Summary

The KMA Gun Violence and Firearm Safety Work Group was created at the direction of the 2022 KMA House of Delegates (HOD) and charged with:

- Review the medical literature pertaining to firearm-related death and injuries.
- Make evidence-based recommendations to the 2023 KMA HOD that might allow the KMA to a)
 influence public policy and b) educate patients, physicians, and other healthcare providers with
 the goal of mitigating firearm-related injury.

The Gun Violence and Firearm Safety Work Group consisted of a diverse group of thirteen physician volunteers from the KMA membership. Of the twelve physician members, nine were male and four, female. Members of the work group represented all areas of the Commonwealth, representing urban, suburban, and rural locations. Members of the work group were both gun owners and non-gun owners. Adding to the diverse makeup, members of the work group represented nine different medical and surgical subspeciality fields. The Work Group was chaired by Dr. John Roberts, a physician from Louisville and the current Chairman of the Board of Trustees.

The Work Group was tasked with identifying pertinent, evidence-based articles from medical literature. These were accumulated on a cloud-based storage site accessible to all members. Four virtual meetings were held during which the data, literature, and policy implications were debated and discussed. During one meeting the Work Group had the opportunity to hear a presentation by, and to interact with, Ms. Whitney Austin of the WhitneyStrong Organization. Ms. Austin, herself a gun owner, was shot twelve times during a mass shooting in Cincinnati, Ohio on September 6, 2018, and has since made it her life's mission to advocate for common sense reform that saves lives.

The following evidence-based facts underly the Work Group's recommendations to the 2023 KMA HOD:

- There is a limited, but growing, number of high-quality, evidence-based studies to inform the conversation regarding effective policies pertaining to gun ownership, and firearm use and safety. More high-quality studies are needed.
- The current Supreme Court of the United States has affirmed the Second Amendment "right to bear arms."
- Death and injury associated with firearms are public health issues affecting the citizens of Kentucky.
- Firearm-related death is now the leading cause of accidental death in the pediatric age group, age 1 to 17 years.
- In adults, sixty-one percent of all firearm-related deaths are suicides. According to CDC data, in Kentucky, one person dies of firearm-related suicide every 17 hours and suicide by firearm is 1.4 times higher in Kentucky rural areas than in the urban areas of Kentucky.
- Community interpersonal violence exerts significant morbidity and mortality across all of Kentucky's geographic regions.

Homicides, and in particular, mass-shooting homicides, make the national news and have a
psychological impact on the populace. There is moderate evidence that prohibitions of firearm
possession associated with domestic violence and the surrender of firearms by prohibited possessors
decreases violent crimes.

Therefore, the Gun Violence and Firearm Safety Work Group recommends the following actions be taken by the KMA:

Related to Policy:

- The KMA acknowledges that firearm related death and injury is a public health concern for the citizens of Kentucky, (Reaffirm KMA Resolution 2017-21, 2017 House of Delegates)
- The KMA and its members encourage, support, and promote high-quality, evidence-based research related to safe gun ownership and firearm use and safety practices.
- The KMA support and encourage collaborative evidence-based strategies and programming addressing community interpersonal violence.
- The KMA works with state and local legislators to establish evidence-based policies that promote safe firearm ownership and use.
- The KMA support legislation during 2024 Kentucky legislative session that would allow for the temporary transfer of firearms away from people on the brink of crisis, like that of the Crisis Aversion and Rights Retention Act introduced during the 2022 session.

Related to Education:

- The KMA works with the appropriate stakeholders to educate the public on the rate of accidental firearm-related injuries, deaths, and suicides in Kentucky's pediatric population.
- The KMA partner with relevant organizations to offer Continuing Medical Education regarding effective patient communication about gun violence and firearm safety.

Retainment of the KMA Gun Violence and Firearm Safety Work Group

• The KMA House of Delegates vote to reaffirm the work group for the 2024 annual year, to meet on a case-by-case basis, but no less than semi-annually, and provide support and insight, as the organization carries out the education and policy recommendations aforementioned.

