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LD 2283

[Please see emailed copy for preserved formatting. Thank you.]

Senator Carney, Representative Moonen, esteemed Judiciary Committee members, thank you for your attention to the important matter of suicide and homicide prevention, by considering LD 2283. Many thanks to Speaker Talbot Ross for submitting it. I am Sam Zager, and I am honored to represent parts of Portland (Deering Center, Deering Highlands, Woodfords, Rosemont, Libbytown, Westgate, and Stroudwater) in the Maine House, as well as serving as a family care physician in Portland for patients of all ages from Biddeford to Bangor. Their communities range from urban to rural. I think about my family, those patients, and my neighbors, as I provide testimony in support of crisis intervention orders, or Extreme Risk Protection Orders.

Dr Joe Anderson, a hospital-based pediatrician, has already shared for today's hearing the large set of medical organizations in Maine and nationally that endorse the ERPO/CIO strategy in the fight to save lives, livelihoods, and quality of life from firearm violence. Doctors and other health professionals are so motivated about this issue because it has become a major cause of death in our country. A study in the journal Pediatrics a couple months prior to the tragedy in Lewiston last year documented that "from 2018 to 2021, there was a 41.6% increase in the firearm death rate [among children]."[https://publications.aap.org/pediatrics/article/152/3/e2023061296/193711/Trends-and-Disparities-in-Firearm-Deaths-Among?autologincheck=redirected] It further showed that among US youth, firearms are now the #1 cause of death, recently surpassing motor vehicle deaths. Earlier today, I attended a physician conference in Maine that was not focused on this issue; nevertheless there was a line of doctors wanting to discuss this bill with me. One shared a personal story of how it would have been so helpful to defuse the constant terror that she and her former in-laws faced, knowing that her abusive spouse was not well and had firearms. Person-to-person violence is an important issue this bill would address; so is self-inflicted violence.

Here in Maine, firearms and suicide are very closely connected. Seven out of eight firearm deaths in our state are suicides, according to the most recent available data.[https://legislature.maine.gov/doc/9742] And Maine's suicide rate is nearly 40% higher than the national average (19.5 compared to 14.0 suicides per 100,000).[https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm and https://www.nimh.nih.gov/health/statistics/suicide#:~:text=100%2C000%20in%202020.-,The%20total%20age%2Dadjusted%20suicide%20rate%20in%20the%20United%20States,females%20(5.7%20per%20100%2C000).] This connection are very pertinent to LD 2283.

But are we constitutionally permitted to save kids, teens, and adults from firearm deaths? After all, the Maine Constitution prohibits us from questioning the right to bear arms. Even without questioning that a right exists, we still must weigh one person's rights against another's (or the community's) rights. Writing for the majority in the Heller Decision[District of Columbia v. Heller, 554 U.S. 570 (2008) viewable at https://supreme.justia.com/cases/federal/us/554/570/] (2008), a champion of the Second Amendment Justice Antonin Scalia explicitly wrote that "the right secured by the Second Amendment is not unlimited." He even named in the same paragraph some considerations for limiting a person's right to keep and bear arms; he wrote that the mental health--or, as mental health professionals have added, the emotional state--of a person can be relevant in the extreme circumstances relevant to this proposal.[National Alliance on Mental Illness in Maine (NAMI Maine) and other Mental health advocates and professional remind us frequently that people suffering from mental illness are far more likely to be victims of violence than perpetrators of it. People at risk of killing themselves or others with firearms may be in crisis, and have no diagnosis of a severe and persistent mental illness (e.g. schizophrenia or other

illnesses that make sufferers lose touch with reality) NAMI “supports Extreme Risk Proection Orders (ERPOs) that focus on specific, current behaviors and evidence based risk factors for violence.” https://www.nami.org/Advocacy/Policy-Priorities/Responding-to-Crises/Extreme-Risk-Protection-Orders]

Finally, please understand that ERPO laws reduce firearm deaths. As an example, researchers published a case-controlled study of ERPOs, comparing the rates of firearm suicide between states that had them versus those that did not have them.[Kivisto and Phalen, "Effects of Risk-Based Firearm Seizure Laws in Connecticut and Indiana on Suicide Rates, 1981-2015," Psychiatric Services 69:8, Aug 2018, 855-862. Viewable at https://ps.psychiatryonline.org/doi/epdf/10.1176/appi.ps.201700250] Before Indiana’s ERPO law, for instance, their suicide rate tracked with the non-ERPO states very closely--statistically identical, within normal variation. But after ERPO, the paths diverged and Indiana saw a 7.5% reduction in the suicide death rate.

[see emailed copy for graph]

The researchers also noted that [although] the enactment of Connecticut’s legislation was associated with only a 1.6% reduction in firearm suicides, the reduction increased to 13.7% following increased enforcement of the law after the 2007 Virginia Tech shooting.

This bill addresses the pressing public problem of youth and adults needlessly dying in large numbers from firearm violence; it is narrowly tailored; and it has been proven to work. I respect the work that this committee always does, and I am confident that technical tweaks and amendments can be weighed thoughtfully.

Thank you.