ensuring consumers know they are not speaking to a human, and prohibits these platforms from selling sensitive health data.
- **Colorado:** Recently passed the *Consumer Protections for Artificial Intelligence Act*, which categorizes high-risk AI systems (including those used in healthcare decision-making) and requires developers to use reasonable care to avoid algorithmic discrimination.
- **Nevada:** Has banned the offering of interactive AI systems that claim to provide professional mental or behavioral health services, ensuring that "therapy" remains a human-delivered service.

LD 2082 is a balanced bill. It does not ban the use of AI for administrative tasks, documentation, or billing—tools that can help reduce burnout and allow clinicians to spend more time with clients. However, it draws a bright line in the sand regarding clinical delivery.

On behalf of the Maine Mental Health Counselors Association, I urge you to vote Ought to Pass on LD 2082. We must ensure that as technology advances, the humanity essential to mental health recovery is preserved and protected.

Respectfully,

Shawn Graham

Shawn Graham, Ph.D., LCPC, BC-TMH