



# HOUSE OF REPRESENTATIVES

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AUGUSTA, MAINE 04333-0002  
(207) 287-1400  
TTY: Maine Relay 711

**Lori K. Gramlich**

Assistant House Majority Leader  
(207) 287-1430

[Lori.Gramlich@legislature.maine.gov](mailto:Lori.Gramlich@legislature.maine.gov)

April 7, 2025

*Testimony of Rep. Lori K. Gramlich presenting*

## **LD 1187, An Act to Require Certain Mental Health Data to Be Included in Uniform Crime Reports**

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

Good afternoon, Senator Beebe-Center, Representative Hasenfus and esteemed colleagues of the Joint Standing Committee on Criminal Justice and Public Safety. My name is Lori Gramlich, and I represent House District 131, which is the lovely seaside community of Old Orchard Beach. I am here today to present ***LD 1187, An Act to Require Certain Mental Health Data to Be Included in Uniform Crime Reports.***

LD 1187 is a very straightforward bill. However I wanted to provide you with a frame of reference, as I do have an amendment to this bill, and I want to be sure you have the context.

In the 130<sup>th</sup> Legislature, I presented ***LD 1392, An Act Directing the Maine Center for Disease Control and Prevention To Release Annually Public Health Data Regarding Certain Fatalities and Hospitalizations,*** to the Joint Standing Committee on Health and Human Services. For your reference, I have attached this bill to my testimony. The intent of LD 1392 was to require the Maine Center for Disease Control and Prevention, in collaboration with the Commissioner of Public Safety, to release an annual report of public health data concerning firearm fatalities and injuries in the state of Maine. This report would be made annually to the Legislature and would be public. This bill became law in June of 2021. I have also included a copy of the Public Law as an attachment to this testimony. You will notice that this law is in Title 22, under the Department of Health and Human Services.

Since this law was implemented, we have been able to get an annual report from the Department of Health and Human Services, which includes data regarding firearm injuries and fatalities – including, notably, deaths by suicide. I have also included a copy of the most recent report, for your reference. You may notice that this annual report does not currently include data regarding mental health referrals.

As you may know, the Department of Health and Human Services entered into a contract with Spurwink to provide services for mental health referrals as required under Maine's "Yellow Flag" law. Presently, however, we do not have data on the number of referrals realized through this relationship. LD 1187 aims to address that by including the relevant and important mental health data into the Department of Health and Human Services' annual report.

LD 1187, as initially drafted, references Title 25 – which is why the bill was referenced to this committee. However, given that collaboration already exists between the Department of Health and Human Services and the Department of Public Safety for data collection, and the fact that the mental health component is a critical piece of data which should be included in this annual report, we are hopeful the committee, you all, will agree to reference this bill to the Joint Standing Committee on Health and Human Services.

The final item attached to this testimony is a proposed amendment, which would better achieve the goal of this bill by simply adding mental health referrals to the data that is already being gathered and published by the Maine CDC in collaboration with the Department of Public Safety – as required by my proposal which became law in the 130<sup>th</sup> Legislature. As you will see, the proposed amendment would put the bill under Title 22.

Again, it makes sense to have all relevant data captured on one report, thus I appreciate your consideration of my amendment and request to refer this bill to the HHS Committee for their consideration.

Thank you for your time and thoughtful deliberation. I would be happy to try to answer any questions for you.



# 130th MAINE LEGISLATURE

## FIRST SPECIAL SESSION-2021

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Legislative Document

No. 1392

H.P. 1026

House of Representatives, April 7, 2021

**An Act Directing the Maine Center for Disease Control and  
Prevention To Release Annually Public Health Data Regarding  
Certain Fatalities and Hospitalizations**

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Received by the Clerk of the House on April 5, 2021. Referred to the Committee on Health and Human Services pursuant to Joint Rule 308.2 and ordered printed pursuant to Joint Rule 401.

