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Title: Safe Gun Storage Education, Training, and Counseling

Introduced by: Latonya Riddle-Jones, MD, for the Wayne County Delegation

Original Author: Latonya Riddle-Jones, MD

Referred to: Reference Committee E

House Action: **APPROVED AS AMENDED**

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

Whereas, low health care provider self-efficacy and inadequate training substantially contribute to the low firearm safety screening rates seen at present among all patient populations, especially those at higher risk, and

Whereas, health care provider training programs, such as Counseling on Access to Lethal Means exist, but they are few and only target a small range of learners including medical students, pediatric residents, practicing pediatricians, and nurse practitioners, and

Whereas, the majority of physician assistant and psychiatry residency program directors alike reported they had not seriously considered providing firearm injury prevention training despite recognizing firearm injury as a major health issue or screening for it regularly themselves, and

Whereas, patients who have been counseled about improving gun-storage practices by their family medicine physician are more likely to make a safe change in gun storage than patients that received no counseling (64 percent versus 33 percent), and

Whereas, there is no current standardized firearms violence training for medical students and resident physicians, and due to lack of training physicians often do not feel comfortable providing counsel to patients and families about safe gun ownership, and

Whereas, the American Medical Association (AMA) , the National Medical Association (NMA) , the American Public Health Association (APHA) , and many other specialty societies have already issued policies and statements reflecting the position that gun violence is a public health crisis demanding the involvement of healthcare providers, and

Whereas, existing AMA policy H-145.975 encourages physicians to use evidence-based data to educate patients on firearm safety and be involved in firearm safety classes to promote injury prevention, and encourages the development of curricula and training on suicide risk and lethal means safety counseling, rather than requiring a specific class or curricula be developed and taken by all physicians, and

Whereas, existing AMA policy 145.976 states that the AMA will work with appropriate stakeholders to develop state-specific guidance for physicians on how to counsel patients to lower risk for firearm-related injury or death, rather than advocate that all physicians receive adequate training on such counseling, 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 USA are attributable to suicide, and

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

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57 Whereas, in 2018, the AMA’s Council on Science and Public Health deemed physician training in
58 lethal means safety counseling as necessary to increase physician confidence and self-efficacy around
59 firearm safety and suicide risk assessment and prevention efforts, and

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61 Whereas, a 2018 study in the AMA’s Journal of Ethics reported that physicians participating in
62 continuing medical education (CME) on firearm safety was strongly associated with providing patients with
63 firearm safety counseling and asking patients with depression about firearms, and

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65 Whereas, physicians reporting CME attendance on gun safety were more likely to report
66 engagement in firearm safety counseling with patients, and

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68 Whereas, in 2018, the University of Colorado School of Medicine’s Department of Emergency
69 Medicine became one of the first medical institutions to create a firearm safety and training program to
70 provide physicians with the knowledge and credibility necessary to discuss firearm-related subjects, such as
71 trigger locks, safes, and the role of police to potentially prevent future violence; therefore be it

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73 RESOLVED: That Michigan State Medical Society support the training of Michigan medical students
74 on gun safety (safe storage, lethal means) and how to counsel patients on gun safety.

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77 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000 or more for costs related to the adoption of new or
78 revised MSMS or AMA policy.

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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 Related Injury and Death: Adopt a Call to Action H-145.973

Our AMA endorses the specific recommendations made by an interdisciplinary, inter-professional group of leaders from the American Academy of Family Physicians, American Academy of Pediatrics, American College of Emergency Physicians, American College of Obstetricians and Gynecologists, American College of Physicians, American College of Surgeons, American Psychiatric Association, American Public Health Association, and the American Bar Association 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 and lobby for their adoption.

Firearm Safety and Research, Reduction in Firearm Violence, and Enhancing Access to Mental Health Care H-145.975

1. Our AMA supports: a) federal and state research on firearm-related injuries and deaths; b) increased funding for and the use of state and national firearms injury databases, including the expansion of the National Violent Death Reporting System to all 50 states and U.S. territories, to inform state and federal health policy; c) encouraging physicians to access evidence-based data regarding firearm safety to educate and counsel patients about firearm safety; d) the rights of physicians to have free and open communication with their patients regarding firearm safety and the use of gun locks

in their homes; e) encouraging local projects to facilitate the low-cost distribution of gun locks in homes; f) encouraging physicians to become involved in local firearm safety classes as a means of promoting injury prevention and the public health; and g) encouraging CME providers to consider, as appropriate, inclusion of presentations about the prevention of gun violence in national, state, and local continuing medical education programs.

2. Our AMA supports initiatives to enhance access to mental and cognitive health care, with greater focus on the diagnosis and management of mental illness and concurrent substance use disorders, and work with state and specialty medical societies and other interested stakeholders to identify and develop standardized approaches to mental health assessment for potential violent behavior.

3. Our AMA (a) recognizes the role of firearms in suicides, (b) encourages the development of curricula and training for physicians with a focus on suicide risk assessment and prevention as well as lethal means safety counseling, and (c) encourages physicians, as a part of their suicide prevention strategy, to discuss lethal means safety and work with families to reduce access to lethal means of suicide.

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.

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