Kentucky Medical Association (KMA) Gun Violence and Firearm Safety Work Group Report to the 2023 KMA House of Delegates

The Charge:

During the 2022 Annual Meeting of the House of Delegates of the Kentucky Medical Association the KMA was charged with the creation of a Work Group to review available data and literature surrounding firearm use and safety and to report back to the House of Delegates with recommendations at the 2023 Annual Meeting.

A Work Group Composition:

The Work Group consisted of the following volunteer members:

- Dr. Kandis Adkins, MD, Cardiovascular and Thoracic Surgery (Louisville, KY)
- Dr. Aneeta Bhatia, MD, Anesthesiology (Louisville, KY)
- Dr. Mark Brockman Jr., MD, Pediatrics (Louisville, KY)
- Dr. Lori Caloia, MD, Family Medicine (Louisville, KY)
- Dr. Greg Cooper, MD, Family Medicine (Cynthiana, KY)
- Dr. Coy Flowers, MD, Obstetrics and Gynecology (Lexington, KY)
- Dr. Rick Miles, MD, Family Medicine (Russell Springs, KY)
- Dr. Keith Miller, MD, General Surgery (Louisville, KY)
- Dr. Rejith Paily, MD, FACP, Internal Medicine (Louisville, KY)
- Dr. Melissa Platt, MD, Emergency Medicine (Louisville, KY)
- Dr. Khalil Rahman, MD, MBA, Nephrology (Lexington, KY)
- Dr. John Roberts, MD, Neonatal Medicine (Louisville, KY) Chair
- Dr. Richard Rowe, MD, Emergency Medicine (Hardinsburg, KY)

The Approach:

The Work Group gathered pertinent data and collected relevant articles from the literature. These were posted on a cloud-based site making the information available to all members of the Work Group and are appended to this report. The work group focused primarily on articles that approached the subject in a scientific manner, believing that to be credible and convincing any policy or educational effort by the KMA would need to be evidence-based. The Work Group met virtually on Zoom on four occasions to discuss the data and accumulated articles:

- Meeting #1 April 20, 2023
- Meeting #2 May 18, 2023
- Meeting #3 June 15, 2023
- Meeting #4 July 20, 2023

During these meetings a broad range of topics relating to gun violence and firearm safety were discussed.

Baseline Facts and Data Accepted and Acknowledged:

The following facts were recognized and acknowledged by the Work Group:

- The current US Supreme Court has repeatedly upheld the individual's right to bear arms under the Second Amendment of the US Constitution.
- Kentucky is a conservative, predominantly rural state in which a large portion of citizens own firearms.
 Kentucky ranks 27th of the 50 states in the nation in gun ownership; An estimated 54.6% of adults have firearms in their homes. Kentucky citizens use firearms for hunting, competitive shooting, collecting and self-protection.
- Current Kentucky Law regarding firearms:
 - o Allows Open Carry except in certain restricted areas.
 - Allows Concealed Carry:
 - Requirement for background check and license was repealed in 2019.
 - A Concealed Carry License is still available; however, it cost \$60, is good for 5 years, and requires background check and training.
 - o Allows purchase of most types of firearms by adult US citizens who are Kentucky residents
 - Machine guns allowed if registered.
 - Antique and Replica Firearms allowed.
 - No bans on any NFA (National Firearms Act) items.
 - Allows minors (under 18 years of age) to use firearms for safety/hunting courses, target shooting in licensed range, shooting in official competitions, while hunting (with appropriate hunting license) and on private property of an adult with their permission. Minors cannot purchase a handgun in Kentucky from an FFL (Federal Firearms License holder), there is no minimum age requirement for rifles and shotguns, if the minor is supervised by an adult.
 - o Individuals convicted of felony crimes cannot possess or purchase firearms.
 - o It is legal to carry all types of firearms in vehicles throughout Kentucky.
- Current KMA policy regarding guns and firearms:
 - Gun Violence:
 - KMA advocates for increased research into gun violence. (Res 2017-21, 2017 HOD)
 - KMA supports efforts that:
 - Label violence caused by the use of guns as a public health epidemic;
 - Fund appropriate research at the Centers for Disease Control and Prevention to evaluate the causes and evidence-based remedies of this epidemic;
 - Increase funding for school-based mental health services related to trauma and violence prevention; and
 - Evaluate in concert with law enforcement, educators and social services, the most appropriate responses to this epidemic. (Res 2018-7, 2018 HOD)

