

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY  
HOUSE OF DELEGATES

Resolution 18-18

INTRODUCED BY: Medical Student Section  
MedChi Public Health Committee  
Baltimore City Medical Society

SUBJECT: Increasing the Legal Age of Purchasing Ammunition and Firearms  
From 18 to 21

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Whereas, Existing AMA-policy states “gun violence represents a public health crisis which requires a comprehensive public health response and solution” (D-145.995); and

Whereas, Current federal law limits the purchase of handguns to age 21 and purchase of long guns to age 18 from a licensed firearms dealer, but unlicensed persons may sell a long gun to a person of any age and handguns to individuals 18 and older;<sup>1</sup> and

Whereas, Federal law and laws in 38 states allow 18- to 20-year-olds to legally possess handguns from unlicensed sellers, such as online retailers and sellers at gun shows;<sup>2</sup> and

Whereas, Adolescents are predisposed to risk-taking and impulsive behaviors as a result of both social pressure and physiological changes, making youths between 18 and 20 years old more likely to commit homicide than any other age-specific cohort<sup>3,4,5</sup> with homicide offending rates rise sharply at age 18 and peak at age 20<sup>6</sup>; and

Whereas, All 50 states have established 21 as the minimum legal age for consumption of alcoholic beverages due to evidence of heightened risk-taking in adolescence and to protect youth and the public from alcohol abuse<sup>7,8</sup>; and

Whereas, Homicide and suicide are the second and third leading causes of death behind motor

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<sup>1</sup>Minimum Age to Purchase & Possess. Giffords Law Center for Gun Violence.

<http://lawcenter.giffords.org/gun-laws/policy-areas/who-can-have-a-gun/minimum-age/#federal> Accessed 22 March 2018

<sup>2</sup>Webster, D. W. et al. The Case for Gun Policy Reforms in America. Johns Hopkins Bloomberg School of Public Health. 2012.

[https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-gun-policy-and-research/publications/WhitePaper020514\\_CaseforGunPolicyReforms.pdf](https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-gun-policy-and-research/publications/WhitePaper020514_CaseforGunPolicyReforms.pdf) Accessed 22 March 2018

<sup>3</sup> Ibid

<sup>4</sup> Institute of Medicine (US) and National Research Council (US) Committee on the Science of Adolescence. The Science of Adolescent Risk-Taking: Workshop Report. Washington (DC): National Academies Press (US); 2011.

<sup>5</sup> Johnson SB, Blum RW, Giedd JN. Adolescent Maturity and the Brain: The Promise and Pitfalls of Neuroscience Research in Adolescent Health Policy. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*. 2009;45(3):216-221.

<sup>6</sup> Webster, D. W. et al. The Case for Gun Policy Reforms in America. Johns Hopkins Bloomberg School of Public Health. 2012.

[https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-gun-policy-and-research/publications/WhitePaper020514\\_CaseforGunPolicyReforms.pdf](https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-gun-policy-and-research/publications/WhitePaper020514_CaseforGunPolicyReforms.pdf) Accessed 22 March 2018

<sup>7</sup> O'Malley PM, Wagenaar AC. Effects of minimum drinking age laws on alcohol use, related behaviors and traffic crash involvement among American youth: 1976-1987. *Journal of studies on alcohol*. 1991;52(5):478-491.

<sup>8</sup> Underage Drinking: A Major Public Health Challenge. National Institute on Alcohol Abuse and Alcoholism.

<https://pubs.niaaa.nih.gov/publications/aa59.htm> Accessed 22 March 2018

vehicle accidents in people ages 15-24 with the main cause for within each category being discharge of a firearm<sup>9</sup>; and

Whereas, Examination of gun offenders incarcerated in the 13 states with the weakest standards for legal firearm ownership found that the largest group of offenders were between 18 and 20 years of age and that they would have been prohibited in states with stricter laws for firearm ownership<sup>10</sup>; and

Whereas, Firearms regulations that reduce overall gun availability, including permit and licensing restrictions, decrease both homicide<sup>11</sup> and suicide rates<sup>12</sup>; and

Whereas, 12 states and the District of Columbia currently have laws that impose a minimum age of 21 for all handgun sales, from licensed or unlicensed sellers<sup>13</sup>; and

Whereas, Florida passed legislation on February 23rd, 2018 to increase the age to purchase a gun from 18 to 21<sup>14</sup>; and

Whereas, In an unadjusted t-test analysis of gun related deaths in each state in 2016, there were statistically significantly fewer gun related deaths in states which had a law requiring an individual purchasing a gun to be 21 or older compared to states with a lower purchase age. (p=5.15e-06).<sup>1516</sup>

