

Testimony of Lani Graham, MD, MPH

IN SUPPORT OF LD 2237

**An Act to Strengthen Public Safety, Health and Well-being
by Expanding Services and Coordinating Violence
Prevention Resources**

Presented by Speaker Talbot Ross

Before the Health and Human Services Committee: March 4, 2024

Senator Baldacci, Representative Meyer, and Members of the Committee. My name is Lani Graham. I live in Freeport. I am a retired family practice physician and former Chief Public Health officer for Maine. I serve on the Public Health Committee for the Maine Medical Association (MMA). I am here in support of LD 2237.

Parts A, B, and D, all address the need for improved mental health services. These efforts will all help prevent deaths, interfere with violence, and make possible normal lives for so many who suffer. The importance of these Parts cannot be overestimated. But mental health services are not the only issue related to violence prevention.

I am going to confine myself Part C which is likely the least popular section of this bill. For decades at the federal level, Gun Rights Groups opposed firearms data collection because they feared the potential impact of that data on gun laws.¹ While data collection was not explicitly opposed in those efforts, denying funds for the public health work accomplished the same thing, which is possible for Part C of this bill.

It is Part C, which establishes an Office of Violence Prevention within the Maine Center for Disease Control (CDC) and Prevention, that will sweep us forward in preventing future violence.

¹ <https://www.npr.org/2018/04/05/599773911/how-the-nra-worked-to-stifle-gun-violence-research>

Part C has the components necessary for a public health program. The need to educate the public and to activate communities to develop strategies and actions related to violence are both addressed. But perhaps most important of all, is the requirement to create and maintain a strong data hub regarding violence. While the Maine CDC now has a fledgling approach to “intentional violence” prevention, there is no firearms data, and nothing like the aggressive approach envisioned by Part C. As we move forward it is data that will inform us and help us select the most effective strategies to prevent future violence.

Sadly, this bill, while funding every other section, appears to envision that the Maine CDC would do all the excellent ideas outlined, by finding its own funds. I hope you can rethink that theory in collaboration with the Maine CDC Director in a work session as well as the actions needed for an effective public health approach to violence, which is vital for our future.

Thank you for your attention.