• KMA address gun violence epidemic harm by supporting 2023 Kentucky legislation to establish and require American College of Surgeons Stop the Bleed training annually for all Kentucky school and college teachers and employees (every other year for educators who have completed 3 consecutive annual courses), and for students (voluntary for elementary school students. Funding for such hemorrhage control courses and supplies come from the Kentucky General Fund, with partial or full replacement by federal funds, if the Prevent BLEEDing Act of 2022 or other funding is enacted. (Res 2022-17, 2022 HOD)

o Firearms:

- KMA encourages and endorses the development and presentation of safety education programs that will engender more responsible use and storage of firearms. (Res 2019-11, 2019 HOD)
- KMA work with the Kentucky medical schools and residency programs to support evidence-based training for medical students, resident physicians, and teaching physicians to reduce firearm-related morbidity and mortality.
- KMA encourages physicians, when appropriate, to counsel patients on firearm safety.
 (Res 2019-12, 2019 HOD)

Relevant Findings Forming the Basis for Recommendations:

Related to Policy:

• The KMA acknowledges that firearm related death and injury is a public health concern for the citizens of Kentucky, (Reaffirm KMA Resolution 2017-21, 2017 House of Delegates)

More Americans died of gun-related injuries in 2021 than in any other year on record, according to the latest available statistics from the Center for Disease Control and Prevention (CDC). That included record numbers of both gun murders and gun suicides. Despite the increase in the *number* of such fatalities, the *rate* of gun deaths – a statistic that accounts for the nation's growing population – remained below the levels of earlier decades.

648 - The number of mass shootings in 2022. It's the second-highest number on record, just behind 2021. At least 672 people have been killed in mass shootings, and more than 2,700 have been injured. In 2021, there were 690 mass shootings, with 705 deaths and 2,828 injuries. Though the number of mass shootings (four or more shot) declined slightly, the number of mass murders (four or more people killed) increased by 30 percent, from 28 in 2021 to 36 in 2022. Rifles – the category that includes guns sometimes referred to as "assault weapons" – were involved in 3% of firearm murders.

In 2021, 48,830 people died from gun-related injuries in the United States. Suicides accounted for 54% (26,328) and murders accounted for 43% (20,958) of gun related deaths. Accidental deaths (549), law

enforcement related deaths (537), and gun-related deaths of undetermined circumstances (458) accounted for the remaining 3% of gun related deaths. More than half (55%) of all suicides in 2021 (26,328 of 48,183) involved firearms. According to the CDC, 61% of all firearm-related deaths in Kentucky each year are suicides. In rural areas of Kentucky, suicide by firearm is 1.4 times higher than urban areas. In 2020 one Kentuckian died by firearm suicide every 17 hours.

There was an increase in the firearm suicide rate among Black teenagers over the last decade. From 2011 to 2020, the suicide rates among Black, Latino, and Asian teenagers each more than doubled, according to the Centers for Disease Control data. Historically, victims of firearm suicide have tended to be older, white males living in rural areas. That remains true, but those disparities are narrowing as suicide rates among young Black and brown people worsen.

With the biggest cause of firearm-related deaths in Kentucky being by suicide, the work group saw this issue as being important to address.

16 million - The number of guns Americans bought in 2022. It was the second yearly decline since 2020, when gun sales hit record highs amid concerns over COVID-19, protests against racial injustice, other social unrest, and the 2020 presidential election. Gun sales typically spike during presidential elections and major social events. However, gun sales have not declined uniformly. In Oregon, for example, gun sales hit record highs in November after voters approved a ballot referendum that will require permits to purchase any firearms and ban high-capacity magazines. There can be unintended consequences of implementing gun policy legislation.

In 2022 Kentucky ranked 38 out of 50 states in the number of deaths per 100,000 population due to firearm injury of any intent (unintentional, suicide, homicide or undetermined) with 20.3 deaths per 100,000 population. For those aged 15 to 24, Kentucky's rate was 31.2 deaths per 100,000 population compared to 22.2 per 100,000 nationally. Death related to firearms is now the leading cause of death nationally in the pediatric age group (age 1 to 19 years of age).

