



**Maine Medical
Association**



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION
AND
THE MAINE OSTEOPATHIC ASSOCIATION**

In Support Of

LD 2108 - An Act to Establish the Suicide Mortality Review Panel

Joint Standing Committee on Health and Human Services
Room 209, Cross Building, Augusta, Maine
Wednesday, February 4, 2026

Good Afternoon, Senator Ingwersen, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services. My name is Lani Graham, MD, MPH. I am a physician from Freeport. I am submitting this testimony in support of LD 2108 - An Act to Establish the Suicide Mortality Review Panel, on behalf of the Maine Medical Association and Maine Osteopathic Association.

The Maine Medical Association (MMA) is a professional organization representing over 4,300 allopathic and osteopathic 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. The 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.

The emergency preamble provides ample evidence for why establishing this panel is a good idea and is based on the tragic data of high rates of death by suicide in Maine. Every year, 270-280 Maine people determine that their lives are not worth living,¹ which is ample reason to try to understand why this happens.

This is personal for me. In my family, two uncles and an aunt committed suicide. I remember every detail of each event. I watched my parents struggle to understand where they had gone wrong, blaming themselves for not seeing the signs. Rather rapidly, each

¹ <https://usafacts.org/answers/how-many-people-die-by-suicide-state/maine/>

death became something that could not be discussed or even mentioned. The deaths were described as "unexpected" in obituaries. But the pain never stopped.

This has also affected me professionally, and I have had a few patient deaths that were more impactful for me. I have clear and haunting memories of two young women who committed suicide. One of these was a 16-year-old girl who shot herself right here in Maine. That event was decades ago, but I can still see her in my mind.

A suicide mortality review panel is a practical, evidence-based tool that allows us all to learn from such terrible deaths in order to prevent future ones. Unlike vital statistics or aggregate surveillance data, a review panel examines the full context of each death—medical care, access to services, crisis response, family and school interactions, and broader social conditions. This systems-level approach consistently identifies missed opportunities for intervention, gaps in coordination, and policy barriers that are invisible in routine reporting. The purpose is not to assign fault, but to translate tragedy into actionable prevention strategies.

A suicide review panel provides a structured and credible way to examine emerging and complex contributors to suicide risk resulting from our rapidly changing society, including the effects of digital and social media environments on those who use that emerging technology. A review panel creates the capacity to study these influences responsibly and to recommend informed, prevention-focused responses that protect people while respecting free expression.

In short, a suicide mortality review panel is a learning instrument. It improves data quality, strengthens prevention, supports equity, and equips the Legislature with clear, evidence-based recommendations to reduce preventable loss of life.

Thank you for considering the thoughts of Maine's physicians, and we hope you support LD 2108. Suicide affects us all. I would be pleased to answer any questions you might have.

Thank you,

Lani Graham, MD, MPH