*Robert B. Hunt*

ROBERT B. HUNT  
Clerk

Presented by Representative GRAMLICH of Old Orchard Beach.  
Cosponsored by Representatives: BAILEY of Gorham, DOUDERA of Camden,  
MATHIESON of Kittery, MILLETT of Cape Elizabeth, OSHER of Orono, SACHS of  
Freeport, ZAGER of Portland, Senator: SANBORN of Cumberland.

**Be it enacted by the People of the State of Maine as follows:**

**Sec. 1. 22 MRSA §20, sub-§2**, as enacted by PL 2019, c. 523, §1, is amended to read:

**2. Annual report.** The director shall report annually to the joint standing committee of the Legislature having jurisdiction over health and human services matters on:

A. Challenges and threats to the health of the residents of the State; and

B. The ways in which the Maine Center for Disease Control and Prevention has responded to those challenges and threats and has aided in keeping the residents of the State healthy and safe;

C. Public health data concerning firearm fatalities in the State, separated by:

(1) The number of homicides, including the number of homicides that were the result of domestic violence, further separated by the ages of the victims for each:

(2) Suicides, further separated by the ages of the victims;

(3) Accidents, further separated by the ages of the victims; and

(4) The type, make and model of firearm used in incidents described in subparagraphs (1) to (3); and

D. Hospitalizations that occurred as a result of a firearm but did not result in death, including the type, make and model of firearm used.

The Commissioner of Public Safety shall assist the director with the collection of the data required in paragraphs C and D. The director shall make the report under paragraphs C and D publicly available.

## SUMMARY

This bill requires the Director of the Maine Center for Disease Control and Prevention within the Department of Health and Human Services to include in the director's annual report to the Legislature, with the assistance of the Commissioner of Public Safety, public health data concerning firearm fatalities separated by homicides, including the number of domestic violence homicides, suicides and accidents, further separated by the ages of the victims of each category, and the type, make and model of the firearm used, and hospitalizations that occurred as a result of a firearm that did not result in death and the type, make and model of firearm used, and to make the report publicly available.

STATE OF MAINE

IN THE YEAR OF OUR LORD  
TWO THOUSAND TWENTY-ONE

H.P. 1026 - L.D. 1392

**An Act Directing the Maine Center for Disease Control and Prevention To  
Release Annually Public Health Data Regarding Certain Fatalities and  
Hospitalizations**

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA c. 256-A is enacted to read:

**CHAPTER 256-A**

**REPORTING OF FIREARM FATALITIES AND HOSPITALIZATIONS**

**§1425. Annual report on firearm fatalities and hospitalizations**

Beginning January 1, 2022, the Director of the Maine Center for Disease Control and Prevention within the Department of Health and Human Services shall report annually to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the following data:

1. Firearm fatalities. Public health data concerning firearm fatalities in the State, separated by:

A. The number of homicides, including the number of homicides that were the result of domestic violence, further separated by the ages of the victims for each;

B. Suicides, further separated by the ages of the victims; and

C. Unintentional discharges, further separated by the ages of the victims; and

2. Hospitalizations. Hospitalizations that occurred as a result of a firearm but did not result in death.

The Commissioner of Public Safety, the Office of Chief Medical Examiner, the Office of the Attorney General and the Maine Health Data Organization shall assist the Director of the Maine Center for Disease Control and Prevention with the collection of the data required in this section.

The Director of the Maine Center for Disease Control and Prevention shall make the report required under this section publicly available.

**Sec. 2. 25 MRSA §1544, 2nd ¶**, as amended by PL 2001, c. 399, §6, is further amended to read:

The bureau shall establish a category for abuse by adults of family or household members, a category for cruelty to animals ~~and~~, a category for crimes that manifest evidence of prejudice based on race, religion, disability, sexual orientation or ethnicity and a category for unintentional and intentional firearm discharges that are supplementary to its other reported information. The bureau shall prescribe the information to be submitted in the same manner as for all other categories of the uniform crime reports.

