



February 17, 2026

Senator Rotundo, Representative Gattine, Senator Ingwersen, Representative Meyer, and distinguished members of the Appropriations and Health and Human Services Committees, my name is Betsy Sweet, and I am here today on behalf of the Behavioral Health Community Collaborative, also known as BHCC. Thank you for the opportunity to testify on the supplemental budget.

We, like you, are all very cognizant of the issues with Medicaid and the impending huge challenges we will face when the scheduled cuts and changes take place in November of this year. We are all trying desperately to minimize the impact and find additional ways to support our clients, who are some of the most vulnerable people who will feel the pain of what is to come.

That said, we are very concerned that COLA's that were passed and promised 2 years ago are not included in this supplemental budget.

This makes clear to us that all adjustments are subject to available appropriations and can be reduced or eliminated. In practice, this removes predictability for providers who must plan staffing, wages, and retention strategies months and years in advance. Maine's behavioral health workforce is already under extreme pressure, and uncertainty in reimbursement worsens that challenge.

Already, the COLA structure focuses heavily on direct care staffing costs, with limited recognition of the indirect infrastructure required to deliver quality services—clinical supervision, administrative support, compliance, quality assurance, technology systems, and insurance. Without these supports, services cannot remain safe, licensed, or sustainable.

When COLAs and rates of reimbursement are subject to appropriations and can be reduced or eliminated, it places providers in the impossible position of absorbing rising workforce costs immediately, while reimbursement lags or never occurs. This is an unsustainable practice.

I would call particular attention to section BBB which authorizes DHHS to adopt emergency rules which allows DHHS to implement anything by emergency rule without having to provide any justification for doing so. This leads to a fundamental question as we enter even more precarious times for Medicaid clients. Who should hold the responsibility in a crisis or deep uncertainty? Certainly not the clients. And we would argue, not the people who are providing the services to the most vulnerable almost always now at a financial loss. Nor should it be the DHHS alone, as they can only deal within their own programmatic and financial silo. These times may call for the legislature and Executive branch to look across those silos to ensure we protect those most in need... making hard choices of expenses we may need to forgo in order to meet the potentially life and death needs of Maine citizens.

Again, we fully appreciate the challenges we are in and don't envy the decisions you must make. But by building economic uncertainty into this process by not providing promised COLA's only increases the problems.

Thank you for your time, your leadership, and your commitment to Maine's health and human services system. I would be happy to answer any questions.

Submitted by,
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