Whereas, In 2015, among “Crime Against Person” offenders who used a firearm, offenders ages 18-20 (our target cohort) constituted the second largest cohort (11.5%). Offenders ages 19-24 and 25-29 were the largest cohort (13.0%, tied), while offenders ages 30-34 constituted the third largest cohort (8.2%)<sup>17</sup>; and

Whereas, In 2015 Illinois, a state that imposes strict gun laws, reported a fourth of offenders from our target cohort (252) compared to Wisconsin’s reported offenders (1008)<sup>1,17</sup>; and

Whereas, from 2001 to 2015, Massachusetts, a state that imposes strict gun laws, reported a ninth of offenders from our target cohort (2629) compared to Tennessee’s reported offenders (23672)<sup>1,18,19</sup>; and

Whereas, from 2001 to 2015, in Massachusetts, 48.6% and 17.0% of firearm use among our target cohort was reported as a handgun and long gun, respectively<sup>18</sup>; and

Whereas, from 2001 to 2015, in Tennessee, 77.0% and 11.3% of firearm use among our target cohort was reported as a handgun and long gun, respectively<sup>19</sup>; and

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<sup>9</sup> Murphy, S.L. et al. Deaths: Final Data for 2015. *National Vital Statistic Reports*. CDC. 2017;66(6)

<sup>10</sup> Vittes KA et al. Legal status and source of offenders’ firearms in states with the least stringent criteria for gun ownership. *Injury Prevention*. 2012.

<sup>11</sup> Hemenway D, Miller M. Firearm availability and homicide rates across 26 high-income countries. *J Trauma*. 2000;49:985-8.

<sup>12</sup> A.R. et al. Gun control and suicide: The impact of state firearm regulations in the United States, 1995–2004. *Health Policy*. 2011;101(1):95-103

<sup>13</sup> Minimum Age to Purchase & Possess. Giffords Law Center for Gun Violence.

<http://lawcenter.giffords.org/gun-laws/policy-areas/who-can-have-a-gun/minimum-age/#federal> Accessed 22 March 2018

<sup>14</sup> Astor, Maggie. Florida Gun Bill: What’s in It, and What Isn’t. New York Times. <https://www.nytimes.com/2018/03/08/us/florida-gun-bill.html> Accessed 22 March 2018

<sup>15</sup> <https://wonder.cdc.gov>

<sup>16</sup> R Core Team (2015). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. URL <https://www.R-project.org/>.

<sup>17</sup> Easy Access to NIBRS Victims (EZANIBRS) <https://www.ojdp.gov/ojstatbb/ezanibrsv/>

<sup>18</sup> Massachusetts NIBRS <https://masscrime.chs.state.ma.us/public/Browse/browsetables.aspx>

<sup>19</sup> Tennessee NIBRS <https://crimeinsight.tbi.tn.gov/public/Browse/browsetables.aspx>

Whereas, Companies such as Dick’s Sporting Goods, LL Bean, and Walmart change their age of firearm purchase to 21 in 2018<sup>20</sup>; and

Whereas, Over 80% of the public supports increasing the age of being able to purchase an assault-weapon or gun to 21 years old<sup>21</sup>; and

Whereas, The Age 21 Act, introduced to the Senate on February 28th, 2018, prohibits the purchase of certain firearms by individuals under the age of 21<sup>22</sup>; and

Whereas, Existing AMA policy supports “bans on the possession and use of firearms and ammunition by unsupervised youths under the age of 18” (H-60.972); and

Resolved, That MedChi ask our AMA to amend policy H-145.985 by addition and deletion to read as follows:

It is the policy of the AMA to:

(1) Support interventions pertaining to firearm control, especially those that occur early in the life of the weapon (e.g., at the time of manufacture or importation, as opposed to those involving possession or use). Such interventions should include but not be limited to:

- (a) mandatory inclusion of safety devices on all firearms, whether manufactured or imported into the United States, including built-in locks, loading indicators, safety locks on triggers, and increases in the minimum pressure required to pull triggers;
- (b) bans on the possession and use of firearms and ammunition by unsupervised youths under the age of 18– **21 and bans of purchases of firearms and ammunition from licensed and unlicensed dealers to those under the age of 21.**
- (c) the imposition of significant licensing fees for firearms dealers;
- (d) the imposition of federal and state surtaxes on manufacturers, dealers and purchasers of handguns and semiautomatic repeating weapons along with the ammunition used in such firearms, with the attending revenue earmarked as additional revenue for health and law enforcement activities that are directly related to the prevention and control of violence in U.S. society; and
- (e) mandatory destruction of any weapons obtained in local buy-back programs.

(2) Support legislation outlawing the Black Talon and other similarly constructed bullets.

(3) Support the right of local jurisdictions to enact firearm regulations that are stricter than those that exist in state statutes and encourage state and local medical societies to evaluate and support local efforts to enact useful controls.