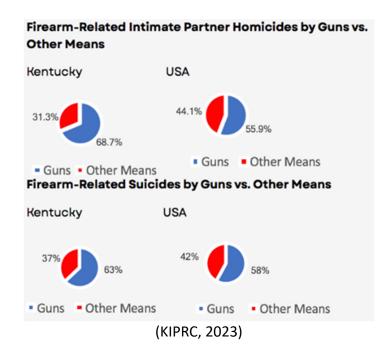
• The KMA and its members encourage, support, and promote high-quality, evidence-based research related to safe gun ownership and firearm use and safety practices.

The KMA, as an organization of physicians, recognizes the importance of an evidence-based approach to the diagnosis and treatment of medical conditions. If the KMA is to maintain credibility in the eyes of the public and Kentucky legislators, the KMA should adhere to that same principle in its approach to the current gun violence epidemic. Unfortunately, due to a prohibition of public funding for gun-related research by previous US legislation, there is a limited, but now growing body of evidence. More research is needed.

 The KMA support and encourage collaborative evidence-based strategies and programming addressing community interpersonal violence.

The KMA recognizes that family and domestic violence, including child abuse, and intimate partner abuse is a national public health problem, and a severe issue impacting Kentuckians across all regions of the

Commonwealth. 45.3% of Kentucky women and 35.5% of Kentucky men experience intimate partner physical violence in their lifetimes. Kentucky has the 11th highest femicide rate in the United States. In particular African American women experience a high rate of interpersonal violence, and more specifically are victims of gun violence at higher rates than Caucasian women. The gun violence hospitalization rate for African American women in Kentucky is 20.88 per 100,000 (or 1 in 4789), which is 7.5 times higher than that of Caucasian women, which is 2.8 per 100,000 (or 1 in 35,714). Additionally, gun-violence assault rates are 10 times higher for African American women versus Caucasian women in Kentucky. In one day in 2019, Kentucky domestic violence programs served 1,420 adult and child survivors; and another 128 requests for services went unmet due to lack of resources. This data point, and level of unmet need emphasizes the importance of further establishing and making more readily available the resources and programming that could help to curb this rate of interpersonal violence in the Commonwealth.



• The KMA works with state and local legislators to establish effective, evidence-based policies that promote safe firearm ownership and use.

The RAND Corporation, founded in 1946, is a politically centrist, global policy think tank and research organization whose mission is to improve policy and decision-making through research and analysis. The Rand Corporation has evaluated several thousand studies published since 2004 relating to gun policies that are frequently discussed in state legislatures. In January 2023 it assessed the strength of evidence of 18 gunpolicies in affecting 8 gun-use outcomes. (See Table)

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Table

Gun Policies	
Extreme Risk Protection Orders	Firearms Sales Reporting, Recording and
	Registration Requirements
Minimum Age Requirements	Licensing and Permitting Requirements
Prohibitions Associated with Domestic Violence	Lost or Stolen Firearm Reporting Requirements
Prohibitions Associated with Mental Illness	Waiting Periods
Surrender of Firearms by Prohibited Possessors	Child Access Prevention Laws
Background Checks	Concealed Carry Laws
Bans on Low Quality Handguns	Gun Free Zones
Bans on Sale of Assault Weapons and High-	Laws Allowing Armed Staff in K-12 Schools
Capacity Magazines	
Firearm Safety Training Requirements	Stand-Your-Ground Laws
Gun Use Outcomes	
Defensive Gun Use	Police Shootings
Gun Industry Outcomes	Suicide
Hunting and Recreation	Unintentional Injuries and Death
Mass Shootings	Violent Crime

The Rand Corporation authors categorized the evidence of effectiveness as LIMITED (one supportive study), MODERATE (two or more studies in support and no study with contradictory findings) and SUPPORTIVE (three or more studies, using independent data sets, with effect in the same direction).

The Rand Corporation determined there was SUPPORTIVE evidence that child-access prevention laws reduce firearm self-injuries (including suicides), firearm homicides or assault injuries, and unintentional firearm injuries and death among youth. There is also SUPPORTIVE evidence that stand-your-ground laws and shall-issue concealed carry laws increase firearm homicides.

