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3 Title: Firearm Restrictions for Persons Convicted of Domestic Violence  
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5 Introduced by: Phillip Yang for the Medical Student Section  
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7 Original Authors: Sidney Perkins, Alexander Reardon, and Alana Slavin  
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9 Referred to: Reaffirmation Calendar  
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11 House Action: **REAFFIRMED**  
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14 Whereas, one in four women and one in seven men have experienced severe physical violence by an  
15 intimate partner<sup>1</sup>, and

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17 Whereas, from 2003-2014, 55.3 percent of all known female homicide victims were murdered by  
18 intimate partners<sup>2</sup>, and

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20 Whereas, in Michigan 105 individuals were killed in domestic violence disputes in 2017 alone<sup>3</sup>, and

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22 Whereas, firearm associated domestic violence incidents are twelve times more likely to be fatal than  
23 non-firearm related incidents<sup>4</sup>, and

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25 Whereas, the 1996 Lautenberg Amendment, which prohibits individuals convicted of a domestic  
26 violence misdemeanor from possessing or purchasing firearms, significantly reduced intimate partner and  
27 other family homicides<sup>5</sup>, and

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29 Whereas, policies that deny gun purchases to violent offenders or high-risk individuals reduce rates  
30 of subsequent criminal activity<sup>6,7</sup>, and

31  
32 Whereas, Michigan’s current gun laws do not prohibit individuals convicted of domestic violence  
33 misdemeanors from purchasing or possessing firearms or ammunition<sup>8,9</sup>, and

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35 Whereas, Michigan does not require that courts inform convicted domestic abusers that they are  
36 prohibited from possessing firearms or ammunition under federal law<sup>8,9</sup>, and

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38 Whereas, Michigan does not require domestic abusers who are prohibited from possessing firearms  
39 or ammunition under federal law to surrender firearms, firearm accessories, or ammunition<sup>8,9</sup>, and

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41 Whereas, Michigan does not require that law enforcement remove firearms, firearm accessories, or  
42 ammunition from the scene of a domestic violence incident<sup>8,9</sup>, and

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44 Whereas, existing MSMS policy supports prohibiting acquisition of firearms by high-risk persons,  
45 which evidence demonstrates includes individuals convicted of domestic violence misdemeanors and  
46 felonies; therefore be it

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48 RESOLVED: That MSMS advocate for Michigan to mandate that convicted domestic abusers  
49 surrender firearms, firearm accessories, and ammunition to law enforcement whenever prohibited from  
50 possession under federal, state, or tribal law; and be it further

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52 RESOLVED: That MSMS advocate for policies in Michigan that would allow for the temporary  
53 removal by law enforcement of firearms, firearm accessories, and ammunition at the scene of a domestic  
54 violence incident pending further judicial proceedings.

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56 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$25,000 or more as this resolution directs MSMS to engage in  
57 legislative advocacy.

**Relevant MSMS Policy:**

Firearm Regulations (Pending final approval by the 2019 MSMS HOD)

MSMS opposes the liberalization of concealed gun laws and efforts to weaken current laws regarding the manufacture, importation, and/or ownership of assault weapons and/or handguns.

MSMS supports policies that 1) prohibit acquisition of firearms by high-risk persons; 2) require firearm owners to have firearm safety certification which includes but is not limited to basic education in the care and handling of firearms; 3) limit ownership and use of assault weapons; and, 4) ban the sale of assault weapons and large-capacity ammunition magazines. (Res37-96A)

Edited 2019

Amended 2019 (Res 44-18)

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)

Address Gun Violence Using a Public Health Approach (Pending final approval by the 2019 MSMS HOD)

MSMS supports physicians working with local and state public health agencies, law enforcement agencies, and other community organizations and leaders to identify, develop and evaluate strategies to increase firearm safety and prevent firearm injury and death. (Res44-18)

Evidence-based Research on Firearm Adverse Incidents (Pending final approval by the 2019 MSMS HOD)

MSMS supports evidence-based research on gun-related injuries and deaths, including funding for such research, and the collection of health care, medical examiner, and criminal justice data at the local, state, and federal level. (Res44-18)

Handgun Control and Education

MSMS recommends effective controls on the assembly, manufacture, distribution and possession of handguns.

