MaineHealth

Testimony of Sarah Calder, MaineHealth
Neither For Nor Against LD 2082, "An Act to Regulate the Use of Artificial Intelligence in Providing Certain Mental Health Services."
February 17, 2026

Senator Bailey, Representative Mathieson, and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, my name is Sarah Calder, Senior Government Affairs Director for MaineHealth, and I am here today to testify neither for nor against LD 2082, "An Act to Regulate the Use of Artificial Intelligence in Providing Certain Mental Health Services."

MaineHealth is an integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our vision of "Working Together So Maine's Communities are the Healthiest in America," MaineHealth, which includes MaineHealth Behavioral Health, is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and providing better access to behavioral healthcare through integration with primary care.

First, I would like to thank Representative Kuhn for amending the legislation to reflect the concerns raised by stakeholders, particularly the clarification for consent to be provided verbally or in writing. Many of our patients struggle with transportation, and do not have access to technology like a printer or scanner. For this vulnerable population, the simple process of coming into the office to provide a signature or scanning their signature can be a significant and unnecessary barrier to accessing care.

MaineHealth agrees that the use of artificial intelligence (AI) in clinical settings must be carefully considered. AI has the capacity to support clinicians with documentation, data analysis, care coordination, and other supplementary functions that can enhance access, reduce administrative burden, and allow providers to spend more time directly with patients. These are just the ways that we are using AI *now* – the future benefits to patient care could be even more significant. With that said, we remain concerned that blanket restrictions could unintentionally limit the development and use of potentially productive and helpful AI tools. If the statutory framework is too prescriptive, it may stifle innovation or delay the adoption of tools that could ultimately improve care.

Additionally, by creating a separate regulatory framework specific to the use of AI in the provision of behavioral health services, we may unintentionally reinforce the very stigma that we are collectively working to eliminate. Behavioral health is health care. We would encourage the

Committee to consider what differentiates behavioral health from other areas of medicine in this context.

Thank you and I would be happy to answer any questions.