

Report of the MSSNY Task Force on Firearm Safety
Co-Chairs
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In 2018, the MSSNY House of Delegates passed an amendment at the House of Delegates to have MSSNY will create a task force to study and make recommendations regarding how health care providers can play a role in safely sequestering a patient's firearms to reduce risk of suicide during a vulnerable time.

MSSNY Task Force on Firearm Safety began its work in May 2018 and held a series of phone calls with task force members. In addition, the co-chairs also held calls amongst themselves and the MSSNY legal counsel. The task force reviewed existing policy— that included the following:

- Medical Society of the State of New York supports legislation that requires a waiting period and background checks prior to the purchase of all firearms, including the person-to-person transfer, internet sales, and interstate transactions of all firearms
- Medical Society of the State of New York supports legislation that blocks the sale of any device or modification including, but not limited to bump stocks, which functionally converts a firearm into a weapon that mimics fully-automatic operation. MSSNY supports legislation which would ban the sale and/or ownership of high capacity magazines or clips and high speed, high destruction rounds.
- Medical Society of the State of New York recognizes that gun violence in the United States is a public health crisis and supports legislation that would reverse the ban prohibiting the Center for Disease Control from researching gun related injuries, deaths and suicides related to this violence

There was discussion about suicide rates that included information from the Centers for Disease Control and Prevention has stated that in 2016, nearly 45,000 Americans age 10 or older died by suicide; and that suicide is the tenth leading cause of death and is one of just three leading causes that are on the rise. Unfortunately, firearms were the most common method of suicide used by those with and without a known diagnosed mental health condition. The NYS Department of Health reports that between 2013 and 2015, there were 4,931 suicides in the state, of which 1,343, or 27.2%, involved firearms.

After the initial discussions regarding the physicians' role in preventing suicide in patients, the task force received information about the New York SAFE Act and also held discussions about possible legislation that could go before the New York State Legislature in 2019. This legislation, called, a "red flag" or "Extreme Risk Protection Orders (ERPO)" laws that have passed in several states. An ERPO is a court-issued order of protection prohibiting a person from purchasing, possessing or attempting to purchase or possesses a firearm, rifle or shotgun. Additionally, the "petitioners" or persons who can apply to court for an ERPO include (a) police officer; (b) family or household member; (c) certain school officials including including a teacher, guidance counselor, school psychologist or social worker. An application shall be made in the Supreme Court in the county where the respondent resides. (See attachment) Legislative measures were introduced in the New York State Legislature and this measure passed the NYS Assembly in 2018. It is anticipated that a similar measure will be introduced and may be acted upon giving the changing dynamic of the NYS Legislature. The members of the task force support the concept of a "red flag" law but would recommend careful review of proposed legislation that is

introduced in the new legislative session before MSSNY can decide to support passage of such a law in NY State.

There was also significant discussion by Task Force members as to their obligation under the SAFE Act to report patients who own a gun who are at risk to themselves or others. Task Force members learned that the NY Mental Hygiene law requires mental health professionals to report to their local director of community services (“DCS”) or his/her designees when, in their reasonable professional judgment, one of their patients is “likely to engage in conduct that would result in serious harm to self or others.” The reporting requirement extends to “mental health professionals,” defined in the law as four professions – physicians (including psychiatrists), psychologists, registered nurses, or licensed clinical social workers. Reports under the law are made using a clinician’s reasonable professional judgment. Different clinicians treating the same individual may not agree, which should not prevent any one, or all, of them from making a report. (SEE ATTACHED) The task force members discussed a lack of awareness of the non-psychiatrist physician’s ability or possible obligation to report under this provision. The majority of task force members agreed that there should be education about the NY SAFE Act for physicians.

The task force notes that laws in New York State pertaining to firearms are complex and subject to great variation from county to county and New York City. When this is combined with strong registration and the background checks required in NY State and in the City, these very requirements make it impossible at this time to take steps to encourage citizens to voluntarily safeguard someone else’s firearm during a crisis.

At its November 26, 2018 meeting, the task force members agreed to put forth a resolution to the MSSNY Council on this matter for action. This report will also be forwarded to the MSSNY House of Delegates as an informational item.

RESOLVED, that the Medical Society of the State of New York support the concept of a “red flag” law in New York State; and be it further,

RESOLVED, that the Medical Society of the State of New York support educating physicians in New York State about the NY SAFE Act as a mechanism to help physicians reduce the risk of suicide in patients.

(FOR COUNCIL ACTION)