The Rand Corporation determined there was MODERATE evidence that background checks reduce violent crimes. There was also MODERATE evidence that minimum-age-of-purchase laws reduce firearm suicides, waiting periods reduce rates of firearm suicide and homicide, and some gun possession prohibitions associated with domestic violence reduce intimate partner homicides.

The Rand Corporation determined there was LIMITED evidence that prohibitions associated with mental illness affected violent crime, bans on the sale of assault weapons and high-capacity magazine affected mass shootings, and licensing and permitting requirements affected suicide rates.

For most gun policies frequently discussed in today's legislatures, the Rand Corporation found no scientifically sound studies causally linking enacted Gun Policies to Gun Use Outcomes. In other studies, the data is

inconclusive. More scientifically designed studies investigating the impact of Gun Policies on Gun Use Outcomes are needed.

 The KMA support legislation during 2024 Kentucky legislative session that would allow for the temporary transfer of firearms away from people on the brink of crisis, like that of the Crisis Aversion and Rights Retention Act introduced during the 2022 session.

The Work Group had the pleasure of hosting Whitney Austin, founder of the WhitneyStrong Organization, at one of its meetings. Ms. Austin, herself a gun owner, was shot twelve times during a mass shooting in Cincinnati, Ohio on September 6, 2018, and has since made it her life's mission to advocate for common sense reform that saves lives. WhitneyStrong is a bipartisan, data-driven organization that is engaged both at the state and federal level in seeking legislation that will curb gun violence. In addition, WhitneyStrong is also engaged in local communities promoting education and safety. In Kentucky, WhitneyStrong is working on bipartisan legislation that would temporarily separate a person from their firearms in a moment of crisis. This policy is based on a number of different pieces of legislation that have been implemented across the country, but it would be unique to Kentucky, and would couple public safety with adequate due process. The Work Group believes that Ms. Austin's pragmatic approach could be a model for KMA physicians and lobbyists trying to foster legislation to address firearm safety. Based on the conversation with Ms. Austin and her approach, along with a review of the sources and the legislative proposal, the group recommends the KMA support legislation during the 2024 legislative session that would temporarily transfer firearms away from people who are on the brink of crisis.

Related to Education:

• The KMA works with the appropriate stakeholders to educate the public on the rate of accidental firearm-related injuries, deaths, and suicides in Kentucky's pediatric population.

Death related to firearms is now the leading cause of death nationally in the pediatric age group (age 1 to 19 years of age). Teen suicide rates are rising and the number of younger children committing suicide is increasing. There are many factors associated with teen suicide. It is imperative that parents, educators, and service providers from all systems of care that interact with children and youth are aware of the warning signs and are equipped to talk to children in crisis. Providers in both healthcare and behavioral healthcare should use the unique opportunities available to them to screen and assess for suicide risk and ensure that at-risk youth receive competent treatment to prevent suicide, and management within and across systems of care. Additionally, there is a high volume of accidental gun deaths amongst the pediatric population, thus it is imperative that the safe storage of firearms and education around the handling of firearms is presented to the public. The KMA, working with the relevant stakeholders, could be effective in drawing public attention to the rate of accidental firearm-related injuries, deaths, and suicides in Kentucky's pediatric population.

 The KMA partner with relevant organizations to offer Continuing Medical Education regarding effective patient communication about gun violence and firearm safety.

While two-thirds of 1658 medical students reported receiving any training on firearm safety counseling, only 12 percent considered the training "extensive." At the residency level, a survey of pediatric residency programs revealed that only one-third include formal training on firearm safety counseling.

Most physicians believe gun safety counseling is within a physician's scope of practice and that such counseling is effective at reducing rates of firearm-related suicides and homicides. While 65% of physicians report knowing how to counsel patients about gun safety, only 25% report having conversations with patients about firearms or firearm safety often or very often.

Increasing availability of and physician participation in firearm violence prevention CME could significantly increase physicians' knowledge of and engagement in firearm counseling.

• Retainment of the KMA Gun Violence and Firearm Safety Work Group

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