At the 2022 Annual Meeting, the House of Delegates (HOD) referred Resolution 246, “Further Action to Respond to the Gun Violence Public Health Crisis,” to the Board of Trustees (Board) for a report back to the HOD at 2022 Interim Meeting. Resolution 246, introduced by the Medical Student Section, asked that our American Medical Association (AMA) convene a task force for the purposes of: “working with advocacy groups and other relevant stakeholders to advocate for federal, state, and local efforts to end the gun violence public health crisis; identifying and supporting evidence-based community interventions to prevent gun injury, trauma, and death; monitoring federal, state, and local legislation, regulation, and litigation relating to gun violence; and reporting annually to the HOD on the AMA’s efforts to reduce gun violence.” The reference committee heard mixed testimony on whether a task force was necessary to develop actionable recommendations for our AMA to be a leader in responding to the firearm violence crisis; similar testimony was offered during the HOD floor debate. This report therefore addresses recent AMA activities on preventing firearm violence and makes a recommendation about creating a task force.

BACKGROUND

The AMA declared firearm violence a public health crisis at the 2016 Annual Meeting, which convened in the aftermath of the mass shooting at the Pulse nightclub in Orlando where 49 people were killed. Immediately before the 2022 Annual Meeting, two mass shootings occurred within 10 days at an elementary school in Uvalde, Texas and a grocery store in Buffalo, New York. In the AMA’s press statement after the Uvalde shooting, then AMA President Gerald Harmon, MD, stated, “The shooting yesterday at an elementary school is horrific and sadly—and unacceptably—all too familiar in the United States. A week after Buffalo, 10 years after Sandy Hook, 23 years after Columbine; the places and cities change, but the story is the same—too-easy access to firearms, inaction on wildly popular, common-sense safety measures like background checks, and countless lives lost or changed forever.” Dr. Harmon further stated, “More and more it is clear no place is safe—malls, schools, movie theaters, places of worship, and grocery stores have all been targeted…. We call on lawmakers, leaders, and advocates to say enough is enough. No more Americans should die of firearm violence. No more people should lose loved ones.”

In remarks at the 2022 Annual Meeting, Dr. Harmon declared that “Gun violence is a plague on our nation. It is a public health crisis, and much of it is preventable.” Also at the Annual Meeting, then AMA Board Chair Bobby Mukkamala, MD, addressed the HOD to reaffirm that the Board is fully committed to continuing to work on preventing firearm violence as a top AMA advocacy priority. With over 45,000 firearm-related deaths in 2020 and a continuing string of mass shootings, the Board recognizes this public health crisis needs heightened efforts and new strategies. According to the Gun Violence Archive—an independent, non-profit data collection and research group that
provides free online public access to accurate information about gun-related violence in the U.S.—there have been 393 mass shootings in 2022 (as of August 4, 2022) and a total of 26,300 deaths from firearm violence from all causes. Recent data from the Centers for Disease Control and Prevention (CDC) indicate that firearm deaths are increasing, and disparities are widening, with young people, males, and Black people experiencing the highest firearm homicide rates. These statistics are clearly unacceptable, especially since firearm injuries and deaths are preventable.

RECENT AMA ADVOCACY ACTIVITIES

During the 117th Congress, our AMA has advocated for evidence-based, commonsense legislative proposals to address firearm violence. The AMA expressed support for H.R. 8, the “Bipartisan Background Checks Act of 2021,” (Thompson, D-CA/Upton, R-MI), which would expand the existing background check system to cover all firearm sales, including those at gun shows, over the internet and through classified ads, while providing reasonable exceptions for law enforcement and family and friend transfers. This bill was passed by the U.S. House of Representatives on March 11, 2021, but has not been considered by the U.S. Senate. The AMA also supported H.R. 7910, the “Protecting Our Kids Act,” (Nadler, D-NY), an omnibus package of eight previously introduced bills focused on preventing firearm violence. This bill was passed by the House of Representatives on June 22, 2022, but also was not considered by the Senate.

However, Congress succeeded in passing the first major firearm legislation in over 30 years with S. 2938, the “Bipartisan Safer Communities Act” (Murphy, D-CT/Cornyn, R-TX), which the AMA supported. President Biden signed this bill into law on June 25, 2022, and AMA Board Chair Sandra Fryhofer, MD, attended the signing ceremony. Key provisions of the bill include:

• Providing grants for states to establish or strengthen extreme risk protection orders;
• Adding convicted domestic violence abusers in dating relationships to the National Instant Criminal Background Check System (NICS);
• Requiring the NICS to contact authorities to see whether an individual under the age of 21 has a “disqualifying” juvenile record for buying a firearm;
• Making it a federal crime to buy a firearm on behalf of an individual who is prohibited from doing so; and
• Including new spending for school security and mental health treatment.