Janet T. Mills  
Governor

Sara Gagné-Holmes  
Acting Commissioner



Maine Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
11 State House Station  
286 Water Street  
Augusta, Maine 04333-0011  
Tel; (207) 287-8016; Fax (207) 287-9058  
TTY: Dial 711 (Maine Relay)

## REPORT TO THE LEGISLATURE

**TO:** Joint Standing Committee on Health and Human Services  
**FROM:** Maine Center for Disease Control and Prevention, DHHS  
**SUBJECT:** Annual Reporting of Firearm Fatalities and Hospitalizations  
**DATE:** September 3, 2024

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### INTRODUCTION AND BACKGROUND

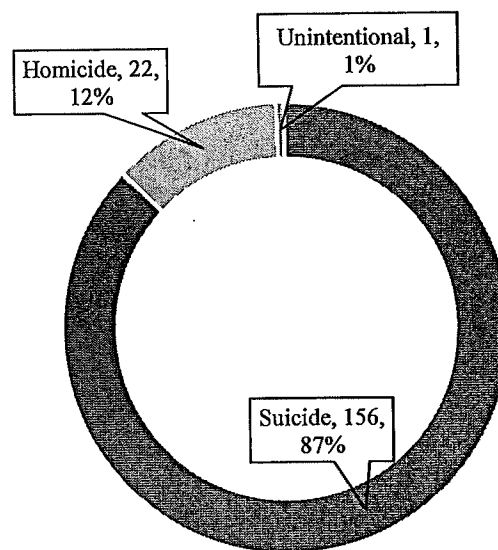
Pursuant to 22 MRS, Ch. 256-A §1425, the Maine Center for Disease Control and Prevention submits this annual report representing the available data for firearm-related fatalities and hospitalizations occurring in Maine in calendar year 2022 as provided to the Maine Center for Disease Control and Prevention (Maine CDC) by its partners, including the Maine Health Data Organization (MHDO), the Office of the Medical Examiner, and the Maine Department of Public Safety (DPS). Additional sources of data specific to incidents involving the use of a firearm and information beyond the scope of this legislative report mandate have been identified and include, but are not limited to, the following: Maine's Violent Death Reporting System, Maine's Domestic Violence and Homicide Review Panel and National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP). A delay in reporting this year (2024) is attributable to the need to reach data sharing agreements. This report includes calendar year 2022 data, some of which is provisional. Calendar year 2023 data is not yet available.

Data shows a slight increase in the number of homicides involving the use of a firearm when compared to the previous year. Of the total 2022 deaths by suicide in Maine (268), 156 (58%) involved the use of a firearm. A revised data collection form was implemented in January 2022, requiring law enforcement agencies to submit additional data elements for firearm-related incidents involving a law enforcement response.

### FIREARMS FATALITIES: OVERALL

In 2022, there were 179 fatalities by firearms in Maine. Of these fatalities, 22 were homicides, one was unintentional, and 156 were by suicide.

Firearm Fatalities, 2022



Firearm Fatalities in Maine				
	2022		2021	
Category	Total	Percent	Total	Percent
Suicide	156	87%	158	89%
Homicide	22	12%	17	10%
Unintentional	1	<1%	2	1%
Undetermined	0	0%	1	<1%
Total	179		178	

Source: Maine Center for Disease Control and Prevention, Maine Office of Data, Research and Vital Statistics, Death certificate data

## UNINTENTIONAL FIREARM FATALITIES

Unintentional firearm fatality is a death resulting from a firearm discharging accidentally or unintentionally.

Unintentional Fatalities by Firearm by Age		
Age Group	2022	2021
<15	0	2
15-24	1	0
25-34	0	0
35-44	0	0
45-54	0	0
55-64	0	0
65+	0	0
Total	1	2

Source: Maine Center for Disease Control and Prevention, Maine Office of Data, Research and Vital Statistics, Death certificate data

## HOMICIDE

In 2022, there were 22 firearm-related homicides in Maine. Nine (41%) of the victims of homicides involving a firearm were individuals 25-34 years old. Of the 22 total homicides in 2022, more than one in three were domestic violence (DV) homicides.

