

MaineHealth



**TESTIMONY OF MAINEHEALTH, MAINE HOSPITAL ASSOCIATION, MAINE MEDICAL ASSOCIATION, MAINE OSTEOPATHIC ASSOCIATION AND NORTHERN LIGHT HEALTH**

**IN SUPPORT OF**

**LD 2283 - An Act to Enact the Crisis Intervention Order Act to Protect the Safety of the Public**

Joint Standing Committee on Judiciary  
Room 438, State House, Augusta, Maine  
Friday, April 5, 2024

Good morning 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 2283 - An Act to Enact the Crisis Intervention Order Act to Protect the Safety of the Public on behalf of MaineHealth, Maine Hospital Association, Maine Medical Association, Maine Osteopathic Association and Northern Light Health.

MaineHealth is an integrated health care system that provides a continuum of services to the residents of nine counties in Maine and one in New Hampshire. As part of that continuum, they operate nine licensed Emergency Departments in Maine and provide a range of inpatient and outpatient behavioral health services throughout their our footprint. Maine Medical Center's Emergency Department is Maine's only Level One Trauma Center, providing care to those with the most severe injuries in the State.

The Maine Hospital Association (MHA) represents 36 community-governed hospitals in Maine. Formed in 1937, the Augusta-based non-profit Association is the primary advocate for hospitals in the Maine State Legislature, the U.S. Congress and state and federal regulatory agencies. It also provides educational services and serves as a clearinghouse for comprehensive information for its hospital members, lawmakers and the public. MHA is a leader in developing healthcare policy and works to stimulate public debate on important healthcare issues that affect all of Maine's citizens.

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.

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.

Northern Light Health member organizations include 10 hospitals located in southern, central, eastern and northern Maine, 8 nursing facilities, air and ground ambulance, behavioral health, addiction treatment, pharmacy, primary and specialty care practices and a state-wide home care and hospice program. Ninety three percent of Maine's population lives in the Northern Light Health service area. Northern Light Health is also proud to be one of Maine's largest employers with more than 10,000 employees statewide.

We have joined together to support this bill because we are on the front lines of caring for patients affected by gun-related violence and strongly believe in the importance of enacting an extreme risk protection/Red Flag law in our State.

We want to reiterate our concerns about the current yellow flag law before turning to the benefits of a Red Flag Law.

First, the current yellow flag law and amendments proposed this Session unnecessarily stigmatizes those with mental illness. 3-4% of violent crimes in the U.S. are attributed to mental illness, with an even smaller percentage involving a weapon of any sort. Mental illness is not included in the top five risk factors for all types of violence.<sup>1</sup>

Second, it places too much emphasis on protective custody. The standard for taking someone into protective custody is high and it is a severe loss of liberty for the individual. In addition, there are a number of instances in which there is consensus that a person should not be in possession of weapons but the current law is not applicable because the individual is not in protective custody

Finally, trust is at the core of the clinician/patient relationship. Putting health care professionals in the position of determining our patients' Second Amendment rights puts them at odds with this. This determination should be done within the scope of a forensic psychiatric evaluation, not in the emergency department room by a busy ER doctor. If the State does place this responsibility on health care professionals then it should provide immunity to the clinician.

As such, we are supportive of LD 2283 because it allows another path to ensuring that our community is safe. At its essence, it provides the appropriate balance between the Second Amendment rights of the individual with public safety. And it does so by placing the responsibility with the Judicial Branch and its trained judges to determine, based on a preponderance of the evidence, that an individual poses a significant risk of causing severe harm. It is a well balanced approach that has been proven to work in other states.<sup>2</sup>

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<sup>1</sup> Z Elbogen, E. B., & Verykousis, N. (2023). Violence and Mental Illness Rethinking Risk Factors and Enhancing Public Safety. NYU Press. Please refer to to [NAMJ Maine's resources](#) from LD 2224 about decoupling mental illness and violent crime.

