



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION
AND
THE MAINE OSTEOPATHIC ASSOCIATION**

In Support Of

LD 2200, A Resolve, to Attract and Retain Behavioral Health Clinicians

Joint Standing Committee on Health and Human Services
Room 209, Cross Building, Augusta, Maine
Tuesday, February 20, 2024

Good afternoon, Senator Baldacci, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services. My name is Anne Sedlack, and I am the Director of Advocacy for the Maine Medical Association. I am submitting this testimony in support of LD 2200, a Resolve, to Attract and Retain Behavioral Health Clinicians on behalf of the Maine Medical Association and the Maine Osteopathic Association.

The Maine Medical Association (MMA) is a professional organization representing more than 4,000 physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people. The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services in order to ensure the availability of quality osteopathic health care to the people of this State.

This year MMA and MOA's legislative committees have joined together to advocate from one voice. We all have determined that it is important to testify in support of LD 2200 for several reasons.

First, the behavioral work force is necessary for a healthy Maine. As our understanding of health has increased dramatically over many decades, we have learned that all facets of mental health are just as important as physical health. To attract and incentivize behavioral health clinicians is to invest in public health wholesale. And yet, the U.S. Government Accountability Office has identified barriers to recruiting and retaining behavioral health providers¹ which include low reimbursement rates and compensation, resource

¹ <https://www.gao.gov/assets/gao-23-105250.pdf>

limitations in the workplace, and a high workload leading to burn out or abandonment of the field entirely.² This Resolve provides a path forward to easing the burden on our behavioral health clinicians.

Second, the growing disparity between behavioral health clinicians and the demand for behavioral health services will negatively impact public health. The U.S. Department of Health and Human Services estimates that by 2025 there will be an unmet need for psychiatrists at a deficit of 12% of the workforce.³ Indeed, this may have a negative impact on public health ranging from gun violence to homelessness.⁴

Finally, while the spirit of the Resolve is in the right place and is complementary to prioritizing public health, those targeted by the Resolve should be more clearly defined by the Legislature. We strongly recommend that "behavioral health clinician" be specifically defined at this juncture and we would recommend that it include clinicians who can prescribe medication.

Thank you for considering the thoughts of Maine's physician and public health communities about LD 2200. We hope you join us in supporting our behavioral workforce.

Thank you,

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² *Id.*

³ <https://www.thenationalcouncil.org/wp-content/uploads/2022/02/Revised-Final-Access-Paper.pdf>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4211925/>; see also <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7525583/>