MSMS supports distribution of educational materials to firearm purchasers. The materials should address the use of lock boxes, trigger locks, childproof safety catches and loading indicators. (Res58-92A)

– Amended 1993

– Edited 1998

**Relevant AMA Policy:**

Firearms and High-Risk Individuals H-145.972

Our AMA supports: (1) the establishment of laws allowing family members, intimate partners, household members, and law enforcement personnel to petition a court for the removal of a firearm when there is a high or imminent risk for violence; (2) prohibiting persons who are under domestic violence restraining orders, convicted of misdemeanor domestic violence crimes or stalking, from possessing or purchasing firearms; (3) expanding domestic violence restraining orders to include dating partners; (4) requiring states to have protocols or processes in place for requiring the removal of firearms by prohibited persons; (5) requiring domestic violence restraining orders and gun violence restraining orders to be entered into the National Instant Criminal Background Check System; and (6) efforts to ensure the public is aware of the existence of laws that allow for the removal of firearms from high-risk individuals.

AMA Policies Ban on Handguns and Automatic Repeating Weapons H-145.985

It is the policy of the AMA to:

(1) Support interventions pertaining to firearm control, especially those that occur early in the life of the weapon (e.g., at the time of manufacture or importation, as opposed to those involving possession or use). Such interventions should include but not be limited to:

- (a) mandatory inclusion of safety devices on all firearms, whether manufactured or imported into the United States, including built-in locks, loading indicators, safety locks on triggers, and increases in the minimum pressure required to pull triggers;
  - (b) bans on the possession and use of firearms and ammunition by unsupervised youths under the age of 21;
  - (c) bans of sales of firearms and ammunition from licensed and unlicensed dealers to those under the age of 21 (excluding certain categories of individuals, such as military and law enforcement personnel);
  - (d) the imposition of significant licensing fees for firearms dealers;
  - (e) the imposition of federal and state surtaxes on manufacturers, dealers and purchasers of handguns and semiautomatic repeating weapons along with the ammunition used in such firearms, with the attending revenue earmarked as additional revenue for health and law enforcement activities that are directly related to the prevention and control of violence in U.S. society; and
  - (f) mandatory destruction of any weapons obtained in local buy-back programs.
- (2) Support legislation outlawing the Black Talon and other similarly constructed bullets.
  - (3) Support the right of local jurisdictions to enact firearm regulations that are stricter than those that exist in state statutes and encourage state and local medical societies to evaluate and support local efforts to enact useful controls.
  - (4) Oppose "concealed carry reciprocity" federal legislation that would require all states to recognize concealed carry firearm permits granted by other states and that would allow citizens with concealed gun carry permits in one state to carry guns across state lines into states that have stricter laws.
  - (5) Support the concept of gun buyback programs as well as research to determine the effectiveness of the programs in reducing firearm injuries and deaths.

#### Firearms as a Public Health Policy in the United States - Injuries and Death H-145.997

Our AMA recognizes that uncontrolled ownership and use of firearms, especially handguns, is a serious threat to the public's health inasmuch as the weapons are one of the main causes of intentional and unintentional injuries and deaths. Therefore, the AMA: (1) encourages and endorses the development and presentation of safety education programs that will engender more responsible use and storage of firearms;

- (2) urges that government agencies, the CDC in particular, enlarge their efforts in the study of firearm-related injuries and in the development of ways and means of reducing such injuries and deaths;
- (3) urges Congress to enact needed legislation to regulate more effectively the importation and interstate traffic of all handguns;
- (4) urges the Congress to support recent legislative efforts to ban the manufacture and importation of nonmetallic, not readily detectable weapons, which also resemble toy guns;
- (5) encourages the improvement or modification of firearms so as to make them as safe as humanly possible;
- (6) encourages nongovernmental organizations to develop and test new, less hazardous designs for firearms;
- (7) urges that a significant portion of any funds recovered from firearms manufacturers and dealers through legal proceedings be used for gun safety education and gun-violence prevention; and
- (8) strongly urges US legislators to fund further research into the epidemiology of risks related to gun violence on a national level.