In the AMA’s statement following the Act’s enactment into law, AMA President Jack Resneck, Jr., MD, noted that this law will save lives, and stated “The measures in this law—funding for red flag programs, closing the so-called ‘boyfriend loophole,’ and expanding background checks on people between the ages of 18 and 21 seeking to buy a gun—will keep weapons out of the hands of people wishing to do harm. This law isn’t a panacea, and more work remains to prevent firearm violence, but it is an important, critical step in the right direction.” Our AMA is now focused on advocating to ensure that the new funding authorized in the new law is actually appropriated, advocating for states to establish or strengthen extreme risk protection orders, and ensuring that the other provisions are properly and quickly implemented.

The AMA is also working to ensure that Congress appropriates increased funding for research to prevent firearm violence. The AMA is working with medical specialty societies, including the American Academy of Pediatrics (AAP), to support $60 million in funding for the CDC and the National Institutes of Health (NIH) to conduct public health research on firearm morbidity and mortality prevention. This would double the amount of funding provided last year. Our efforts have been successful so far: the House 2023 Labor-HHS Appropriations bill that passed out of the Appropriations Committee on June 30 includes the $60 million for the NIH and CDC firearm
injury and prevention programs funding. The Senate Appropriations Committee released the
Chairman’s mark of all 2023 appropriations bills on July 28; the summary document listed the
same $60 million for firearm injury and mortality prevention research at NIH and CDC. Our AMA
will continue to monitor appropriations developments and advocate to ensure that this funding is
approved by Congress.

In addition, our AMA is advocating our policy through the courts. Most recently, the U.S. Supreme
Court in *New York State Rifle & Pistol Association Inc., et al. v. Bruen* struck down a New York
law limiting the concealed carrying of firearms in public to those who demonstrated proper cause
for needing to do so—such as documented threats of physical violence against them in a 6-3 ruling.
The Litigation Center of the American Medical Association and State Medical Societies, the
Medical Society of the State of New York, American Academy of Pediatrics and the American
Academy of Child and Adolescent Psychiatry had filed an amicus brief urging the Supreme Court
to uphold a lower-court decision and arguing that the law’s requirements do not violate the Second
Amendment. The amicus brief from the AMA and others argued that New York has the right to
“enforce its reasonable licensing requirements for individuals who wish to carry concealed
handguns in public spaces, including our streets, highways, stores, shopping malls, movie theaters,
Little League games, hospitals, subway cars, concert halls, football stadiums, outdoor festivals,
bars, restaurants, basketball courts, parks, political rallies, houses of worship, and other crowded
venues filled with children and adults alike.” The brief also noted that more than 8,800 New
Yorkers died of firearm-related injuries between 2010 and 2019, and that firearm violence “is a
grave public health crisis that must be addressed by measures such as New York’s concealed carry
law.” The AMA noted its deep disappointment with the Court’s “harmful and disturbing decision”
to rule against the law, which it described as an “appropriate and constitutional response to the
scourge of firearm violence” in New York communities.

In addition, our AMA will work to implement the new policies approved by the HOD at the recent
2022 Annual Meeting. With the rising availability of homemade “ghost guns,” the AMA called on
state legislatures and Congress to subject these weapons to the same regulations and licensing
requirements as traditional firearms (Policy H-145.967, “Regulation of Homemade Firearms”).
New policy was also adopted that our AMA support legislation requiring that packaging for any
firearm ammunition produced in, sold in, or exported from the United States carry a boxed
warning. At a minimum, the warning should be text-based statistics and/or graphic warning labels
related to the risks, harms, and mortality associated with firearm ownership and use. It also should
include an explicit recommendation that ammunition be stored securely and separately from

Another policy adopted is focused on ensuring that active-shooter and live-crisis drills consider the
mental health of children (Directive D-145.993, “Addressing Adverse Effects of Active-Shooter
and Live-Crisis Drills on Children's Health”). With school shootings continuing at a troubling pace
and few regulations in place to address the country’s firearm crisis, some schools prepare faculty
and children to respond. While well-intentioned, there are concerns that the style of drill may have
unintended harmful effects on children’s mental health. To address these concerns, the policy
adopted encourages active-shooter and live-crisis drills to be conducted in an evidence-based and
trauma-informed way that takes children’s physical and mental wellness into account, considers
prior experiences that might affect children's response to a simulation, avoids creating additional
traumatic experiences for children, and provides support for students who may be adversely
affected. Our AMA will work with relevant stakeholders to raise awareness of ways to conduct
active-shooter or live-crisis drills that are safe for children and developmentally appropriate. The
AMA will also advocate for research into the impact of live-crisis exercises and drills on the
physical and mental health and well-being of children, including the goals, efficacy, and potential
unintended consequences of crisis-preparedness activities involving children.

