

March 23, 2021

The Honorable Richard Durbin
Chairman
Senate Committee on the Judiciary
224 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Charles Grassley
Ranking Member
Senate Committee on the Judiciary
224 Dirksen Senate Office Building
Washington, D.C. 20510

RE: Hearing on “Constitutional and Common Sense Steps to Reduce Gun Violence”

Dear Chairman Durbin and Ranking Member Grassley:

On behalf of the American College of Emergency Physicians (ACEP) and our 40,000 members, thank you for the opportunity to provide a statement for the record on today’s hearing on “Constitutional and Common Sense Steps to Reduce Gun Violence.” As emergency physicians, we witness firsthand the toll firearm injuries take on our patients each day across the United States, and the current rates of injury and death from firearms in our country are unacceptable. To this end, ACEP supports increased funding and research, as well as improved protocols, to help address this critical public health issue. We appreciate the Committee’s attention to potential solutions that will lead to significant decreases in firearms injuries and deaths to improve the health and safety of all Americans.

For decades, ACEP has sought to help address the issues of firearms violence by supporting both public and private efforts to fund high-quality firearms injury prevention and control research and by supporting commonsense policies. Given the multitude of factors and considerations involved in this complex public health problem, we recognize that no “one-size-fits-all” solution will fully eliminate the impact of firearm injuries and violence on our communities, but specific interventions and policies can help reduce injuries and deaths. ACEP’s “Firearm Safety and Injury Prevention” [policy statement](#), (developed, approved, and updated by ACEP Council Members) outlines the legislative and regulatory priorities that emergency medicine believes are necessary to address the issue of firearms violence. These priorities include:

- Actively support both private and public funding into firearm safety and injury prevention research;
- Protect the duty of physicians to discuss firearm safety with patients;
- Support universal background checks for all firearm transactions, including private sales and transfers;
- Support adequate enforcement of existing laws and support new legislation that prevents high-risk and prohibited individuals from obtaining firearms;
- Restrict the sale and ownership of weapons, munitions, and large-capacity magazines that are designed for military or law enforcement use, and prohibit the sale of after-market modifications that increase the lethality of otherwise legal firearms; and
- Support prohibitions on 3-D printing of firearms and their components (e.g. so-called “ghost guns”) or other technologies that seek to bypass regulations.

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ACEP also supports public health and health care efforts that:

- investigate the effect of social determinants of health and other cultural risk factors on patterns of firearm injury (e.g. poverty intimate partner violence prior exposure to violence, the relationship between communities and law enforcement);
- the creation of a confidential national firearm injury research registry – *not* a national firearm registry, to be clear – while encouraging states to establish a uniform approach to tracking and recording firearm-related injuries (e.g., homicide, suicide, unintentional, self-defense, intimate partner violence, officer-involved, line-of-duty, etc.);
- promote access to effective affordable and sustainable mental health services for emergency department patients with acute mental illness for whom access to a firearm poses a real risk to life for themselves or others;
- provide emergency physicians and other health care providers with information on the most effective ways to counsel patients and families on proper firearm safety, emphasizing evidence-based methods that are shown to reduce intentional and unintentional injuries;
- support research into public policies that may reduce the risk of all types of firearm-related injuries, including risk characteristics that might make a person more likely to engage in violent and/or suicidal behavior; and,
- support community-based and hospital-based programs that would allow early intervention to prevent firearm-related injuries and their long-term consequences.

Just as evidence-based research is integral to the practice of medicine, evidence-based research is vital to informing our public policy response to reduce firearms injuries. ACEP deeply appreciates the \$25 million in funding included in the year-end federal appropriations package for federal firearms research through the National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC). We encourage Congress to increase this appropriation to at least \$50 million annually, as federally-funded research in this field is at a significant deficit due to a lack of funding for more than twenty years. To fill in the gaps in research and to complement federal efforts moving forward, ACEP has partnered with non-profit, non-partisan organizations like the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM) that is dedicated toward ending the firearm injury epidemic through a public health approach and providing grant funding to promote new evidence-based solutions. ACEP has also worked with the National Collaborative on Gun Violence Research (NCGVR) which funds rigorous evidence-based research designed to broaden agreement on the data behind firearms policy and to determine which policy interventions are effective and which are not.

ACEP has supported and continues to support a number of commonsense and bipartisan bills to reduce firearms injuries and violence. These include, but are not limited to:

- legislation to expand background checks to cover all firearms purchases and transactions (with certain reasonable exclusions) like Senator Chris Murphy’s (D-CT) “Background Check Expansion Act” (S. 529) and the companion bill, the “Bipartisan Background Checks Act of 2021” (H.R. 8) that recently passed in the House of Representatives;
- Representative James Clyburn’s (D-SC) “Enhanced Background Checks Act of 2021” to eliminate the so-called “Charleston Loophole” by extending the timeframe for law enforcement to complete a background check before a firearm may be purchased;
- bills to help states implement “Red Flag” laws to provide family members and law enforcement with the ability to remove firearms from individuals who may pose a risk to themselves or others;
- legislation to improve accountability in the National Instant Criminal Background Check System (NICS) to ensure existing laws are carried out as intended; and,
- legislation to establish and support hospital-based violence intervention programs.

In addition, ACEP supported the Trump Administration’s ban on “bump stocks” and similar devices that allow semiautomatic firearms to nearly replicate the firing rate of fully automatic firearms.

Some have suggested that firearms policy is outside the scope of physicians’ interests. However, emergency physicians do not exist simply to treat wounds – we also serve an important role in ensuring the health and well-being of our patients, and we have a duty and obligation to speak out on public health issues as part of our role in caring for our communities. For example, in the case of motor vehicle accidents, emergency physicians worked alongside the automobile industry to identify a public health problem (injuries and fatalities from car accidents), research possible solutions, and subsequently recommend and implement evidence-based solutions such as seat belt laws, speed limit changes, driver education, and other policies, that led to significant decreases in injuries and deaths on the nation’s roads. Identifying and implementing solutions to prevent firearms injuries and

violence should not be fundamentally different, and in fact, the lessons learned from comprehensive automotive safety initiatives can be informative as we pursue additional research on firearms injuries.

Once again, we appreciate the Committee's attention to this critical public health issue, and we urge Congress to carefully consider reasonable and necessary policies that strike an appropriate balance between individual rights and public safety to protect the health, safety, and well-being of all Americans. Should you have any questions, please do not hesitate to contact Ryan McBride, ACEP Senior Congressional Lobbyist, directly at rmcbride@acep.org.

Sincerely,

A handwritten signature in cursive script that reads "Mark Rosenberg". The signature is written in black ink and is positioned above the typed name.

Mark Rosenberg, DO, MBA, FACEP
ACEP President