Maine Medical Association

Maine Osteopathic Association

Maine Association of Psychiatric Physicians

TESTIMONY OF THE
MAINE ASSOCIATION OF PSYCHIATRIC PHYSICIANS,
MAINE MEDICAL ASSOCIATION
AND
THE MAINE OSTEOPATHIC ASSOCIATION

In Support Of

LD 1989 An Act to Increase Access to the Progressive Treatment Program Fund

Joint Standing Committee on Health and Human Services
Room 209, Cross Building, Augusta, Maine
Wednesday, January 14, 2026

Good afternoon, Senator Ingwersen, 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 at the Maine Medical Association. I am submitting this testimony in support of LD 1989, An Act to Increase Access to the Progressive Treatment Program Fund, on behalf of the Maine Association of Psychiatric Physicians, Maine Medical Association, and Maine Osteopathic Association.

The Maine Association of Psychiatric Physicians (MAPP) is the Maine District Branch of the American Psychiatric Association and the only professional organization of psychiatry and psychiatrists dedicated to the state of Maine. MAPP works toward a future in which there is no mental illness, because high-quality psychiatric diagnosis and treatment is available to all individuals and their families, and psychiatrists are connected and supported professionally. We do this by advancing the treatment, rehabilitation, and care of persons with mental disorders; advocating for the professional interests of psychiatrists; providing educational opportunities for clinicians, patients, and the public; and building a strong and supportive community among our members. The Maine Medical Association (MMA) is a professional organization representing over 4,300 allopathic and osteopathic 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.

We have all agreed to testify in support of LD 1989. We believe the bill is an important step toward clarifying and encouraging practitioners to support their patients in progressive treatment programs (PTP) from initiation through annual renewal. We believe the PTP program should be celebrated and all should be encouraged to play their part in ensuring patients keep access to this vital care.

For background, PTP is a court-ordered, community-based treatment pathway that helps certain individuals with severe mental illness remain engaged in care when repeated relapses have shown that voluntary outpatient treatment alone has not been enough to keep them safe.

Those of us who care for people with illnesses such as schizophrenia, schizoaffective disorder, and severe bipolar disorder know a painful truth: a small number of patients cycle again and again through crisis, hospitalization, brief stabilization, discharge, and rapid deterioration. This cycle is not driven by stubbornness or defiance. It is driven by illness—by impaired insight, paranoia, disorganization, and the overwhelming difficulty of managing appointments, medications, housing, and transportation while one's mind is betraying them. Each time the cycle repeats, the damage deepens. Lives fracture. Families exhaust themselves. Emergency rooms overflow. Police become involved when no one wants them to be.

Without a program like PTP, the system often waits for disaster before responding. We see patients arrive in emergency departments after days without sleep, after wandering in the cold, after frightening neighbors or being frightened themselves. We hospitalize them, stabilize them, and discharge them with carefully written plans that too often unravel within weeks. Not because the plans were wrong, but because the illness itself erased the ability to follow them. PTP exists precisely to interrupt this predictable and heartbreaking pattern.

When PTP is in place, treatment does not end at the hospital door. There is continuity, accountability, and a shared understanding that care must persist through the vulnerable period when relapse is most likely. The program allows early intervention when warning signs appear, rather than waiting until a person has fully decompensated. It keeps treatment where recovery actually happens—in the community, in housing, in relationships, and in ordinary daily life.

We have seen how this changes outcomes. Consider a man in his late thirties with schizoaffective disorder. When well, he is gentle and reflective and wants nothing more than to live quietly and independently. When ill, he becomes convinced that his medications are poisoning him and that the world around him is dangerous. Over the years, this has led to repeated hospitalizations, police encounters, and terrifying stretches of homelessness. His family has lived in constant fear that the next call would be the worst one yet.

After his most recent hospitalization, he entered the Progressive Treatment Program. His treatment plan was not extraordinary: regular outpatient care, medication, coordination with housing, and clear expectations for follow-up. What was different was that the system

no longer looked away when he began to drift. When early signs of relapse appeared, outreach happened quickly. Support was mobilized. Treatment was reinforced before crisis took over. Months passed without emergency room visits. He stayed housed. His family slept at night. And when he regained stability, he said something that stays with us: that the program did not feel like punishment, but like protection—from the part of his illness that had repeatedly destroyed his life.

This is what PTP can do. It keeps people safe before tragedy strikes. It reduces the revolving door of emergency departments and inpatient units. It spares families from being the sole, exhausted backstop of a broken system. It lowers the risk that untreated psychosis or mania will be mistaken for criminal behavior and managed by handcuffs instead of clinicians. It supports adherence to evidence-based treatments, including long-acting medications when appropriate, and it strengthens communication across providers so that no one is left guessing who is responsible when a patient begins to slip.

We understand that court involvement raises understandable concerns. But we ask you to look at the alternative. Without PTP, coercion does not disappear—it simply arrives later, in harsher forms, after greater harm has occurred. PTP is a measured, compassionate response for a narrow group of people whose illness has repeatedly shown that structure and continuity are necessary for safety and stability. It is not about control. It is about preventing suffering that we can see coming.

From the perspective of Maine's physicians, PTP is one of the few tools that reliably turns chaos into continuity. Every prevented relapse is a person spared trauma. Every avoided hospitalization opens a bed for someone else in crisis. Every patient kept out of jail is a reminder that mental illness is a medical condition, not a moral failing.

We urge you, as legislators entrusted with both compassion and stewardship, to continue your strong support for the Maine Progressive Treatment Program. It reflects the values of this state: care over punishment, prevention over crisis, consistency over trauma, and dignity over despair. Thank you for listening, and for your commitment to the people of Maine who depend on these decisions for their safety and their lives.

Thank you for considering the thoughts of Maine's physicians, and we hope you support LD 1989.

Thank you,

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