COLLABORATIONS

Our AMA is a partner organization of AFFIRM at The Aspen Institute, which is a non-profit
dedicated to ending the American firearm injury epidemic using a health-based approach. AFFIRM
combines health expertise with the knowledge and traditions of responsible firearm stewardship to
achieve consensus recommendations. AFFIRM is committed to reducing the rate of firearm injuries
and deaths. AFFIRM also builds partnerships with non-medical organizations that are equally
committed to preventing firearm injury, including groups committed to firearm safety and shooting
sports.

The AMA has joined the American College of Physicians (ACP), American Academy of Family
Physicians, AAP, American College of Surgeons (ACS), American Psychiatric Association (APA),
and American Public Health Association in calling for policies to help stem firearm-related injuries
and deaths in the United States. The organizations endorsed the article, Firearm-Related Injury and
Death in the United States: A Call to Action From the Nation’s Leading Physician and Public
Health Professional Organizations, published online in Annals of Internal Medicine on August 7,
2019.

Our AMA is actively participating in monthly meetings convened by the AAP on advocacy related
to doubling last year’s appropriations funding for research on preventing firearm violence. The
AMA also participated in a 2019 meeting on firearm violence organized by ACS and will be
actively participating in a follow-up Medical Summit on Firearm Injury Prevention being
sponsored by ACS in collaboration with the ACP, the American College of Emergency Physicians,
and the Council of Medical Specialty Societies. The objectives of the 2022 summit are to use a
consensus-based, non-partisan approach to selecting recommendations for executive action and/or
legislation at the federal, state, and municipal levels that would decrease firearm-related injuries
and identify elements of the most effective programs that can be implemented by physician
practices/clinics/hospitals/health systems in partnership with their communities to effectively lower
the risk of violence, with an emphasis on marginalized communities that are disproportionately
affected by violence.

The AMA is also scheduling meetings with representatives of law enforcement and education
organizations to see where consensus might be reached on possible solutions to reducing firearm
violence and preventing firearm injuries and deaths. Our AMA is also planning federation calls to
follow-up on the Medical Summit on Firearm Injury Prevention and plans to convene an informal
advisory group of physicians to brainstorm additional ideas on how to prevent and reduce injuries
and deaths from firearm violence.

EDUCATION

In 2017, the AMA and the American Bar Association held a joint conference in Chicago,
“Preventing Gun Violence: Moving from Crisis to Action.” This conference led the Council on
Science and Public Health to initiate a report on “The Physician’s Role in Firearm Safety,” which
was adopted by the House of Delegates at the 2018 Annual Meeting. At that meeting, the Council
also co-sponsored an educational session with the AMA’s Advocacy Resource Center focused on
“Preventing Gun Violence: What Physicians Can do Now.” The session focused on describing the
trends in morbidity and mortality associated with firearm violence in the U.S., identifying
evidenced-based strategies available to reduce firearm morbidity and mortality, and defining the
physician’s unique role in promoting firearm safety and preventing firearm violence. Featured
speakers included Marian “Emmy” Betz, MD, MPH, MPH, University of Colorado School of
Medicine; Garen Wintemute, MD, MPH, University of California-Davis School of Medicine; and
Megan Ranney, MD, MPH, Warren Alpert Medical School, Brown University. Dr. Betz,
Dr. Wintemute and Dr. Ranney then collaborated with the AMA to develop an enduring CME
module, “The Physician’s Role in Promoting Firearm Safety,” which was published on the AMA
Ed Hub in December of 2018.

