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Title: Home Firearms Inquiry During Preventive Health Visits
Introduced by: Latonya Riddle-Jones, MD, for the Wayne County Delegation
Original Author: Latonya Riddle-Jones, MD
Referred to: Reference Committee E
House Action: **DISAPPROVED**

Whereas, the 2016 National Vital Statistics Report shows life expectancy decreasing for the second consecutive year, with increasing mortality from unintentional injuries, homicides, and suicides, and in 2016, 38,658 Americans suffered firearms related deaths, raising this age-adjusted rate by 6.3 percent, and

Whereas, an estimated 270 to 310 million firearms are owned by approximately one-third of United States civilians, and

Whereas, 1.7 million children live in homes with unlocked, loaded firearms and one in three homes with children have one or more firearms, and

Whereas, the financial burden associated with firearm-related injuries was estimated to be approximately \$2.8 billion per year, and

Whereas, the Centers for Disease Control and Prevention reports the age-adjusted firearm death rates in 2017 were highest in Alaska, 24 percent, Montana, 22.5 percent, and Alabama, 21.5 percent, and

Whereas, current firearm safety screening rates are low among all populations including those considered to be high risk, and

Whereas, while physicians counsel patients about a wide range of behaviors and conditions, a systematic review of the literature found that clinical counseling to increase safety is performed by a minority of clinicians, and

Whereas, one study found 64 percent of firearm-owning patients reported making one or more safe changes in firearm storage after receiving verbal counseling from their physician compared to only 33 percent in the no intervention group and another study of predominantly Hispanic patients found 61.6 percent of those counseled either stored their guns more safely or removed all guns from their homes compared to 26.9 percent in the control group, and

Whereas, several physician interventions have proven successful with studies reporting increased safe firearm storage in households with children as well as decreased firearm access among suicidal teens and adults following physician intervention, and

Whereas, firearms are the leading cause of suicide related death in 15-34-year old and two-thirds of all gun deaths in the United States are attributable to suicide, and

Whereas, firearm suicide rates among people of all ages have increased nationally and firearms are the most common method of suicide; over 48 percent of people that commit suicide with firearms are without known mental health conditions, and

53 Whereas, observational studies have shown that safe firearm storage is associated with lower risk of
54 firearm injury and death, and case-control and cross-sectional studies have shown that, practicing safe
55 storage techniques lowers the risk of self-inflicted firearms injuries, and
56

57 Whereas, a 10-year-long study showed that twice as many people died from unintentional firearm
58 injuries in states where owners were most likely to store their firearms loaded when compared to states with
59 owners that were least likely to store their firearms loaded, and
60

61 Whereas, a survey conducted in 2015 estimated that seven percent of United States children (4.6
62 million) live in a home with at least one firearm that is stored loaded and unlocked, a number that is more
63 than twice as high as an estimate reported in 2002, and
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65 Whereas, many specialty organizations such as the American College of Physicians and the American
66 Academy of Pediatrics have stated that physicians should inquire about access to firearms and offer
67 counseling on safe practices; therefore be it
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69 RESOLVED: That MSMS supports all health care providers routinely asking questions about firearms
70 in the home utilizing the '5 L's' (Locked, Loaded, Little children, feeling Low, Learned user) or similar non-
71 judgmental method, during every preventative health visit or annually, and be counseled and/or given
72 appropriate resources on safe gun storage, if needed; and be it further
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74 RESOLVED: That MSMS continue to support American Medical Association (AMA) policy H-145.976,
75 Firearm Safety Counseling in Physician-Led Health Care Teams, and ask our AMA for "clarification on the
76 circumstances under which physicians are permitted or may be required to disclose the content of such
77 conversations to family members, law enforcement, or other third parties;" and be it further
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79 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) encourage
80 our AMA to recommend that all health care providers routinely ask questions about firearms in the home
81 and safe gun storage practices during preventative health visits for all ages, or annually.
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83
84 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000 or more for costs related to the adoption of new or
85 revised MSMS or AMA policy.

Relevant MSMS Policy:

Firearm-Related Injury and Death: Adopt A Call to Action

MSMS endorses the specific recommendations made in the publication "Firearm-Related Injury and Death in the United States: A Call to Action From 8 Health Professional Organizations and the American Bar Association," which is aimed at reducing the health and public health consequences of firearms. (Res13-16)

Reduction of Gun Violence

MSMS supports federal and state legislation ensuring that physicians can fulfill their role in preventing firearm injuries by health screening, patient counseling on gun safety, and referral to mental health services for those with behavioral/emotional medical conditions and supports federal and state evidence-based research on firearm injury and the use of state/national firearms injury databases to inform state/federal health policy. (Res78-13)

Relevant AMA Policy:

Firearm Safety Counseling in Physician-Led Health Care Teams H-145.976

1. Our AMA: (a) will oppose any restrictions on physicians' and other members of the physician-led health care team's ability to inquire and talk about firearm safety issues and risks with their patients; (b) will oppose any law restricting physicians' and other members of the physician-led health care team's discussions with patients and their families about firearms as an intrusion into medical privacy; and (c) encourages dissemination of educational materials related to firearm safety to be used in undergraduate medical education.

2. Our AMA will work with appropriate stakeholders to develop state-specific guidance for physicians on how to counsel patients to reduce their risk for firearm-related injury or death, including guidance on when and how to ask sensitive questions about firearm ownership, access, and use, and clarification on the circumstances under which physicians are permitted or may be required to disclose the content of such conversations to family members, law enforcement, or other third parties.

Sources:

1. <https://www.cdc.gov/nchs/> https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_05.pdf
2. https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_05.pdf