



Vice President Joe Biden
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20501

January 4, 2013

Dear Vice President Biden:

The National Physicians Alliance (NPA) welcomes this opportunity to contribute our thoughts to the deliberations of the National Taskforce on Gun Violence Prevention. The NPA is a 501(c) 3 organization representing physicians across medical specialties. We view gun violence as a public health crisis, appropriately addressed through a preventive framework, and we support a comprehensive approach to this issue. Our policy recommendations include stronger regulation of guns; robust funding for research on gun violence; federal protection of clinical free speech; and improved access to and support for mental health services. We support legislation that would:

- enact a comprehensive state and federal ban on assault weapons and high capacity magazines;
- close the gun-show loophole and other means of circumventing gun laws designed to protect the public;
- strengthen universal background checks for all gun transfers;
- remove Title Ten—Subtitle A, Section 10101 of the Patient Protection and Affordable Care Act¹, titled “Protection of Second Amendment Gun Rights”;
- work toward an evidence-based approach to gun violence prevention, which includes restoration of robust funding for ongoing epidemiological research in this area (e.g. through the National Institutes of Health and the Centers for Disease Control and Prevention); and
- improve access to and support for mental health care in our nation.

The gun-related provision in the Patient Protection and Affordable Care Act (ACA) received too little attention between its late introduction and the final passage of the law. As the Taskforce begins its crucial work on gun violence prevention, the NPA asks that the Title Ten Subtitle A Section 10101 provision of the ACA titled “Protection of Second Amendment Gun Rights” (PPACA Sect 2717 (c)) be revisited and ultimately removed from federal law. This provision destructively undermines violence prevention efforts in fundamental and dangerous ways by preventing necessary data collection and impeding clinical conversations that involve injury prevention counseling.

This provision’s restrictions on clinical history taking and documentation not only prevent fully informed diagnosis and referral for treatment, but also block responsible data collection that will be imperative if we are to understand and continually learn from interventions that are designed to prevent gun violence. **It is vital that the federal government protect clinical free speech regarding screening questions about gun ownership, safety, and storage, overriding state-based efforts to block physicians from obtaining thorough social histories that include such questions.**

Though it may be obvious, we wish to remind lawmakers that all but court-ordered encounters with physicians are voluntary. No one is forced to see a doctor, and within any clinical encounter, there is nothing requiring a patient to answer particular questions. In the exam room, if privacy rights prevailed in their broadest societal sense, there would be no meaningful history beyond, “How are you?” and no physical exam beyond what is possible in the public waiting room.

Physicians ask personal questions relevant to health—not only about physical symptoms, but also about consumption of alcohol, use of tobacco and illicit drugs, sexuality, mental health, use of seat belts and bicycle helmets, and other safety issues in the home. Indeed, these components of history-taking are built in to the standard “social history” as a distinct, equally weighted component of a thorough examination, alongside the “history of present illness,” “past medical history,” “vital signs,” “review of symptoms,” and “physical findings.” Questions about the presence of guns in the home—their location, safety features, education of family members on use and hazards of guns—are crucial to a thorough history, since we know, tragically, that guns in the home are more likely to be used in a homicide, suicide, or unintentional shooting than in self-defense.ⁱⁱ

To reduce both intentional and unintentional gun violence among youth in America, Princeton’s Future of Children developed nine concrete policy recommendations a full decade ago that deserve serious attention from the Taskforce. For example, the report wisely recommends that “Congress should extend the jurisdiction of the Consumer Product Safety Commission or the Bureau of Alcohol, Tobacco and Firearms to regulate guns as consumer products, establish regulations requiring product safety features on guns, and evaluate the effectiveness of product safety interventions. State governments should extend similar authority to their consumer product safety agencies.”ⁱⁱⁱ