The AMA also recognizes the need for state-specific guidance for physicians on how to counsel
patients to reduce their risk for firearm-related injury or death, including 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. To inform this work the
AMA conducted research to: (1) understand physician’s barriers and emotions related to firearm
safety discussion with patients; (2) co-create with physicians and partners on relevant tools or
methods to help improve firearm safety; and (3) recommend a path forward for the AMA to aid
physicians in having firearm safety conversations. Six interviews were conducted with subject
matter experts working in the field of firearm safety and violence prevention and four two-hour
co-creation groups were held exploring current barriers to firearm safety conversations, physicians’
emotions, and functional and emotional design needs. The four co-creation groups were convened
by specialty (pediatrics, primary care (adult), psychiatry, and emergency physicians). Each group
included four physicians.

The findings of this research have informed the development of a resource to help physicians
effectively screen and counsel patients at risk of firearm related injury and mortality. The resource
is an online tool containing guidance on when and how to ask sensitive questions about firearm
ownership, access, and use, as well as state-specific legal information about discrete legal topics
related to firearms, such as laws governing physician speech about firearms, physicians’
obligations to disclose confidential patient information, safe storage and child access prevention
laws, and laws governing the possession and transfer of firearms. The tool is expected to be
launched by the end of 2022.

EXISTING AMA POLICY

In addition to the newly adopted policies noted above, the AMA has developed and adopted over
30 policy recommendations over the past two decades to reduce firearm trauma, injury, and death.
These include:

• A waiting period for firearm availability, and
  Background checks for all firearm purchasers, Policy H-145.996
• Firearm safety and research and enhancing access to mental health care, Policy H-145.975
• Gun safety education and regulation of interstate traffic of guns, Policy H-145.997
• Distribution of firearm safety materials in the clinical setting, Policy D-145.996
• Limit and control the possession and storage of weapons on school property, Policy H-
  145.983
• Firearm safety counseling with patients, Policy H-145.976
• Trigger locks and gun cabinets to improve firearm safety, Policy H-145.978
• Data on firearm deaths and injuries, Policy H-145.984
• Prevention of unintentional shooting deaths among children, Policy H-145.979
• Ban on handguns and automatic repeating weapons, Policy H-145.985
• Prevention of firearm accidents in children, Policy H-145.990
• Waiting period before gun purchase, Policy H-145.992
• Restriction of assault weapons, Policy H-145.993
• Mandated penalties for crimes committed with firearms, Policy H-145.999
• Public health policy approach for preventing violence in America, Policy H-515.971

DISCUSSION

The Board believes that the above policies and additional policies that have been adopted by the HOD provide abundant opportunity to advocate at the federal, state, and local levels and with other stakeholders for evidence-based policy solutions to respond to the current public health crisis of firearm violence. The challenge in achieving legislative success, especially at the federal level, is not the lack of sufficient or adequate AMA policy but rather the political realities in the current Congress, especially advancing specific legislation through the U.S. Senate. Congress regards the passage and enactment of the Bipartisan Safer Communities Act as the high bar on what firearm related laws can be achieved at the federal level in the current political environment. Therefore, while seeking opportunities at the federal level to further advance comprehensive legislation, including expanding background checks to all firearm purchasers or restricting assault weapons and large capacity magazines, the AMA will continue to advocate for timely implementation and adequate funding of the recently enacted Bipartisan Safer Communities Act, with a particular focus at the state level in expanding Extreme Risk Protection Order (ERPO) laws.

The Board acknowledges the impassioned testimony expressed during reference committee and on the floor of the HOD about the need to create an AMA task force to develop actionable recommendations for the AMA to be a leader in responding to the gun violence crisis. As summarized in this report, however, our AMA is already engaged in the advocacy, litigation, and coalition activities similarly called for in Resolution 246 and in accord with existing AMA policy. The Board concludes, therefore, that a task force, as called for in Resolution 246, is not necessary for the AMA to remain a leader and strong advocate for state and federal legislation and regulations to reduce firearm violence. Furthermore, the Board remains committed to seeking new solutions (through advocacy, litigation, education, and coalition activities) to reduce firearm violence, and can accomplish this in a more responsive and nimble manner than through a new task force. Accordingly, the Board recommends that Resolution 246 not be adopted. However, in order to keep the Federation of Medicine and the HOD up-to-date on developments in this space, the AMA will make readily available on the AMA website the comprehensive summary of AMA policies, activities, and progress regarding the public health crisis of firearm violence.

RECOMMENDATION

The Board of Trustees recommends that the following be adopted in lieu of Resolution 246 and that the remainder of the report be filed:

Our AMA will make readily accessible on the AMA website the comprehensive summary of AMA policies, plans, current activities, and progress regarding the public health crisis of firearm violence. (New HOD Policy)

Fiscal note: None.