

April 16, 2025

Testimony in opposition to LD 208, LD 1230 and LD 1062

Good morning. Senator Carney, Representative Kuhn and members of the Judiciary Committee

My name is Lynn Ellis. I live in Brunswick and am a retired social worker and long-time gun safety advocate.

When I spoke to this committee last year I said that it would be my last testimony and visit to the people's house. I talked painfully about my own attempt at suicide as a young teen. Thankfully, I did not have access to firearms and had a lot of support to see me through a challenging period of teenage angst.

However, I cannot stay silent when bills that can save lives are in jeopardy. And I speak with my dear friend Carol in mind. You see her grandchildren stood at their apartment window in Lewiston as the mass shooting took place. And just last week she told me of how her daughter and family live very near the location of Maine's most recent mass shooting in Sabattus.

I've been listening to this committee discuss gun safety bills over the past month and want to address a few myths. People testifying keep saying that Maine is the safest state. It is on record with regard to crime compared to other states. However, it is the highest state in New England for suicide. The most recent report from Maine HHS and CDC, published September 2024 says that there were 268 deaths by suicide in 2022 with 156 (58%) involving a firearm.

Another myth: guns don't kill people; people kill people. Yes, with firearms. And multiple studies conclude that increased access to firearms is contributing to the crisis that is gun violence in the U.S.

Myth 3: I have heard it said so often over the years that firearms are needed for self-defense. The National Library of Medicine reports: Gun ownership is common in America. People report that they need them for safety and/or sport. However, having a firearm in the home actually increases the rate for suicide, homicide, domestic violence, and accidents. The presumed security is questioned, especially since owner and family suicide vastly outnumber self-protective events. Gun-related suicide in America accounts for most of the violent death occurrences.

Matthew Miller, associate professor of health policy at the Harvard School of Public Health says "one of the most important considerations in trying to reduced the toll of suicide in the U.S. is reducing access to firearms in the home for all age groups, but especially for the most impulsive actors like children and young adults."

I'll end with a single comment on background checks. I learned yesterday from a retired Marine that renting a firearm is available at several shooting ranges in Maine. No background check; no wait period. Let's think about that and address in subsequent legislation.

Please vote ONTP on these three bills before you this morning.

<https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC2848468/>

<https://hsph.harvard.edu/news/guns-suicide/>

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REPORT TO THE LEGISLATURE

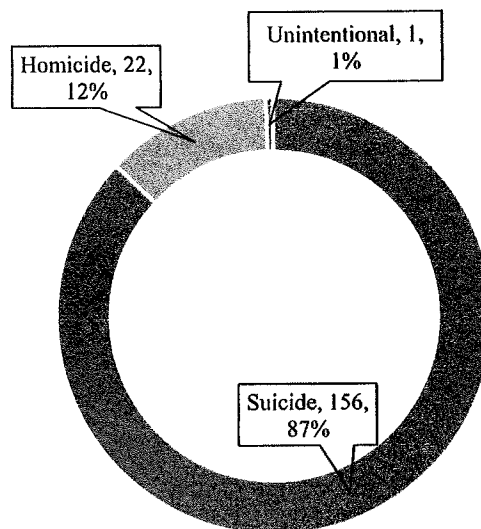
TO: Joint Standing Committee on Health and Human Services
FROM: Maine Center for Disease Control and Prevention, DHHS
SUBJECT: Annual Reporting of Firearm Fatalities and Hospitalizations
DATE: September 3, 2024

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.

Firearm Fatalities, 2022



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 in Maine				
Category	2022		2021	
	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				
Age Group	2022		2021	
	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

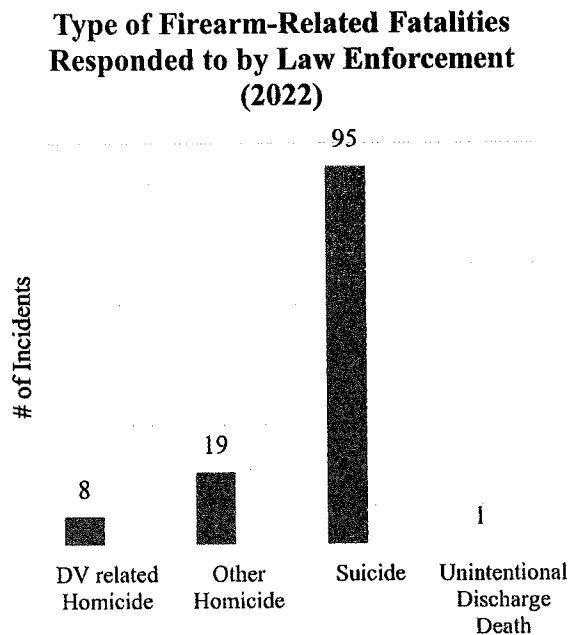
FIREARM FATALITIES RESPONDED TO BY LAW ENFORCEMENT

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.

Type of Incident	Fatalities	Percent
DV related Homicide	8	7%
Other Homicide	19	15%
Suicide	95	77%
Unintentional Discharge Death	1	<1%
Total	123	

Fatalities	Incidents
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
Total	123
Minimum Age	1
Maximum Age	100
Mean Age	50.8
Median Age	50



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).

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
Total	731	-	158	-	149	-	46	-	1,084

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
Total	551	-	94	-	439	-	1,084

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 groups¹. 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.

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

Ages	2022	2021
10-24	14	14
25-44	43	56
45-64	42	52
65+	57	36
Total	156	158

Year	2022	2021
Female	18	15
Male	138	143
Total	156	158

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.

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%
Total	34	100%	54	100%

Year	2022	2021
Female	3	6
Male	31	48
Total	34	54

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.

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%
Total**	35	100%	54	100%

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)². 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.

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