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MAINE

To: Chairs of the Committee on Health Coverage, Insurance and Financial Services
From: Julie Schirmer, ACSW   Falmouth, Maine
Date: February 17, 2026
Re: LD 2082 - An Act to Regulate the Use of Artificial Intelligence in Providing Certain Mental Health Services

Dear Senator Bailey, Representative Mathieson, and Honorable Committee Members,

My name is Julie Schirmer, a resident of Falmouth and the Immediate Past President of NASW Maine. I'm here today wearing my clinician hat — as a social worker who spent most of my career in a downtown Portland medical clinic serving people who are uninsured, underinsured, and often in crisis. I am deeply concerned about the rapid expansion of AI mental health tools, especially for the populations I served. I strongly support this bill.

Developers themselves have acknowledged that many AI systems are designed to engage and retain users — to keep them talking. We have already seen documented cases where people experiencing depression received information about local bridges without protective barriers or even instructions on tying a noose. These are not harmless errors. They are dangerous failures.

AI cannot do what trained clinicians do every day: reality-test, challenge distorted thinking, assess risk, and intervene in crisis. Let me briefly share three de-identified examples from my practice — people for whom AI would not only have been inadequate, but potentially harmful.

Frank, a 42-year-old college student, arrived furious after receiving a grade he believed was part of a conspiracy against him. He was waving papers, saliva flying, absolutely convinced he was being targeted. What he needed was grounding, de-escalation, and a clinician who could gently challenge his certainty. An AI tool designed to validate emotion or maintain engagement could easily have reinforced his distorted beliefs.

Carrie, a 35-year-old woman with a black belt in karate, came to me after a weekend in jail. Despite a protection-from-abuse order, she planned to leave my office and immediately seek out the man she believed was her "soulmate." She was convinced he simply hadn't realized their destiny together. AI cannot interrupt delusion, assess danger, or redirect someone toward safety.

And then there are the many women I counseled who were living with intimate partner violence. Some, after years of gaslighting, their self-esteem was so eroded that they believed every message their abuser fed them. Imagine one of these women asking an AI system, "How can I be a better wife?" Without context or the ability to detect risk, AI could easily reinforce the very dynamics that keep victims trapped.

Frank, Carrie, and most of my clients were uninsured or on MaineCare. They are exactly the people most vulnerable to the seductive ease and availability of AI mental health tools — and the least protected when those tools fail.

We cannot allow unregulated AI systems to substitute for trained clinical care. We cannot leave our most vulnerable neighbors to navigate this alone. I urge you to support this bill and ensure that AI in mental health is held to standards that protect the people of Maine.

Thank you for your time.

Sincerely,

Julie M. Schirmer, ACSW
Immediate Past President
National Association of Social Workers, Maine Chapter