
SENATE COMMITTEE ON PUBLIC SAFETY

Senator Nancy Skinner, Chair
2019 - 2020 Regular

Bill No: AB 521 **Hearing Date:** July 9, 2019
Author: Berman
Version: May 30, 2019
Urgency: No **Fiscal:** Yes
Consultant: JK

Subject: *Physicians and Surgeons: Firearms: Training*

HISTORY

Source: Author

Prior Legislation: AB 1602 (Committee on Budget), Ch. 24, Stats. 2016
SB 826 (Leno), Ch. 23, Stats. 2016

Support: Alliance for Community Transformations; American Foundation for Suicide Prevention; Bay Area Student Activists; Brady California United Against Gun Violence; California Chapter of the American College of Emergency Physicians; California Chapter of the American College of Physicians; California Medical Association; California Public Health Association – North; Coalition Against Gun Violence, A Santa Barbara County Coalition; Emergency Nurses Association, California State Council; Jewish Center for Justice; Psychiatrists for Gun Violence Prevention; San Francisco Bay Area Physicians for Social Responsibility; Scrubs Addressing the Firearm Epidemic (SAFE); SAFE at the David Geffen School of Medicine at UCLA; UCSF Chapter of SAFE; Sierra Sacramento Valley Medical Society; Society of Women Engineers at the University of California, Los Angeles (SWE-UCLA); Women Against Gun Violence; individuals

Opposition: None known

Assembly Floor Vote: 64 - 3

PURPOSE

The purpose of this bill is to require the University of California Firearm Violence Research Center at UC Davis to develop multifaceted education and training programs for medical and mental health providers on the prevention of firearm-related injury and death.

Existing law establishes a center for research into firearm-related violence and that the center be administered by the University of California pursuant to the following principles:

- 1) Interdisciplinary work of the center shall address the following:
 - a) The nature of firearm violence, including individual and societal determinants of risk for involvement in firearm violence, whether as a victim or a perpetrator.

- b) The individual, community, and societal consequences of firearm violence.
 - c) Prevention and treatment of firearm violence at the individual, community, and societal levels.
- 2) The center shall conduct basic, translational, and transformative research with a mission to provide the scientific evidence on which sound firearm violence prevention policies and programs can be based. Its research shall include, but not be limited to, the effectiveness of existing laws and policies intended to reduce firearm violence, including the criminal misuse of firearms, and efforts to promote the responsible ownership and use of firearms;
 - 3) The center shall work on a continuing basis with policymakers in the Legislature and state agencies to identify, implement, and evaluate innovative firearm violence prevention policies and programs;
 - 4) To help ensure a long-term and successful effort to understand and prevent firearm violence, the center shall recruit and provide specialized training opportunities for new researchers, including experienced investigators in related fields who are beginning work on firearm violence, young investigators who have completed their education, postdoctoral scholars, doctoral students, and undergraduates;
 - 5) As a supplement to its own research, the center may administer a small grant program for research on firearm violence. All research funds shall be awarded on the basis of scientific merit as determined by an open, competitive peer review process that assures objectivity, consistency, and high quality. All qualified investigators, regardless of institutional affiliation, shall have equal access and opportunity to compete for the funds; and,
 - 6) The peer review process for the selection of grants awarded under this program shall be modeled on the process used by the National Institutes of Health in its grant-making process. (Pen. Code, § 14231.)

Existing law states that the provisions of law pertaining to the center for research into firearm-related violence shall apply to the University of California only to the extent that the Regents of the University of California, by resolution, make any of these provisions applicable to the university. (Pen. Code, § 14232.)

Existing law defines the “Regents of the University of California” as the following:

- 1) The Board of Regents of the University of California;
- 2) The standing and special committees or subcommittees of the Board of Regents; and,
- 3) An advisory board, advisory commission, advisory committee, advisory subcommittee, study group, task force, or similar multimember advisory body of the Board of Regents that has continuing subject matter jurisdiction in the area of compensation, if created by formal action of the Board of Regents or of any member of the Board of Regents, and if the advisory body so created consists of one or more regents, other than ex officio members of the Board of Regents. (Ed. Code, § 92020.)