Homicide Fatalities by Firearm				
	2022		2021	
Age Group	Total	DV (subset)	Total	DV (subset)
<15	1	1	0	0
15-24	2	2	1	0
25-34	9	1	7	1
35-44	6	0	2	1
45-54	2	1	6	4
55-64	1	1	1	0
65-74	0	0	0	0
75+	1	1	0	0
Total	22	7	17	6

Source: Maine Vital Records, Maine CDC, Department of Health and Human Services, Maine State Police, Department of Public Safety, and the Office of Chief Medical Examiner, Maine Attorney General's Office.

Notes: Firearm homicide data were run from the death records filed and registered with Data, Research, and Vital Statistics, and compared with the Maine State Police Report on homicides, found on their website [2022 Annual](#)



Homicides, Maine State Police. The Office of Chief Medical Examiner provided input on records not found on the State Police website.

The following ICD 10 codes were used to identify firearm fatalities: W32, W33, W34, X72, X73, X74, X94, X95, Y22, Y23, Y24, Y35, and U014

## FIREARM FATALITIES RESPONDED TO BY LAW ENFORCEMENT

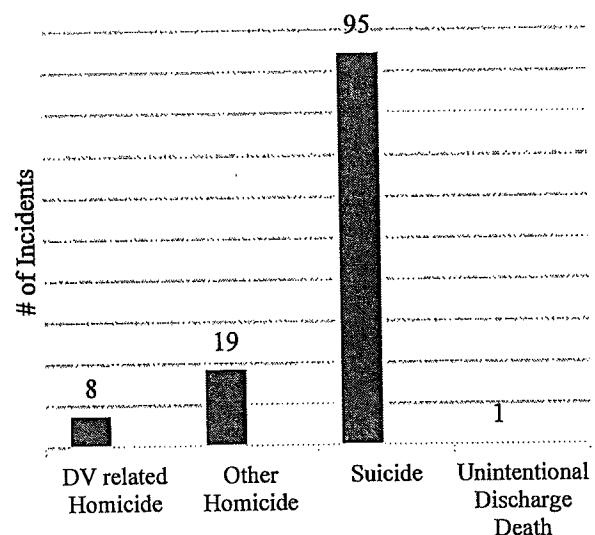
Public Law 2021, Chapter 369, requires Maine's Department of Public Safety (DPS) to assist in data collection for the purpose of reporting public health data concerning firearm fatalities in the State. As of January 2022, DPS implemented a revised data collection form to require law enforcement agencies to submit additional data elements for firearm-related incidents occurring January 1, 2021 and after.

In 2022, Maine's police departments responded to 123 incidents that involved firearm-related fatalities. Death by suicide comprised most of those fatalities (77%). Individuals between the ages of 20-29 accounted for more firearm-related fatalities (18%) than other age groups.

<b>Firearm-Related Fatalities Responded to by Law Enforcement by Classification of Death (2022)</b>		
<b>Type of Incident</b>	<b>Fatalities</b>	<b>Percent</b>
DV related Homicide	8	7%
Other Homicide	19	15%
Suicide	95	77%
Unintentional Discharge Death	1	<1%
<b>Total</b>	<b>123</b>	

<b>Firearm-Related Fatalities Responded to by Law Enforcement by Age (2022)</b>	
<b>Fatalities</b>	<b>Incidents</b>
0-9	1
10-19	5
20-29	22
30-39	20
40-49	13
50-59	15
60-69	19
70-79	13
80+	15
<b>Total</b>	<b>123</b>
Minimum Age	1
Maximum Age	100
Mean Age	50.8
Median Age	50

**Type of Firearm-Related Fatalities Responded to by Law Enforcement (2022)**



Source: Maine State Police, Uniform Crime Reporting/NIBRS

## MAINE VIOLENT DEATH REPORTING SYSTEM (ME-VDRS)

The Maine Violent Death Reporting System (ME-VDRS) collects deidentified data on all violent deaths that occur within the State of Maine, regardless of the decedent's place of residence. These are termed "occurrent deaths." Maine residents who die in other states by self-inflicted or inflicted violence are captured in the violent death reporting system of the jurisdiction in which they died. Maine residents dying outside of Maine are later added to Maine's vital statistics numbers. As such, ME-VDRS occurrent death numbers will differ slightly from the resident violent death totals reported by Maine's Division of Data, Research, and Vital Statistics. The primary source of ME-VDRS data are medical examiner and law enforcement records. The data below are presented in aggregated years when cells sizes are less than 5 unless they are otherwise a matter of public record.

