

Title: Persons Charged with or Convicted of Violent Offense Subject to Firearm Regulation

Introduced by: Ashton Lewandowski, for the Medical Student Section

Original Authors: Adefolarin Alade, Patrick Ancheta, Heba Basha, Dayaan Ghani, Madison Polay, and Laura Carravallah, MD

Referred To: Reference Committee B

House Action: **APPROVED**

Whereas, Title 18 U.S. Code Section 3553 "Imposition of a Sentence" defines "violent offense" as "a crime of violence, as defined in [Title18, Part I, Chapter 1,] Section 16 [Crime of Violence Defined], that is punishable by imprisonment," and

Whereas, a "crime of violence" under the U.S. Code of Public Law of the 98th Congress under Title 18, Part I, Chapter 1, Section 16, Subsection (a) is defined as "an offense that has as an element the use, attempted use, or threatened use of physical force against the person or property of another," and

Whereas, the Gun Control Act of 1988 only prohibits the sale to, and possession of firearms by, a person indicted or convicted of misdemeanors punishable by more than two years of imprisonment, and

Whereas, per Section 28.422 of the Michigan Legislature, Michigan does not state or enforce the limitations of firearm sales to persons charged with or convicted of a violent offense misdemeanor with any length of imprisonment, and

Whereas, "Handgun possession is prohibited for people who have committed a violent misdemeanor punishable by less than 1 year of imprisonment" in five states including California, Hawaii, New York, Connecticut, and Maryland since 2016, and

Whereas, aggravated assaults accounted for 68.2 percent of violent crimes reported to law enforcement in 2019, and

Whereas, California saw a "37% lower gun death rate than the national average" as of June 2022 since enacting firearm safety laws, and

Whereas, Hawaii had the lowest gun death rate at 2.5 deaths per capita in 2019 following its history of strict firearm legislation, and

Whereas, 15 states have adopted a similar policy which bans the purchase of firearms for those that have been convicted of a violent misdemeanor, and

49 Whereas, states like California and Hawaii have subsequently rescinded firearm possession
50 for periods of 10 years up to indefinite suspension of possession, respectively, and

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52 Whereas, adoption of this and similar policies by other states have correlated in an 18
53 percent reduction in total homicide rates, and

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55 Whereas, the American Medical Association (AMA) has set precedent for supporting firearm
56 restrictions in purchasing and possession in the cases of domestic violence; therefore be it

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58 RESOLVED: That MSMS lobby for a restriction on the purchase of new firearms in Michigan
59 by people with assault, violent assault and battery, or other violent misdemeanor convictions for 10
60 years; and be it further

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62 RESOLVED: That MSMS lobby for a rescindment of any and all firearm possession by
63 people with assault, violent assault and battery, or other violent misdemeanor convictions for 10
64 years; and be it further

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66 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
67 our AMA to study the effect of including a rescindment period of 10 years in accordance with other
68 established rescindment periods presented by other states.

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71 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$16,000-\$32,000

Relevant MSMS Policy:

Address Gun Violence Using a Public Health Approach

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.

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.

Evidence-based Research on Firearm Adverse Incidents

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.

Firearm Regulations

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.

Relevant AMA Policy:

Firearm Safety and Research 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.
4. Our AMA and other organizations will develop and disseminate a formal educational program to enable clinicians to effectively and efficiently address suicides with an emphasis on seniors and other high-risk populations.
5. Our AMA will develop with other interested organizations a toolkit for clinicians to use addressing Extreme Risk Protection Orders in their individual states.
6. Our AMA will partner with other groups interested in firearm safety to raise public awareness of the magnitude of suicide in seniors and other high-risk populations, and interventions available for suicide prevention.
7. Our AMA and all interested medical societies will: (a) educate physicians about firearm epidemiology, anticipatory guidance, and lethal means screening for and exploring potential restrictions to access to high-lethality means of suicide such as firearms. Health care clinicians, including trainees, should be provided training on the importance of anticipatory guidance and lethal means counseling to decrease firearm injuries and deaths and be provided training introducing evidence-based techniques, skills and strategies for having these discussions with patients and families; (b) educate physicians about lethal means counseling in health care settings and intervention options to remove lethal means, either permanently or temporarily from the home.

Sources:

1. 18 U.S. Code - 3553 - Imposition of a sentence. (n.d.). LII / Legal Information Institute.
<https://www.law.cornell.edu/uscode/text/18/3553>
2. Crime of Violence Defined. 18 USC-16 (1984):
<https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title18-section16&num=0&edition=prelim>
3. Giffords: Courage to Fight Gun Violence. (2022, October 17). Firearm Prohibitions. Giffords.
<https://giffords.org/lawcenter/gun-laws/policy-areas/who-can-have-a-gun/firearm-prohibitions/>
4. Michigan Legislature. (n.d.). Section 28.422 License to purchase, carry, possess, or transport pistol; issuance; qualifications; applications; sale of pistol; exemptions; transfer of ownership to heir or devisee; nonresident; active duty status; forging application as felony; implementation during business hours [Policy].
[http://www.legislature.mi.gov/\(S\(njf3xehjr4|pb35oxpotebz3\)\)/mileg.aspx?page=GetObject&objectname=mcl-28-422](http://www.legislature.mi.gov/(S(njf3xehjr4|pb35oxpotebz3))/mileg.aspx?page=GetObject&objectname=mcl-28-422)

5. Siegel M, Pahn M, Xuan Z, Fleegler E, Hemenway D. The Impact of State Firearm Laws on Homicide and Suicide Deaths in the USA, 1991-2016: a Panel Study. *J Gen Intern Med*. 2019 Oct;34(10):2021-2028. doi: 10.1007/s11606-019-04922-x. Epub 2019 Mar 28. PMID: 30924089; PMCID: PMC6816623.
6. Everytown for Gun Safety Support Fund. (2022, August 29). No Gun Purchases After Violent Offense. Everytown Research & Policy. <https://everytownresearch.org/rankings/law/no-gun-purchases-after-violent-offense/>
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8. Gun Violence by State 2023. (n.d.). <https://worldpopulationreview.com/state-rankings/gun-violence-by-state>
9. American Medical Association. (2021). Firearms and High-Risk Individuals H-145.972 [Policy]. <https://policysearch.ama-assn.org/policyfinder/detail/H-145.972?uri=%2FAMADoc%2FHOD.xml-H-145.972.xml>