

Assembly Bill No. 521

CHAPTER 728

An act to amend Section 14232 of, to add the heading of Chapter 1 (commencing with Section 14230) to Title 12.2 of Part 4 of, and to add Chapter 2 (commencing with Section 14235) to Title 12.2 of Part 4 of, the Penal Code, relating to healing arts.

[Approved by Governor October 11, 2019. Filed with Secretary of State October 11, 2019.]

LEGISLATIVE COUNSEL'S DIGEST

AB 521, Berman. Physicians and surgeons: firearms: training.

Existing law establishes and funds various research centers and programs in conjunction with the University of California. Under existing law the University of California has the authority to establish and administer a Firearm Violence Research Center to research firearm violence.

The bill would, upon adoption of a specified resolution by the Regents of the University of California, require the center to develop multifaceted education and training programs for medical and mental health providers on the prevention of firearm-related injury and death, as specified. The bill would, upon adoption of that resolution, require the university to report, on or before December 31, 2020, and annually thereafter, specified information regarding the activities of, and financial details relating to, the program. The bill would also make conforming changes.

The people of the State of California do enact as follows:

SECTION 1. The heading of Chapter 1 (commencing with Section 14230) is added to Title 12.2 of Part 4 of the Penal Code, to read:

CHAPTER 1. CALIFORNIA FIREARM VIOLENCE RESEARCH CENTER

SEC. 2. Section 14232 of the Penal Code is amended to read:

14232. 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.

SEC. 3. Chapter 2 (commencing with Section 14235) is added to Title 12.2 of Part 4 of the Penal Code, to read:

CHAPTER 2. MEDICAL AND HEALTH PROVIDER EDUCATION AND TRAINING PROGRAM

14235. The Legislature finds and declares all of the following:

(a) California experiences unacceptably high rates of firearm-related death and injury. The Centers for Disease Control and Prevention reported 3,184 gun-related deaths in California in 2017: 1,610 suicides, 1,435 homicides, 86 deaths by legal intervention, 38 unintentional deaths, and 15 deaths of undetermined type.

(b) Mass shootings are changing the character of public life in the state. Since 1982, California has experienced 19 mass shootings, resulting in 137 total deaths. On November 11, 2018, a mass shooting at a nightclub in Thousand Oaks, California, resulted in 12 deaths.

(c) In 2010, the estimated cost of hospital and emergency department care for firearm-related injuries in California was one hundred twelve million dollars (\$112,000,000), with Medi-Cal and other government payers responsible for 64 percent 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.

(d) Medical costs are only a small proportion (approximately 2 percent) of total societal costs, which are driven primarily by losses in productivity and quality of life.

(e) Medical and mental health care providers are uniquely positioned to help prevent all forms of firearm-related harm. Through the course of their regular patient care, they have opportunities to identify people at risk for such harm, provide evidence-based counseling on risk reduction, and intervene in situations of imminent risk.

(f) On October 30, 2018, the American College of Physicians published an updated position paper with recommendations for 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” and 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.”

(g) Other organizations that have published statements identifying firearm-related harm as a health problem and recommending that medical and mental health professionals engage in efforts to prevent firearm-related harm as an element of their professional practice include the American Medical Association, the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Emergency Physicians, the American College of Surgeons, and the American Association of Suicidology.

(h) 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.”

(i) 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.

14236. (a) The University of California Firearm Violence Research Center at UC Davis shall develop multifaceted education and training programs for medical and mental health providers on the prevention of firearm-related injury and death.

(b) The center shall 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.

(c) 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.

(d) 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.

(e) 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.

(f) 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.

14237. 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. The report shall be submitted in compliance with Section 9795 of the Government Code.

14238. 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.