

TESTIMONY IN SUPPORT OF LD 1392

TO: COMMITTEE ON HEALTH AND HUMAN SERVICES

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DATE: APRIL 28, 2021

Chairs Claxton and Meyer, and Members of the Joint Standing Committee on Health and Human Services: thank you for the opportunity to provide this testimony on behalf of Giffords Law Center to Prevent Gun Violence, the legal arm of the organization founded by former Congresswoman Gabrielle Giffords. I am writing in support of LD 1392, “An Act Directing the Maine Center for Disease Control and Prevention to Release Annually Public Health Data Regarding Certain Fatalities and Hospitalizations.”

Gun violence is an enormous public health problem across our nation and in the state of Maine. Over 152 people in Maine die from gun violence annually, and nearly 90% of these deaths are firearm suicides.¹ While the gun death rate in Maine is slightly lower than the national average, it outpaces the rates in other New England states like New Hampshire and Vermont and is significantly higher than rates in Massachusetts, Connecticut, and Rhode Island.²

For decades, advocates, researchers, gun violence survivors, and other stakeholders have called for using a public health approach to address the epidemic of gun violence in our country. The federal Centers for Disease Control and Prevention has outlined the four steps that comprise this approach: (1) define and monitor the problem, (2) identify risk and protective factors, (3) develop and test prevention strategies, and (4) assure widespread adoption.³ LD 1392 would play a crucial role in advancing this approach, and is a vital step for the legislature to take to tackle the epidemic of gun violence in the state of Maine. By mandating the collection and reporting of data related to gun deaths and injuries, this bill would help policymakers and advocates better understand the scope of the problem of gun violence across the state and respond in real time to troubling increases in gun deaths and injuries.

The creation of an annual report with information on gun deaths by intent type, victim age, and firearm type would provide policymakers and other stakeholders with crucial data on the

¹ Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), “Fatal Injury Data,” last accessed April 28, 2021, <https://www.cdc.gov/injury/wisqars>. Figure represents an average of the five years of most recent available data: 2015 to 2019.

² *Id.* Figures are based on gun death rates for 2019.

³ “The Public Health Approach to Violence Prevention,” Centers for Disease Control and Prevention, last updated January 28, 2021, <https://www.cdc.gov/violenceprevention/about/publichealthapproach.html>.

epidemiology of gun deaths within the state in a timely and standardized fashion. While some of this data is collected and released nationally, this state level report would allow for a more granular picture of gun violence in Maine. For example, this bill specifies that data on domestic violence related gun homicides would be included in the annual report. Currently, the federal Centers for Disease Control and Prevention does not break down gun death data across this dimension in its annual data release. Accordingly, this new report could provide additional context surrounding the nature of gun homicides in Maine.

Data related to the type, make, and model of firearms is currently not included in most publicly released national data sources, but this information could provide crucial evidence for evidence-based policymaking and interventions. For example, researchers in Maryland compiled data on the type of firearm used in suicides across the state.⁴ While less than 30% of firearm suicides in the states involve long gun use, nearly 45% of minors and 52% of rural-dwelling residents died by firearm suicide using a long gun. These findings suggest a critical, but previously less well understood need to educate communities key stakeholders about the role that both handgun and long gun access can play in suicide risk. This study is just one example of the kind of research and findings that could be derived from the data released due to this bill.

The collection of data on firearm injury hospitalizations not ending in death is also a crucial step for guiding public health efforts to address gun violence in the state. National estimates of nonfatal gun injuries suggest that at least twice as many people survive gunshot wounds than are killed with firearms.⁵ We also know that the dynamics of nonfatal gunshot wounds differ in important ways from that of fatal gun deaths. For example, nearly 60% of gun deaths nationally are suicides.⁶ However, because suicide attempts with a firearm are almost always fatal, suicide attempts make up just a small fraction of nonfatal gun injuries, less than 5% according to national estimates.⁷

Despite the fact that nonfatal gunshot wounds account for an enormous portion of the gun violence epidemic across our country, policymakers and public health researchers have largely considered and studied gun violence in terms of fatal injuries. Data on nonfatal gunshot injuries is limited and, when available, often unreliable.⁸ In fact, the federal Centers for Disease Control and Prevention has labeled its estimates of firearm injuries as unreliable. Furthermore, few states collect or publish

⁴ Paul S. Nestadt, Kevin MacKrell, Alexander D. McCourt, David R. Fowler, and Cassandra K. Crifasi, "Prevalence of Long Gun Use in Maryland Firearm Suicides," *Injury Epidemiology* 7, no. 1 (2020).

⁵ "HCUPnet Query Tool," Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality, last accessed April 28, 2020, <https://hcupnet.ahrq.gov/#setup>. Figures are based on hospitalizations and ED visits for 2017. See also, Elinore J. Kaufman, Douglas J. Wiebe, Ruiying Aria Xiong, Christopher N. Morrison, Mark J. Seamon, and M. Kit Delgado, "Epidemiologic Trends in Fatal and Nonfatal Firearm Injuries in the US, 2009-2017," *JAMA Internal Medicine* 181, no. 2 (2021): 237-244.

⁶ See also, Elinore J. Kaufman, Douglas J. Wiebe, Ruiying Aria Xiong, Christopher N. Morrison, Mark J. Seamon, and M. Kit Delgado, "Epidemiologic Trends in Fatal and Nonfatal Firearm Injuries in the US, 2009-2017," *JAMA Internal Medicine* 181, no. 2 (2021): 237-244.

⁷ *Id.*

⁸ Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), "Nonfatal Injury Data," last accessed April 28, 2021, <https://www.cdc.gov/injury/wisqars>.

this information themselves. This means that most studies we have to date have evaluated the impact of policies only on gun *deaths*, and many policy solutions that have been implemented have been based on our understanding of the pattern of *fatal* gun injuries. The requirement of an annual report on hospitalizations for gun injuries is an important step for remedying this gap in our understanding of the epidemic of gun violence and will provide critical, Maine-specific data that can be used to guide state and local efforts to address gun violence.

Over the past year, we have all seen just how important data can be to our efforts to contain and control the spread of the novel coronavirus. This near-to-real-time data was critical to identifying hotspots of the virus and deploying additional resources to areas with high rates of infections to mitigate further spread. This bill is a crucial first step to doing the same with gun violence. Data from these annual reports would provide information about the nature and dynamics of gun violence across the state, which can be used to build a foundation for more effective policy and gun violence prevention measures.

Thank you again for the opportunity to provide testimony on this bill. If I can provide any further information or answer any questions, please feel free to contact me.

Respectfully Submitted,

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ABOUT GIFFORDS

Giffords is a nonprofit organization dedicated to saving lives from gun violence. Led by former Congresswoman Gabrielle Giffords, Giffords shifts culture, changes policies, and challenges injustice, inspiring Americans across the country to fight gun violence.