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As amended and adopted by the House of Delegates at its meeting on April 29, 2018.

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<sup>20</sup> Creswell, Julie. Gun Control Debate Sweeps Up an Outdoor Brand’s Other Products. New York Times.

<https://www.nytimes.com/2018/03/02/business/anti-gun-movement-is-inflicting-an-outdoor-brands-other-products.html> Accessed 22 March 2018

<sup>21</sup> Shepard, Steven. Gun control support surges in polls. Politico.

<https://www.politico.com/story/2018/02/28/gun-control-polling-parkland-430099> Accessed 22 March 2018

<sup>22</sup> United States, Congress, *Age 21 Act*. 2018. <https://www.congress.gov/bill/115th-congress/senate-bill/2470/text> Accessed 22 March 2018

## Additional Figure

**Correlation Between State Handgun Purchase Age and Rate of Deaths from Firearms**



### Relevant AMA and AMA-MSS Policy:

#### **Prevention of Unintentional Shooting Deaths Among Children H-145.979**

Our AMA supports legislation at the federal and state levels making gun owners legally responsible for injury or death caused by a child gaining unsupervised access to a gun, unless it can be shown that reasonable measures to prevent child access to the gun were taken by the gun owner, and that the specifics, including the nature of "reasonable measures," be determined by the individual constituencies affected by the law.

#### **Firearms as a Public Health Problem in the United States - Injuries and Death H-145.997**

Our AMA recognizes that uncontrolled ownership and use of firearms, especially handguns, is a serious threat to the public's health inasmuch as the weapons are one of the main causes of intentional and unintentional injuries and deaths. Therefore, the AMA: (1) encourages and endorses the development and presentation of safety education programs that will engender more responsible use and storage of firearms;

(2) urges that government agencies, the CDC in particular, enlarge their efforts in the study of firearm-related injuries and in the development of ways and means of reducing such injuries and deaths;

(3) urges Congress to enact needed legislation to regulate more effectively the importation and interstate traffic of all handguns;

(4) urges the Congress to support recent legislative efforts to ban the manufacture and importation of nonmetallic, not readily detectable weapons, which also resemble toy guns; (5) encourages the improvement or modification of firearms so as to make them as safe as humanly possible;

(6) encourages nongovernmental organizations to develop and test new, less hazardous designs for firearms;

(7) urges that a significant portion of any funds recovered from firearms manufacturers and dealers through legal proceedings be used for gun safety education and gun-violence prevention; and

(8) strongly urges US legislators to fund further research into the epidemiology of risks related to gun violence on a national level.

#### **Gun Safety H-145.978**

Our AMA: (1) recommends and promotes the use of trigger locks and locked gun cabinets as safety precautions; and (2) endorses standards for firearm construction reducing the likelihood of accidental discharge when a gun is dropped and that standardized drop tests be developed.

#### **Firearm Safety and Research, Reduction in Firearm Violence, and Enhancing Access to Mental Health Care H-145.975**

1. Our AMA supports:

a) federal and state research on firearm-related injuries and deaths;

- b) increased funding for and the use of state and national firearms injury databases, including the expansion of the National Violent Death Reporting System to all 50 states and U.S. territories, to inform state and federal health policy;
- c) encouraging physicians to access evidence-based data regarding firearm safety to educate and counsel patients about firearm safety;
- d) the rights of physicians to have free and open communication with their patients regarding firearm safety and the use of gun locks in their homes;
- e) encouraging local projects to facilitate the low-cost distribution of gun locks in homes;
- f) encouraging physicians to become involved in local firearm safety classes as a means of promoting injury prevention and the public health; and
- g) encouraging CME providers to consider, as appropriate, inclusion of presentations about the prevention of gun violence in national, state, and local continuing medical education programs

2. Our AMA supports initiatives to enhance access to mental and cognitive health care, with greater focus on the diagnosis and management of mental illness and concurrent substance abuse disorders, and work with state and specialty medical societies and other interested stakeholders to identify and develop standardized approaches to mental health assessment for potential violent behavior.

#### **Gun Violence as a Public Health Crisis D-145.995**

Our AMA:

- (1) will immediately make a public statement that gun violence represents a public health crisis which requires a comprehensive public health response and solution; and
- (2) will actively lobby Congress to lift the gun violence research ban.

#### **Physicians and the Public Health Issues of Gun Safety D-145.997**

Our AMA will request that the US Surgeon General develop a report and campaign aimed at reducing gun-related injuries and deaths.

#### **Safety of Nonpowder (Gas-Loaded/Spring-Loaded) Guns H-145.989**

It is the policy of the AMA to encourage the development of appropriate educational materials designed to enhance physician and general public awareness of the safe use of as well as the dangers inherent in the unsafe use of nonpowder (gas-loaded/spring-loaded) guns.