<sup>2</sup> <https://everytownresearch.org/report/extreme-risk-laws-save-lives/>

I would also like to note some of the many national medical associations who have endorsed a extreme risk protection order/red flag law including:

- The American Medical Association who endorsed extreme risk protection orders.<sup>3</sup> The AMA has also submitted testimony in support of LD 2283 and I would encourage you to read it, they noted in their testimony that:

Research shows that crisis intervention orders can save lives. In 1999, Connecticut was the first state to authorize law enforcement to petition for the removal of firearms from individuals due to the risk of imminent personal injury to self or others. An evaluation of Connecticut's risk-warrant law showed that from 1999–2013, 762 risk-warrants were issued with suicidality or self-injury listed as a concern in 61 percent of cases and risk of harm to others a concern in 32 percent of cases.<sup>5</sup> It is estimated that the law averted one suicide for every 10 to 11 firearm removals—saving 72 lives over a 14-year period. Additionally, most risk-warrant subjects did not have contact with the public behavioral health system in the year before the risk-warrant was served. However, in the year following firearm removal, nearly one-third (29 percent) of risk-warrant subjects received treatment in the state system, suggesting the risk-warrant provided an entryway into needed mental health and substance use related services. In nearly all cases (99 percent), police found and removed firearms when they conducted a search, with an average of seven firearms removed per subject.<sup>4</sup>

- The American College of Surgeons convened a committee on firearm strategy which included 22 surgeons (median experience of 28 years caring for trauma patients), 18 of whom are passionate firearm owners themselves representing a broad range of experience with firearm ownership and use. One of their recommendations was for mandatory reporting and risk mitigation because “For individuals who are deemed an imminent threat to themselves or others, firearm ownership should be temporarily or permanently restricted based on due process.” And they noted that extreme risk protection order policies and Red Flag laws should be the standard.<sup>5</sup>
- The American Academy of Pediatrics stated that “stronger, effective legislation should be enacted and enforced at the state and federal level, including the following laws ... Extreme risk protection order laws: also known as “red flag laws,” these laws prohibit individuals at risk from harming themselves or others from purchasing or owning a firearm by a court order. These laws also allow for the temporary removal of firearms already owned by the at-risk individual. These laws are associated with decreases in firearm violence.”<sup>6</sup>

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<sup>3</sup><https://www.ama-assn.org/press-center/press-releases/ama-adopts-new-policies-firearm-violence-0#:~:text=Currentl y%2C%20more%20than%2020%20states,risk%20individuals%20through%20due%20process.>

<sup>4</sup> Jeffrey W. Swanson, Michael A. Norko, Hsiu-Ju Lin, et al., *Implementation and effectiveness of Connecticut's risk-based gun removal law: Does it prevent suicides?*, 80 *Law & Contemporary Problems* 2, 179-208 (Aug. 2017).

<sup>5</sup> <https://www.facs.org/for-medical-professionals/news-publications/news-and-articles/press-releases/fast111418/>

<sup>6</sup>[https://publications.aap.org/pediatrics/article/150/6/e2022060070/189686/Firearm-Related-Injuries-and-Deaths-in-Children?autologincheck=redirected.](https://publications.aap.org/pediatrics/article/150/6/e2022060070/189686/Firearm-Related-Injuries-and-Deaths-in-Children?autologincheck=redirected)

These are just a few of the health care organizations that support the enactment of extreme risk protection orders, and it is clear that these orders should be the model for all states who want to balance Second Amendment rights with the safety of the public.

Thank you for listening to the voice of the health care community. I practiced orthopedic surgery in Lewiston-Auburn for over 30 years and raised our family there. I am also a gun owner and responsible hunter, but I believe in limits to my Second Amendment Rights. This tragedy has shook our community and shattered our feeling of safety. Sensible gun safety reform needs to happen. 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 if you need to get in touch with me for any further questions