



Maine Medical
Association



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION
AND
THE MAINE OSTEOPATHIC ASSOCIATION**

IN SUPPORT OF

[LD 2224](#) - An Act to Strengthen Public Safety by Improving Maine's Firearm Laws and
Mental Health System

and

[LD 2238](#) - An Act to Address Gun Violence in Maine by Requiring a Waiting Period for
Certain Firearm Purchase

Joint Standing Committee on Judiciary
Room 438, State House, Augusta, Maine
Thursday, March 7, 2024

Good afternoon Senator Carney, Representative Moonen, and Members of the Joint Standing Committee on Judiciary. My name is Paul Cain, M.D., and I am a retired orthopedic surgeon and the President of the Maine Medical Association. I am submitting this testimony in support of [LD 2224](#) - An Act to Strengthen Public Safety by Improving Maine's Firearm Laws and Mental Health System and [LD 2238](#) - An Act to Address Gun Violence in Maine by Requiring a Waiting Period for Certain Firearm Purchase on behalf of the Maine Medical Association and the Maine Osteopathic Association.

The Maine Medical Association (MMA) is a professional organization representing more than 4,000 physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people. The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services in order to ensure the availability of quality osteopathic health care to the people of this State.

MMA and MOA have chosen gun safety reform as a priority issue for our Associations because we cannot continue to ignore one of America's most serious public health crises. Deaths by firearms have increased significantly in the last few years including homicide, suicide, and accidents. **In 2020, firearms became the leading cause of death among our children from 1 to 19 years of age—eclipsing motor vehicle accidents, cancer, drug**

overdoses, suffocation, and drownings. 77% of homicides and more than 50% of suicides are the result of a firearm. One half of the murders of women are committed by a current or former intimate partner or spouse. Surely this is not what our forefathers imagined when they codified the right to bear arms in our Constitution.

We, the physician caregivers for more than a million Mainers, stand up to end this mayhem through the passage of sensible firearm safety laws in Maine. The physicians of Maine are dedicated to the health and well-being of our communities. We take our role in advancing public health measures seriously. We have no choice: because we are on the front lines of caring for patients affected by gun-related injuries every day.

Before I end, I wanted to note a few specific items about the two bills in front of you today.

As to LD 2238, we support a waiting period because the medical community frequently participates in difficult conversations with patients about how a life event might cause them to be at a heightened risk of harm, both to themselves and others. Suicide is the 4th leading cause of death among 15-54 year old people in Maine, one of the highest rates in the country. LD 2238 would put a buffer between that person's emotions and impulses and an action that would not just hurt themselves but cause a ripple of loss throughout the entire person's community. We know this works because it can reduce firearm suicide rates by 7-11%.¹ Saving just one life is worth the temporary inconvenience of needing to wait to purchase a firearm.

As to LD 2224, we support the majority of the bill including strengthening background checks. However, we just have a couple of suggestions and ultimately believe we should be implementing a red flag law.

We would suggest amending section three of the bill to add §395 (3) (C) - "For the purpose of preventing imminent death or serious physical injury, and the provision lasts only as long as is necessary to prevent the death or serious physical injury." This is based on language out of Oregon and recognizes that there might be a situation where someone acknowledges that they need a pause from firearms in their home and this would allow them to give those firearms to a trusted individual for a temporary period of time. We should be encouraging and creating space in the law for that self recognition.

We would also suggest amending section seven because the current law and this amendment would only allow firearms to be removed after taken into protective custody and a medical professional has identified foreseeable harm. This is problematic for a number of reasons including

- The standard for taking someone into protective custody is high and it is a severe loss of liberty for the individual. Although an extreme risk protection order/ red flag law sounds more intense, it would actually provide a path to a less severe

¹ <https://www.pnas.org/doi/10.1073/pnas.1619896114>

intervention that can be responsive to less severe situations where a person poses a risk but it's not as certain as to what their next steps might be.

- The current law and amendment would only allow law enforcement officers to make the determinations that someone ought to be taken into protective custody. Family members, community members, coworkers should be able to make a petition to a court for extreme risk protection and not rely on law enforcement.

We wanted to note our concern with continuing to rely on the yellow flag law as the one tool to protect the community from harm. At its core, physicians and other healthcare professionals' job is to build relationships with our patients so we can get them the best possible care. Putting health care professionals in the position of determining our patients' Second Amendment rights puts them at odds with building relationships with their patients. This should only be done in special circumstances like in the scope of a forensic psychiatric evaluation and not somewhere like the emergency department room by an ER doctor. If the State does want to place this responsibility on health care professionals then they should provide immunity to the clinician.

Ultimately, we believe many of these points can be resolved by passing an extreme risk protection order/red flag law. We would be happy to discuss this more with the committee members but we would recommend reviewing Gifford's Law Center resources around these types of laws.²

I practiced orthopedic surgery in Lewiston-Auburn for over 30 years and raised our family there. I know many of the victims of the mass shooting that took place there. This tragedy has shook our community and shattered our feeling of safety. How many people now avoid public gatherings or feel uncomfortable sending their children to schools? We need to do better. I am also a gun owner and responsible hunter, but I believe in limits to my Second Amendment Rights.

Thank you for considering the support of Maine's physician community about L.D. 2224 and LD 2238. Sensible gun safety reform needs to happen. We cannot wait for another one of our patients to die. We urge an "ought to pass" vote on both of these bills. I would be happy to respond to any questions you may have.

Thank you,
Paul Cain, M.D.

Please contact Anne Sedlack, Director of Advocacy at the Maine Medical Association and Maine Osteopathic Association if you need to get in touch with me for any further questions

² <https://giffords.org/lawcenter/gun-laws/policy-areas/who-can-have-a-gun/extreme-risk-protection-orders/>.