MPHA

Maine Public Health Association

Testimony of the Maine Public Health Association in SUPPORT of L.D. 1312, An Act Regarding Access to Firearms by Extremely Dangerous and Suicidal Individuals

Joint Standing Committee on Judiciary • Room 438, Maine State House • Monday, April 22, 2019

Good morning Senator Carpenter, Representative Bailey, and distinguished members of the Joint Standing Committee on Judiciary.

My name is Rebecca Boulos and I am Executive Director of the Maine Public Health Association. I grew up in Maine, and currently reside in South Portland. I am here today to provide testimony in support of L.D. 1312, An Act Regarding Access to Firearms by Extremely Dangerous and Suicidal Individuals.

MPHA is a professional membership organization, representing nearly 750 public health professionals across Maine. The mission of our organization is to improve and sustain the health and well-being of all Maine residents through health promotion, disease prevention, and the advancement of health equity. As a statewide association, we advocate, act and advise on critical public health challenges, assuring that all Maine residents lead healthy lives, regardless of their income or where they live.

Gun violence is a significant public health problem and a leading cause of premature death in Maine. Each year in the United States, 38,000 people die as a result of gun violence; almost 85,000 more suffer non-fatal gun injuries.[i] In 2017, the U.S. Centers for Disease Control and Prevention (CDC) reported 172 Mainers died due to firearms; 151 of those deaths were classified as suicide – representing 88% of all firearm deaths.[ii] A firearm was used in 55% of suicide deaths (see Figure 1 below: ME Leading Causes of Death, 2017).[ii]

Figure 1: ME Leading Causes of Death, 2017

Cause of Death	# of Deaths	Rate	State Rank	U.S. Rate
1. Cancer	3,391	170.8	9th	152.5
2. Heart Disease	2,844	143.5	39th	165.0
3. Accidents	990	68.0	6th	49.4
4. Chronic Lower Respiratory Disease	982	48.7	15th	40.9
5. Stroke	736	37.5	25th (tie)	37.6
6. Alzheimer's disease	601	30.4	32nd	31.0
7. Diabetes	395	19.7	34th	21.5
8. Flu/Pneumonia	301	15.2	18th	14.3
9. Suicide	274	18.9	16th (tie)	14.0
10. Kidney Disease	260	13.0	24th	13.0

Extreme risk protection orders (ERPO) could save Maine lives. Fourteen states and Washington DC have enacted ERPO laws (to review other states' laws, please visit: https://lawcenter.giffords.org/gun-laws/policy-areas/who-can-have-a-gun/extreme-risk-protection-orders/). Data suggest ERPO laws are effective at reducing firearm suicides. Connecticut and Indiana were the first two states to enact ERPO laws, in 1999 and 2005, respectively. A recent (2018) study evaluated the laws in these two states and found, overall, that firearm seizure legislation was associated with reductions in state-level firearm suicide rates. In Indiana, the legislation was associated with a 7.5% decrease in firearm suicides in the first decade post-enactment (383 firearm suicides prevented). In Connecticut, while the law was enacted in 1999, it was not enforced until 2007 (after the Virginia Tech shooting). Thus, while the legislation was associated with only a 1.6% reduction in firearm suicides, the reduction increased to 13.7% following increased enforcement of the law (preventing 128 firearm suicides).[iii]

While we can reference data based on other states' legislation, it is noteworthy that in 1996, Congress passed the Dickey Amendment.[iv] This Amendment cut the funding for gun-related research by 90%, and effectively ending the CDC's study of gun violence as a public health issue.[v] As such, there are limited data about risk profiles and factors associated with gun violence and firearm suicides. In the absence of these data, it is prudent to practice the precautionary principle, which states that in the case of serious or irreversible threats to human health, acknowledged scientific uncertainty should not be used as a reason to postpone preventive measures. Furthermore, the burden of proof of harmlessness should be on the proponents of the activity. The reasons for practicing this principle are to prevent unintended, adverse consequences to human health. The application of this principle is relevant to the prevention of suicide and mass causalities caused by firearms – particularly when we know from other states that reducing access to firearms is an effective approach for gun violence prevention. Individuals who are at risk of hurting themselves or others by using firearms, should not have access to them; we should take preventive action.

MPHA respectfully requests your support of LD 1312. Thank you.

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[i] CDC. WISQARSTM. Report run 24 February 2018. Atlanta, GA: CDC National Center for Injury Prevention and Control. Available at: http://webappa.cdc.gov/sasweb/ncipc/dataRestriction_inj.html.

[ii] CDC, National Center for Health Statistics, Stats of the State of Maine, 2017. https://www.cdc.gov/nchs/pressroom/states/maine/maine.htm

[iii] Kiviston, A. & Phalen, P. 2018. Effects of Risk-Based Firearm Seizure Laws in Connecticut and Indiana on Suicide Rates, 1981–2015. Psychiatric Services. (doi: 10.1176/appi.ps.201700250)

[iv] Rostron, A. 2018. The Dickey Amendment on Federal Funding for Research on Gun Violence: A Legal Dissection. *Am J Public Health*. 2018 July; 108(7): 865–867.

[v] National Public Radio. 2018. How the NRA worked to stifle gun violence research. https://www.npr.org/2018/04/05/599773911/how-the-nra-worked-to-stifle-gun-violence-research