In Maine, the majority of firearm-related deaths that occurred between 2015 and 2021 involved the use of a handgun (67%). The owner of the firearm involved in a death is often not reported. The decedent is reported as the owner of the firearm in the majority (85%) of the cases of known gun ownership (645).

Type of Firearm Involved in Occurrent Deaths Among Maine Residents by Year									
Year	Handgun		Rifle		Shotgun		Other/Unknown		Total
	Deaths	Percent	Deaths	Percent	Deaths	Percent	Deaths	Percent	
2015	83	57%	24	17%	31	21%	7	5%	145
2016	68	54%	25	20%	22	17%	11	9%	126
2017	114	68%	21	13%	20	12%	13	8%	168
2018	108	70%	25	16%	16	10%	6	4%	155
2019	117	71%	18	11%	26	16%	3	2%	164
2020	107	71%	24	16%	18	12%	2	1%	151
2021	134	77%	21	12%	16	9%	4	2%	175
<b>Total</b>	<b>731</b>	<b>-</b>	<b>158</b>	<b>-</b>	<b>149</b>	<b>-</b>	<b>46</b>	<b>-</b>	<b>1,084</b>

Owner of Firearm Involved in All Occurrent Firearm Deaths in Maine by Year							
Year	Self		Family Member		Other/Unknown		Total
	Deaths	Percent	Deaths	Percent	Deaths	Percent	
2015	41	28%	10	7%	94	65%	145
2016	39	31%	10	8%	77	61%	126
2017	62	37%	15	9%	91	54%	168
2018	73	47%	9	6%	73	47%	155
2019	121	74%	12	7%	31	19%	164
2020	100	66%	19	13%	32	21%	151
2021	115	66%	19	11%	41	23%	175
<b>Total</b>	<b>551</b>	<b>-</b>	<b>94</b>	<b>-</b>	<b>439</b>	<b>-</b>	<b>1,084</b>

Source: Maine Violent Death Reporting System

## DEATHS BY SUICIDE

Death by suicide is the eleventh leading cause of death in Maine and the second leading cause of death among the 10-14 and 25-34 age groups<sup>1</sup>. In 2022, 268 Mainers died by suicide. Of these 268 deaths, 156 (58%) used a firearm. Men are more likely to die by suicide using a firearm than women.

<sup>1</sup> <https://www.cdc.gov/nchs/pressroom/states/maine/maine.htm>

Deaths by Suicide by Firearm by Age Group		
Ages	2022	2021
10-24	14	14
25-44	43	56
45-64	42	52
65+	57	36
<b>Total</b>	<b>156</b>	<b>158</b>

Deaths by Suicide by Firearm by Sex		
Year	2022	2021
Female	18	15
Male	138	143
<b>Total</b>	<b>156</b>	<b>158</b>

Source: Maine death certificates, Maine CDC Data, Research and Vital Statistics.

Notes: Deaths by suicide are defined as deaths of Maine residents for which the underlying cause of death was coded as ICD-10 U03 X60-X84 or Y87.0.

## HOSPITALIZATIONS

In 2022, there were 34 hospitalizations due to a firearm in Maine. Of these, 31 (91%) were men and 20 (59%) were between the ages of 15-34 years old. Most firearm-related hospitalizations were due to either the accidental discharge of a firearm or an assault.