This bill declares this chapter shall apply to the University of California only to the extent that the Regents of the University of California, by resolution, make any of these provisions applicable to the university.

This bill declares while many medical and mental health care providers recognize their responsibility to help prevent firearm-related injury and death, many cite lack of knowledge regarding when and how to counsel patients as a principal barrier to action. A position statement adopted by the California Medical Association Board of Trustees on July 28, 2017, states that “expanded education and training are needed to improve clinician familiarity with the benefits and risks of firearm ownership, safety practices, and communication with patients about firearm violence.” The position statement further states that “medical schools and residency programs should incorporate firearm violence prevention into their academic curricula” and “California-specific resources such as continuing medical education modules, toolkits, patient education handouts, and clinical intervention information would help to address this practice gap.”

This bill declares that having assembled a team of experts in firearm-related death and injury, and specifically in provider and patient education to prevent firearm-related harm, the University of California Firearm Violence Research Center at UC Davis is uniquely qualified to research, develop, implement, and evaluate education and training programs for medical and mental health care providers on preventing firearm-related death and injury.

This bill requires the University of California Firearm Violence Research Center (“the center”) at UC Davis to develop multifaceted education and training programs for medical and mental health providers on the prevention of firearm-related injury and death.

This bill requires the center to develop education and training programs that address all of the following:

- 1) The epidemiology of firearm-related injury and death, including the scope of the problem in California and nationwide, individual and societal determinants of risk, and effective prevention strategies for all types of firearm-related injury and death, including suicide, homicide, and unintentional injury and death.
- 2) The role of health care providers in preventing firearm-related harm, including how to assess individual patients for risk of firearm-related injury and death.
- 3) Best practices for conversations about firearm ownership, access, and storage.
- 4) Appropriate tools for practitioner intervention with patients at risk for firearm-related injury or death, including, but not limited to, education on safer storage practices, gun violence restraining orders, and mental health interventions.
- 5) Relevant laws and policies related to prevention of firearm-related injury and death and to the role of health care providers in preventing firearm-related harm.
- 6) The center shall launch a comprehensive dissemination program to promote participation in these education and training programs among practicing physicians, mental health care professionals, physician assistants, nurse practitioners, nurses, health professional students, and other relevant professional groups in the state.

- 7) The center shall develop curricular materials for medical and mental health care practitioners in practice and in training, tailored to the profession and suitable for use through a variety of methods. Educators from the center shall provide didactic education in person and by remote link at medical education institutions, and recruit and train additional health professionals to provide such education.
- 8) The center shall develop education and training resources on firearm-related injury and death, including but not limited to, continuing medical education videos, additional training modules, a website with current information on relevant research and legislation, and handouts and written materials for clinicians to provide to patients. The center shall serve as a resource for the many professional and educational organizations in the state whose members seek to advance their knowledge of firearm-related injury and death and effective prevention measures.
- 9) The center shall conduct rigorous research to further identify specific gaps in knowledge and structural barriers that prevent counseling and other interventions, and to evaluate the education and training program. The center shall incorporate the research findings into the design and implementation of the program to support the mission of the center to deliver content to health care providers and patients that is effective in guiding clinical decisions and reducing firearm-related injury and death.

This bill states on or before December 31, 2020, and annually thereafter, the University of California shall transmit programmatic and financial reports on this program to the Legislature, including reporting on funding and expenditures by source, participation data, program accomplishments, and the future direction of the program.

COMMENTS

1. Need for This Bill

According to the author:

Gun violence not only has serious implications for public safety and public health, but is extremely costly as well. In 2010, the estimated cost of hospital and emergency department care for firearm-related injuries in California was \$112 million, with Medi-Cal and other government payers responsible for 64% of those costs. These high costs occur even though most people who die from firearm-related injuries do so at the scene of the shooting and receive no medical care for their injuries. Medical costs make up approximately 2% of the total cost of firearm-related harm, which is driven primarily by losses in productivity and quality of life.