#### Restriction of Assault Weapons H-145.993

Our AMA supports appropriate legislation that would restrict the sale and private ownership of inexpensive handguns commonly referred to as "Saturday night specials," and large clip, high-rate-of-fire automatic and semi-automatic firearms, or any weapon that is modified or redesigned to operate as a large clip, high-rate-of-fire automatic or semi-automatic weapon and ban the sale and ownership to the public of all assault-type weapons, bump stocks and related devices, high capacity magazines and armor piercing bullets.

#### Waiting Periods for Firearm Purchases H-145.991

The AMA supports using its influence in matters of health to effect passage of legislation in the Congress of the U.S. mandating a national waiting period that allows for a police background and positive identification check for anyone who wants to purchase a handgun from a gun dealer anywhere in our country.

#### 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 Availability H-145.996

1. Our AMA: (a) advocates a waiting period and background check for all firearm purchasers; (b) encourages legislation that enforces a waiting period and background check for all firearm purchasers; and (c) urges legislation to prohibit the manufacture, sale or import of lethal and non-lethal guns made of plastic, ceramics, or other non-metallic materials that cannot be detected by airport and weapon detection devices.

2. Our AMA supports requiring the licensing/permitting of firearms-owners and purchasers, including the completion of a required safety course, and registration of all firearms.

3. Our AMA supports "gun violence restraining orders" for individuals arrested or convicted of domestic violence or stalking, and supports extreme risk protection orders, commonly known as "red-flag" laws, for individuals who have demonstrated significant signs of potential violence. In supporting restraining orders and "red-flag" laws, we also support the importance of due process so that individuals can petition for their rights to be restored.

#### Epidemiology of Firearm Injuries D-145.999

Our AMA will: (1) strongly urge the Administration and Congress to encourage the Centers for Disease Control and Prevention to conduct an epidemiological analysis of the data of firearm-related injuries and deaths; and (2) urge Congress to provide sufficient resources to enable the CDC to collect and analyze firearm-related injury data and report to Congress and the nation via a broadly disseminated document, so that physicians and other health care providers, law enforcement and society at large may be able to prevent injury, death and the other costs to society resulting from firearms.

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<sup>1</sup> Basile, K. C., Black, M. C., Breiding, M. J., Chen, J., Merrick, M. T., Smith, S. G., ... & Walters, M. L. (2011). National Intimate Partner and Sexual Violence Survey; 2010 summary report.

<sup>2</sup> Petrosky, E., Blair, J. M., Betz, C. J., Fowler, K. A., Jack, S. P., & Lyons, B. H. (2017). Racial and ethnic differences in homicides of adult women and the role of intimate partner violence - United States, 2003-2014. *MMWR. Morbidity and mortality weekly report*, 66(28), 741.

<sup>3</sup> 2017 Domestic Violence Information. (2017). Michigan Incident Crime Reporting, [www.michigan.gov/documents/msp/Annual\\_Domestic\\_Violence\\_627327\\_7.pdf](http://www.michigan.gov/documents/msp/Annual_Domestic_Violence_627327_7.pdf).

<sup>4</sup> Saltzman, L. E., Mercy, J. A., O'Carroll, P. W., Rosenberg, M. L., & Rhodes, P. H. (1992). Weapon involvement and injury outcomes in family and intimate assaults. *JAMA*, 267(22), 3043-3047.

<sup>5</sup> Raissian, K. M. (2016). Hold your fire: Did the 1996 Federal Gun Control Act expansion reduce domestic homicides?. *Journal of Policy Analysis and Management*, 35(1), 67-93.

<sup>6</sup> Wright, M. A., Wintemute, G. J., & Rivara, F. P. (1999). Effectiveness of denial of handgun purchase to persons believed to be at high risk for firearm violence. *American Journal of Public Health*, 89(1), 88-90.

<sup>7</sup> Webster, D. W., & Wintemute, G. J. (2015). Effects of policies designed to keep firearms from high-risk individuals. *Annual review of public health*, 36, 21-37.

<sup>8</sup> Domestic Violence & Firearms in Michigan. (2018). Giffords Law Center to Prevent Gun Violence, [lawcenter.giffords.org/domestic-violence-and-firearms-in-michigan/](http://lawcenter.giffords.org/domestic-violence-and-firearms-in-michigan/).

<sup>9</sup> Michigan Penal Code Act 328 of 1931, <http://legislature.mi.gov/doc.aspx?mcl-750-81>.