Non-Fatal Firearm-Related Hospital Discharges by Age Group				
Ages	2022 (Provisional)*		2021	
	Number	Percent	Number	Percent
<15	1	2.9%	2	3.7%
15-24	11	32.4%	12	22.2%
25-34	9	26.5%	17	31.5%
35-44	9	26.5%	5	9.3%
45-54	1	2.9%	8	14.8%
55-64	2	5.7%	3	5.6%
65-74	1	2.9%	7	13.0%
75+	0	0%	0	0%
<b>Total</b>	<b>34</b>	<b>100%</b>	<b>54</b>	<b>100%</b>

Non-Fatal Firearm-Related Hospital Discharges by Sex		
Year	2022	2021
Female	3	6
Male	31	48
<b>Total</b>	<b>34</b>	<b>54</b>

Source: Maine Health Data Organization Hospital Inpatient Database 2022

\*Data for hospitalizations are provisional and subject to change; Data include Maine Non-Federal/Non

Psychiatric Acute Care Hospital Discharges with Principal Diagnosis of injury and firearm-related secondary diagnosis or injury cause code.

Non-Fatal Firearm-Related Hospital Discharges by Cause				
Cause of Injury	2022 (Provisional*)		2021	
	Discharges	Percent	Discharges	Percent
Accidental discharge or malfunction of firearm	16	47.1%	24	44.4%
Assault by firearm	11	32.4%	17	31.5%
Intentional self-harm by firearm	5	14.7%	10	18.5%
Legal intervention involving firearm discharge	2	5.9%	3	3.7%
Firearm discharge of undetermined intent	1	2.9%	0	0%
Terrorism involving firearms	0	0%	0	0%
<b>Total**</b>	<b>35</b>	<b>100%</b>	<b>54</b>	<b>100%</b>

Source: Maine Health Data Organization Hospital Inpatient Database

\*2022 data for hospitalizations is provisional and subject to change.

**\*\*The sum of causes may be greater than the overall total number of hospitalizations because the causes of a hospitalization are non-mutually exclusive categories, and one individual's hospitalization can belong to more than one category. Data include Maine Non-Federal/Non Psychiatric Acute Care Hospital Discharges with Principal Diagnosis of injury and firearm-related secondary diagnosis or injury cause code.**

## **OTHER AVAILABLE DATA SOURCES**

The U.S. Center for Disease Control and Prevention publishes data on causes of nonfatal injury via Web-based Injury Statistics Query and Reporting System (WISQARS) Nonfatal, providing data from the National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP)<sup>2</sup>. This surveillance data informs State and federal public health policies. The NEISS-AIP data provides information about types of nonfatal injuries in U.S. hospital emergency departments, how common they are, who they affect, and what causes them.

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<sup>2</sup> <https://wisqars.cdc.gov/data/non-fatal/home>

**Be it enacted by the People of the State of Maine as follows:**

**Sec. 1. 22 MRSA §1425** is amended as follows:

**§1425. Annual report on firearm fatalities, mental health referrals and hospitalizations**

Beginning January 1, 2022, the Director of the Maine Center for Disease Control and Prevention within the Department of Health and Human Services shall report annually to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the following data:

**1. Firearm fatalities.** Public health data concerning firearm fatalities in the State, separated by:

- A. The number of homicides, including the number of homicides that were the result of domestic violence, further separated by the ages of the victims for each;
- B. Suicides, further separated by the ages of the victims; and
- C. Unintentional discharges, further separated by the ages of the victims; and

**2. Hospitalizations.** Hospitalizations that occurred as a result of a firearm but did not result in death.

**3. Mental health referrals.** The number of mental health referrals made for individuals assessed as presenting a likelihood of foreseeable harm pursuant to Title 34-B, section 3862-A, including the number of actual referrals and the number of individuals receiving treatment or services pursuant to those referrals.

The Commissioner of Public Safety, the Office of Chief Medical Examiner, the Office of the Attorney General and the Maine Health Data Organization shall assist the Director of the Maine Center for Disease Control and Prevention with the collection of the data required in this section.

The Director of the Maine Center for Disease Control and Prevention shall make the report required under this section publicly available.

## **SUMMARY**

This bill amends the reporting requirements of the annual report on firearm fatalities and hospitalizations by requiring the inclusion of the number of mental health referrals made for individuals assessed as presenting a likelihood of foreseeable harm pursuant to the extreme risk protection order law and the number of individuals who received services pursuant to those referrals.