

**Testimony in Support of LD 2082, An Act to Regulate the Use of Artificial Intelligence In Providing Certain Mental Health Services
February 17, 2026**

Good morning, Senators Bailey, Representative Mathieson, and esteemed members of the Committee on Health Coverage, Insurance and Financial Services. My name is Kristen Farnham. I am a resident of Falmouth and serve as VP of Legal Affairs & Advancement at Spurwink. At Spurwink, we provide behavioral health and educational services to over 10,000 Maine children, adults, and families each year through the good work of 1,000 trained professionals.

I am here today in support of LD 2082 and greatly appreciate Rep. Kuhn and Senator Pierce for advancing the important issues of mental health contained in the bill. We know that Mainers are experiencing record high rates of anxiety and depression, in addition to substance use and other behavioral health challenges. We also know that qualified mental health clinicians can make a real difference in a person's journey to better health and recovery.

LD 2082 recognizes the value of these licensed professionals. The purpose of licensing and professional regulation—a purpose for which we devote an entire department of our executive branch—is to ensure that only qualified and trained individuals can practice in certain trades or professions. By enacting these requirements, we are giving value to the rigorous education and experience that is required. In Maine, as an example, to become a licensed clinical professional counselor (LCPC), you must obtain a master's or doctoral degree and then complete 3,000 hours of supervised experience over at least a two-year period. A chatbot obviously does not have these credentials. It follows that it makes no sense to ignore these rigorous standards and allow a chatbot to act as a therapist.

The lack of regulation in AI chatbots is dangerous for users, especially youth, and we believe that it will harm Maine people. We unfortunately have seen some terrifying examples in practice. In August 2025, Open AI was sued over the death of Adam Raine, a California 16 year-old who spent many hours talking with Chat GPT about suicide and then took his own life. We do know that the technology is self-referencing and can affirm current thinking. It is designed to increase engagement by creating an emotional bond between the user and the technology. The engagement-first design principles may benefit the businesses who seek to attract and retain users. They do not put the interests of the client first, as a clinician is required to do under their code of ethics.

Talking to a chatbot, especially if you're seeking a psychological diagnosis, is risky. The Times spoke to more than 100 therapists and psychiatrists across the country who are treating problems caused or compounded by discussions with A.I. They told the reporters that while there were some positive effects — like helping patients understand their diagnoses — the conversations could also lead to patient anxiety and in some cases to psychosis and suicidal thoughts. Sifton, Sam. "The Morning." *The New York Times*, 11 Feb 2026.

There are purposes for which AI can be helpful in clinical practice, namely administrative support such as note-taking and scheduling. LD 2082 correctly recognizes that these are appropriate uses of the technology that can be efficient and cost-effective. We recognize that the technology will undoubtedly progress, and we look forward to a reexamination when it is trained in evidence-based clinical models and has rigorous human oversight - but we are not there now.

A last point on human connection. An integral part of a successful therapeutic relationship is the personal connection that develops between the client and the clinician. The human interaction is peppered with verbal and physical cues, facial expressions, meaningful pauses, environmental factors, and interactions with family and other natural supports – all of which build trust, add context and meaning, and aid the clinician in using their judgment and experience to make clinical treatment decisions.

Thank you for the opportunity to testify. I welcome any questions from the Committee.



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