Last year, the American College of Physicians published a position paper on reducing firearm injuries and deaths in the United States that “recommends a public health approach to firearms-related violence and the prevention of firearm injuries and deaths.” The paper further encourages physicians to “discuss with their patients the risks that may be associated with having a firearm in the home and recommend ways to mitigate such risks.” While many health care providers recognize their responsibility to help prevent firearm-related injury and death, many cite lack of knowledge regarding when and how to counsel patients as a

principal barrier to action. A position statement adopted by the California Medical Association Board of Trustees on July 28, 2017, states that “expanded education and training are needed to improve clinician familiarity with the benefits and risks of firearm ownership, safety practices, and communication with patients about firearm violence.” It further states that “medical schools and residency programs should incorporate firearm violence prevention into their academic curricula” and “California-specific resources such as continuing medical education modules, toolkits, patient education handouts, and clinical intervention information would help to address this practice gap.”

AB 521 recognizes that health care providers are uniquely positioned to help prevent firearm-related harm and that the University of California Firearm Violence Research Center is uniquely qualified to equip them with the education, training, and resources needed to identify patients at risk for such harm, provide evidence-based counseling to mitigate risk, and intervene in situations of imminent danger.

2. University of California Firearms Violence Research Center

In 2016, the Legislature passed budget trailer bill AB 1602. Among other things, AB 1602 authorized the creation of a research center focused on firearm violence at the University of California. The Violence Prevention Research Program at UC Davis was designated as the home of the new research center.

The research center’s mission with respect to firearm violence has three elements:

- 1) To conduct research and develop sound scientific evidence on the nature, causes, consequences, and prevention of firearm violence;
- 2) To disseminate that evidence and promote the adoption of evidence-based firearm violence prevention measures; and,
- 3) To expand and extend such efforts through education and training in firearm violence research and its applications. (UC Davis Violence Prevention Research Program website, available at: <https://health.ucdavis.edu/vprp/>, [as of Apr. 16, 2019].)

According to the UC Davis website, the research center has recruited faculty members who have made long term commitments to conducting firearm violence research. Those faculty include investigators, postdoctoral research fellows, statisticians, and analysts.

The purpose of this bill is to require the research center to design training programs for medical and mental health providers on the prevention of firearm-related injury and death. The University of California would only be required to implement these training programs to the extent that the Regents of the University of California direct it to do so via resolution.

3. Related Legislation

AB 1603 (Wicks), would codify the California Violence Intervention and Prevention Grant Program (CalVIP). CalVIP grants are to be used to support, expand, and replicate evidence-based violence reduction initiatives, including, without limitation, hospital-based violence intervention programs, evidence-based street outreach programs, and focused deterrence strategies, that seek to interrupt cycles of violence and retaliation in order to reduce the incidence of homicides, shootings, and aggravated assaults. These initiatives shall be primarily focused on providing violence intervention services to the small segment of the population that is identified as having the highest risk of perpetrating or being victimized by violence in the near future. AB 1603 is pending Senate Appropriations.

AB 656 (Eduardo Garcia), would establish the Office of Healthy and Safe Communities (OHSC) under the direction of the California Surgeon General and the Governor, which would provide a comprehensive violence prevention strategy. AB 656 is pending Senate Public Safety.

4. Argument in Support

According to Brady California United Against Gun Violence:

Last year, the American College of Physicians published a position paper on reducing firearm injuries and deaths in the United States that “recommends a public health approach to firearms-related violence and the prevention of firearm injuries and deaths.” While many health care providers recognize their responsibility to help prevent firearm-related injury and death, many cite lack of knowledge regarding when and how to counsel patients as a principal barrier to action. A position statement adopted by the California Medical Association Board of Trustees on July 28, 2017, states that “expanded education and training are needed to improve clinician familiarity with the benefits and risks of firearm ownership, safety practices, and communication with patients about firearm violence.”

AB 521 recognizes that health care providers are uniquely positioned to help prevent firearm-related harm and would equip them with the education, training, and resources needed to identify patients at risk for such harm, provide evidence-based counseling to mitigate risk, and intervene in situations of imminent danger.

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