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May 2, 2023

*Testimony of Rep. Lori K. Gramlich presenting*

## **LD 1742, An Act to Enhance the Use of Critical Incident Stress Management Teams and to Require Peer Team Support**

*Before the Joint Standing Committee on Criminal Justice and Public Safety*

Good afternoon, Senator Beebe-Center, Representative Salisbury and distinguished colleagues of the Joint Standing Committee on Criminal Justice and Public Safety, I am Lori Gramlich, Representative for House District 131, which is the lovely seaside community of Old Orchard Beach. I am pleased to present **LD 1742, An Act to Enhance the Use of Critical Incident Stress Management Teams and to Require Peer Team Support.**

As some of you may know, I am a social worker and have been working in the public policy arena here in Maine for over 35 years. I have been a longtime advocate for children and older adults in my work in state government, in the public health arena and in non-profit management. The underlying policy initiative I have been working on in Augusta for over 20 years is ensuring that folks are able to access mental health care.

LD 1742 aims to ensure that critical incident stress management team services are not only provided to all firefighters to assist our first responders in dealing with the acuity of exposure to a singular traumatic event but also that municipal departments have the training necessary to recognize the chronic long-term implications of exposure to traumatic events and to assist firefighters in accessing the services necessary to address this.

When I was a child, I lost my home to fire. It was one of the most traumatic events of my life. I was eleven years old, and for days and weeks and months after, whenever I heard a siren, I was brought back to watching my home burn. Ten years later, in college, we had an industrial smoke detector activated in our dormitory, which of course required us all to evacuate the building in the middle of the night. Ten years later, I was still brought back to that one single traumatic event that impacted me. It continues to impact me decades later.

I share this story as an example of how one single event can impact an individual. I know we all have had events in our lives that impact us, but our first responders – our brave men and women who fight fires – are exposed to traumatic events on a daily basis. Daily. And while critical incident management teams do indeed exist, they are not in every municipality, the wait lists are long, and they do not provide the support and intervention necessary to treat the long-term chronic exposure to traumatic events, which is also known as Post-Traumatic Stress Disorder (PTSD).

Daily exposure to traumatic events can have a cumulative impact on people, and our first responders are particularly impacted. Not only do they have this daily chronic exposure, they also, just like you and I, have the daily stressors of life.

LD 1742 is not intended to duplicate services in any way. Rather, it is meant to both enhance critically important services in acute situations and to ensure behavioral care services are accessible for the long term. We need ongoing services for firefighters, which this bill aims to provide.

Training and education in this regard are also key components to ensure success, and LD 1742 does just that. It requires fire departments to have at least one employee or firefighter who has received critical incident stress management training and to provide education and access to ongoing behavioral health care related to post-traumatic stress experienced by a firefighter. A fire department is also required, within department resources, to maintain a critical incident stress management team, which may include collaboration with another fire department.

The intent of this bill is to meet the mental health care needs of our first responders initially after a traumatic event – and for the long haul. It is in no way intended to limit choices for mental health care, nor is it intended to duplicate services. Again, the objective is to ensure that mental health care needs are met.

I have seen firsthand the fractured mental health system in our state. We have far more demand for services than we are able to adequately meet. LD 1742 is a step in the right direction to address these unmet needs.

I want to share with you all that this bill was one I presented before this committee during the 130<sup>th</sup> Legislature. This committee voted to carry this bill over, so that we could do additional work with stakeholders, which we did. We had worked with the Professional Firefighters of Maine, clinicians who are providing these necessary clinical interventions for our first responders, the State Fire Marshal's Office and the Maine Municipal Association to craft an amendment to that bill, which ultimately included all first responders. This committee passed the bill out of committee, where it received support in the House and the Senate and ended up on the Special Appropriations Table. Unfortunately, we were not able to secure the needed funding to pass the bill off the Special Appropriations Table, which is why it is now here before you again.

A number of our first responders and providers had intended to be here today to speak to this measure, including Michael Crouse of the Professional Fire Fighters of Maine; Dr. Abbey Morris of the IAFF Center of Excellence; Amy Davenport-Dakin, LCMHC, LCPC; Laura Feaga, MSN, PMHNP, BC; Jodie McGary, LCSW; Karen Smith, LCSW; and several others. They will instead be submitting written testimony, because they are in Bangor today following the recent line of duty death of a firefighter with the Bangor Fire Department, who tragically died by suicide. This is a terrible reminder of the worst consequences of failing to provide our first responders with the support they need and so deserve.

Again, this is a critically important bill that aims to address the mental health care of our first responders. I urge you to vote unanimously to pass LD 1742. Thank you for your time and consideration, and I would be happy to try to answer any questions for you.