In addition to sensible gun regulation and robust protection of clinical free speech, we strongly agree with others that our country needs far greater investment in mental health services. Better delivery of mental health care requires access to community-based mental health services, which in turn demands a sufficient supply of appropriately trained primary care physicians, psychiatrists, psychologists, and social workers. Our goal should be to reduce the number of Mental Health Professionals Shortage Areas as tracked by the Health Resources and Services Administration (HRSA). In Connecticut alone, HRSA has documented 140 such shortage areas.^{iv}

In sum, to fulfill our obligation as physicians to serve each individual patient, providers must have full freedom of speech in their clinical encounters. In the broader context of our obligation to improve the nation’s public health, physicians and health care systems must be empowered to collect data regarding gun ownership, storage, and safety.

Evidence-based medical care, like evidence-based policy making, **requires evidence**—which depends on data collection. All public health and epidemiology work depends on robust data collection. We will be better able to address the country’s epidemic of gun violence with improved data on gun-related deaths and injuries, gun ownership, access to guns, safety interventions, and the impact of many societal variables on the incidence of gun violence over time. We therefore call on legislators to restore federal

funding for research on gun violence as a public health issue, and for research on methods to improve gun safety.

Thank you for your consideration of these concerns. The National Physicians Alliance stands ready to contribute to ongoing policy deliberations. Please do not hesitate to be in touch.

Sincerely,



Cheryl Bettigole, MD, MPH
President
National Physicians Alliance

ⁱ <http://www.healthcare.gov/law/resources/authorities/title/x-strengthening-quality.pdf> (pp.2037-2040):

“(c) PROTECTION OF SECOND AMENDMENT GUN RIGHTS.—As added by section 10101(e)(2) “(1) WELLNESS AND PREVENTION PROGRAMS.—A wellness and health promotion activity implemented under subsection (a)(1)(D) may not require the disclosure or collection of any information relating to—

“(A) the presence or storage of a lawfully-possessed firearm or ammunition in the residence or on the property of an individual; or

“(B) the lawful use, possession, or storage of a firearm or ammunition by an individual.

“(2) LIMITATION ON DATA COLLECTION.—None of the authorities provided to the Secretary under the Patient Protection and Affordable Care Act or an amendment made by that Act shall be construed to authorize or may be used for the collection of any information relating to—

“(A) the lawful ownership or possession of a firearm or ammunition;

“(B) the lawful use of a firearm or ammunition; or

“(C) the lawful storage of a firearm or ammunition.

“(3) LIMITATION ON DATABASES OR DATA BANKS.—None of the authorities provided to the Secretary under the Patient Protection and Affordable Care Act or an amendment made by that Act shall be construed to authorize or may be used to maintain records of individual ownership or possession of a firearm or ammunition.

“(4) LIMITATION ON DETERMINATION OF PREMIUM RATES OR ELIGIBILITY FOR HEALTH INSURANCE.—A premium rate may not be increased, health insurance coverage may not be denied, and a discount, rebate, or reward offered for participation in a wellness program may not be reduced or withheld under any health benefit plan issued pursuant to or in accordance with the Patient Protection and Affordable Care Act or an amendment made by that Act on the basis of, or on reliance upon—

“(A) the lawful ownership or possession of a firearm or ammunition; or

“(B) the lawful use or storage of a firearm or ammunition.

“(5) LIMITATION ON DATA COLLECTION REQUIREMENTS FOR INDIVIDUALS.—No individual shall be required to disclose any information under any data collection activity authorized under the Patient Protection and Affordable Care Act or an amendment made by that Act relating to—

“(A) the lawful ownership or possession of a firearm or ammunition; or

“(B) the lawful use, possession, or storage of a firearm or ammunition.

ⁱⁱ <http://www.bradycampaign.org/facts/gunviolence/gunsinthehome/>

ⁱⁱⁱ http://www.princeton.edu/futureofchildren/publications/docs/12_02_ExecSummary.pdf

^{iv} <http://hpsafind.hrsa.gov/>