#### **Guns in School Settings H-60.947**

Our AMA recommends:

- (1) all children who take guns or other weapons to school should receive an evaluation by a psychiatrist or an appropriately trained mental health professional; and (2) that children who are determined by such evaluation to have a mental illness should receive appropriate treatment.

#### **Guns in Hospitals H-215.977**

1. The policy of the AMA is to encourage hospitals to incorporate, within their security policies, specific provisions on the presence of firearms in the hospital. The AMA believes the following points merit attention:

A. Given that security needs stem from local conditions, firearm policies must be developed with the cooperation and collaboration of the medical staff, the hospital security staff, the hospital administration, other hospital staff representatives, legal counsel, and local law enforcement officials. Consultation with outside experts, including state and federal law enforcement agencies, or patient advocates may be warranted.

B. The development of these policies should begin with a careful needs assessment that addresses past issues as well as future needs.

C. Policies should, at minimum, address the following issues: a means of identification for all staff and visitors; restrictions on access to the hospital or units within the hospital, including the means of ingress and egress; changes in the physical layout of the facility that would improve security; the possible use of metal detectors; the use of monitoring equipment such as closed circuit television; the development of an emergency signaling system; signage for the facility regarding the possession of weapons; procedures to be followed when a weapon is discovered; and the means for securing or controlling weapons that may be brought into the facility, particularly those considered contraband but also those carried in by law enforcement personnel.

D. Once policies are developed, training should be provided to all members of the staff, with the level and type of training being related to the perceived risks of various units within the facility. Training to recognize and defuse potentially violent situations should be included.

E. Policies should undergo periodic reassessment and evaluation.

F. Firearm policies should incorporate a clear protocol for situations in which weapons are brought into the hospital.

2. Our AMA will advocate that hospitals and other healthcare delivery settings limit guns and conducted electrical weapons in units where patients suffering from mental illness are present

### **Gun Regulation H-145.999**

Our AMA supports stricter enforcement of present federal and state gun legislation and the imposition of mandated penalties by the judiciary for crimes committed with the use of a firearm, including the illegal possession of a firearm.

### **AMA Campaign to Reduce Firearm Deaths H-145.988**

The AMA supports educating the public regarding methods to reduce death and injury due to keeping guns, ammunition and other explosives in the home.

### **Waiting Period Before Gun Purchase H-145.992**

The AMA supports legislation calling for a waiting period of at least one week before purchasing any form of firearm in the U.S.

### **Firearm Availability H-145.996**

Our AMA:

- (1) Advocates a waiting period and background check for all firearm purchasers;
- (2) encourages legislation that enforces a waiting period and background check for all firearm purchasers; and
- (3) urges legislation to prohibit the manufacture, sale or import of lethal and non-lethal guns made of plastic, ceramics, or other non-metallic materials that cannot be detected by airport and weapon detection devices.

### **Waiting Periods for Firearm Purchases H-145.991**

The AMA supports using its influence in matters of health to effect passage of legislation in the Congress of the U.S. mandating a national waiting period that allows for a police background and positive identification check for anyone who wants to purchase a handgun from a gun dealer anywhere in our country.

### **AMA-MSS:**

**170.001MSS Prevention & Health Education:** "AMA-MSS supports the following principles: (1) Health education AMA-MSS Digest of Policy Actions/ 41 should be a required part of primary and secondary education; (2) Private industry should be encouraged to provide preventive services and health education to employees; (3) All health care professions should be utilized for the delivery of preventive medicine services and health education; (4) Greater emphasis on preventive medicine should be incorporated into the curriculum of all health care professionals; (5) A sufficient number of training programs in preventive medicine and associated fields should be established, and adequate funding should be provided by government if private sources are not forthcoming; (6) Financing of medical care should be changed to include payment for preventive services and health education; (7) Appropriate legislation should be passed to protect the health of the population from behavioral and environmental risk factors, including, but not limited to, the following: (a) handgun control, (b) antismoking, (c) enforcement of drunk driving laws, (d) mandatory use of seat belts, (e) environmental protection laws, (f) occupational safety, and (g) toxic waste disposal; and 8) Preventive health services should be made available to all population segments, especially those at high risk. "

**145.001MSS Handgun Violence:** The AMA-MSS recognizes that handgun violence and accidents represent a significant public health hazard, and supports the following methods of addressing this hazard: (1) strict federal regulation of the manufacture, sale, importation, distribution, and licensing of handguns and their component parts, including a mandatory 7-day waiting period and police background check for all handgun purchases; (2) supports the taxation of handgun and handgun ammunition sales to be used to help cover medical bills for the victims of handgun violence and to fund public education on the prevention of violence; and (3) educational programs that can demonstrate a reduction in the deaths and injuries caused by handguns."