

Working together to promote quality lives

Senator Bailey, Representative Mathieson, and good members of the HCIFS Committee,

My name is Betsy Sweet, and I am here today on behalf of the Behavioral Health Community Collaborative to voice our strong support for LD 1590.

Let's get right to it: Maine is in the middle of a mental health crisis. And we don't need another report or commission to tell us that — we see it every day. More people are reaching out for help, the level of need is more acute, and yet our capacity to respond is shrinking. The biggest reason? We simply do not have enough licensed clinical professionals — not nearly enough.

We can and should talk about long-term solutions — loan forgiveness, competitive wages, and rural service stipends. But to be honest: those strategies, while important, take time and money, and in this moment, money is in short supply. In fact, another committee just killed a bill that would have simply developed a blueprint on how to address the shortage. So, we must turn to what we can do right now — with no new funding and no delay. LD 1590. Is that kind of solution.

Right now, we have at least 324 open clinical positions across Maine — and that's a conservative estimate based just on current job postings. That's 324 empty chairs in counseling offices, in schools, in hospitals — and hundreds of people left waiting, suffering, and in some cases, giving up on getting help at all.

This bill opens a clear, safe, and efficient pathway for already-licensed mental health professionals from other states — professionals who have been vetted, some who have practiced for years, and who are in good standing — to practice in Maine.

Let's be clear: this isn't about lowering standards. Anyone coming to Maine will still be subject to all of our rules, ethical codes, and regulatory frameworks. What this bill does is cut through red tape that's keeping help out, while Mainers sit on waiting lists 8 to 10 months long — if they can get on one at all.

This bill eases unnecessary bureaucratic bottlenecks, it aligns with what other forward-thinking states are already doing to bolster their mental health workforce. In fact, other states are way ahead of us. Massachusetts, Rhode Island, Connecticut all have extensive programs to attract and retain a behavioral health work force – and Illinois just passed one of the most comprehensive in the country.

We talk a lot in this building about common-sense solutions. Well, this is one. It doesn't cost us a dime. It honors the training and experience of out-of-state professionals. It keeps the safety and wellbeing of clients front and center. And it starts making a dent in a crisis that won't wait.

I urge you to support LD 1590. We can't afford not to. Thank you.

The members of the Behavioral Health Community Collaborative are Sweetser, Inc., Opportunity Alliance, Volunteers of America, Shalom House, KidsPeace, Spurwink, Community Concepts