

June 2, 2022

The Honorable Jerrold Nadler  
Chairman  
House Committee on the Judiciary  
2141 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Jim Jordan  
Ranking Member  
House Committee on the Judiciary  
2142 Rayburn House Office Building  
Washington, D.C. 20515

Dear Chairman Nadler and Ranking Member Jordan:

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 for today's markup on the "Protecting Our Kids Act" (H.R. 7910). As emergency physicians, we witness firsthand the toll that firearm injuries and deaths take on our patients, their families, and our communities every day across the United States. ACEP appreciates the Committee's work to develop policies to significantly decrease firearms injuries and deaths and improve the health and safety of everyone in the United States. We cannot accept this rate of injury and death from firearms as the status quo.

ACEP believes emergency physicians have a public health responsibility to reduce the prevalence and impact of violence through advocacy, education, legislation, and research initiatives. For decades, ACEP has sought to address the issue of firearms violence in particular by supporting both public and private efforts to fund high-quality firearms injury prevention and control research, as well as by supporting commonsense, evidence-based policy solutions. Given the multitude of factors and considerations involved in this complex public health problem, we fully recognize that there is no "one-size-fits-all" solution that will fully eliminate the impact of firearm injuries, violence, trauma, and death, but specific interventions and proven policies together can help reduce their frequency and scope.

We also implore legislators and stakeholders not to conflate our nation's current mental health crisis with the separate public health issue of firearms violence. While there are specific, situational policies that may help prevent or reduce firearms-related violence for those experiencing a mental health crisis or illness, the vast majority of Americans with mental illness are not violent. Suggestions that mental illness is the root cause for the extreme rates of firearms-related violence in the U.S. lack scientific backing or oversimplify the problem, and only serve to further stigmatize the issue of mental illness and discourage individuals from seeking treatment.

ACEP's "[Firearm Safety and Injury Prevention](#)" policy statement – developed, approved, and amended by ACEP emergency physician members in a deliberative and democratic process through the ACEP Council – outlines the legislative and regulatory priorities that emergency medicine believes are necessary to address the issue of firearms violence. These member-determined 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;

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- 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.

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);
- Create a confidential national **firearm injury research** registry. *To be clear, such a registry would not* be a national firearm registry, but rather establish a uniform approach for states to track and analyze 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 that has now been appropriated for three consecutive years for the purpose of federal firearms research through the National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC). These investments are crucial, and we encourage Congress to increase this appropriation to at least \$60 million annually to help us overcome the significant deficit in research in this field due to a lack of federal 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.

Under the framework of our aforementioned “Firearms Safety and Injury Prevention” policy statement, ACEP has supported and continues to support a number of commonsense bills to reduce firearms injuries and violence that are aligned with the priorities established by our membership. These include, but are not limited to:

- Expanding background checks to cover all firearms purchases and transactions (with certain reasonable exclusions) like Rep. Mike Thompson’s (D-CA) “Bipartisan Background Checks Act of 2021” (H.R. 8) that passed in the House of Representatives in March 2021;
- 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;
- Assisting states in implementing “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;
- Improving accountability in the National Instant Criminal Background Check System (NICS) to ensure existing laws are carried out as intended, such as the “Fix NICS Act” that was enacted as part of the Consolidated Appropriations Act, 2018 (P.L. 115-141);
- Banning the manufacture, possession, and sale of “bump stocks” that allow semiautomatic firearms to nearly replicate the firing rate of fully automatic firearms (ACEP also supported the Trump Administration’s 2019 ban on these and similar devices); and,
- Establishing and supporting hospital-based violence intervention programs.

Some have suggested that firearms policy is outside the scope of physicians’ interests. However, emergency physicians do not exist simply to treat wounds and triage patients but then remain silent on matters of public health. As the health care safety net, we also serve an important role in ensuring and advocating for 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 and associated injuries and deaths, emergency physicians worked alongside the automobile industry to identify a public health problem, research possible solutions, and subsequently recommend and implement evidence-based solutions like seat belt laws, speed limit changes, driver education, and other policies, that ultimately led to decreases in injuries and deaths on the nation's roads. Identifying and implementing solutions to prevent firearms injuries and violence is not fundamentally different, and in fact, the lessons learned from comprehensive automotive safety initiatives can be informative as we pursue additional research on firearms injuries.

That there is no cure-all for firearms violence must not preclude us from taking actions to prevent firearms violence and reduce the physical, mental, and emotional trauma this public health crisis inflicts upon our communities. Once again, we appreciate the Committee's attention to this critical issue, and we urge Congress to carefully consider and enact reasonable and necessary policies to protect the health, safety, and well-being of all Americans, while still protecting individual rights. Should you have any questions, please do not hesitate to contact Ryan McBride, ACEP Congressional Affairs Director, directly at [rmcbride@acep.org](mailto:rmcbride@acep.org).

Sincerely,

A handwritten signature in cursive script that reads "Gillian Schmitz, MD, FACEP".

Gillian Schmitz, MD, FACEP  
ACEP President