



Firearm Suicide Prevention Task Force

Materials Meeting 5

Agenda:

- Review of January Meeting Minutes
- Review of the 8 draft task force recommendations and documents
- Public comment

Meeting Schedule:**Membership:**

Membership	Name	Title/Organization
Chair	Lisa Goodman	Chair
Vice Chair	Rep. Valerie Longhurst	State Representative
Member	Rep. Trey Paradee	State Representative
Member	Rep. Kevin Hensley	State Representative
Member	Sen. Margaret Rose Henry	State Senator
Member	Sen. Ernie Lopez	State Senator
Member	Byran Horsey	Member of the Public
Member	Pete Rudoff	Member of the Public
Member	Cyndi McLaughlin	Foundation for a Better Tomorrow
Member	Dr. Harvey Doppelt	Division of Prevention and Behavioral Health Services, DSCYF
Member	Sec. Rita Landgraf	Dept. of Health and Social Services
Member	Jeff Hague	Delaware State Sportsman Association
Member	Bill Farley	Commission on Veterans Affairs
Member	Sgt. John McDerby on behalf of Chief Drew Aydelotte	DNREC
Member	Emily Vera	Mental Health Association
Member	George Higgins	Delaware Coalition Against Gun Violence
Member	Amy Kevis	Division of Substance Abuse & Mental Health
Participant	Scott Bell	Firearm Dealer
Participant	Rick Armitage	NRA
Participant	Jason Stewart	Public participant
Staff	Alexa Scoglietti	Delaware House of Representatives
Staff	Lauren Vella	Delaware House of Representatives

Firearm Suicide Prevention Task Force

Wednesday, January 25th
10:30am- 12:30pm
Legislative Hall, House Hearing Room
411 Legislative Ave.
Dover, DE 19901

Meeting Attendees:

Present:

Lisa Goodman
Rep. Valerie Longhurst
Rep. Kevin Hensley
Sen. Margaret Rose Henry
Sen. Ernie Lopez
Pete Rudoff
Dr. Harvey Doppelt
Jeff Hague
William Farley
Emily Vera
George Higgins
Amy Kevis
Chief Drew Aydelotte

Title/Organization

Chair
Vice-Chair
State Representative
State Senator
State Senator
Member of the Public
DSCYF
Delaware State Sportsmen's Association
Commission on Veterans Affairs
Mental Health Association
Delaware Coalition Against Gun Violence
DHSS
DNREC

Absent:

Rep. Trey Paradee
Bryan Horsey
Cyndi McLaughlin
Sec. Rita Landgraf
Sgt. John McDerby
Scott Bell

State Representative
Member of the Public
Foundation for a Better Tomorrow
Dept. of Health and Social Services
DNREC on behalf of Chief Drew Aydelotte
Firearm Dealer

Attendees:

Mark Ostroski
Rick Armitage
Major Estelle Murrary
David Strawbridge
Judge William Witham
Linda Carmichael
Kevin Smith
Jason Stewart
Deborah Hamilton
Irene Blair

DNREC, Div. of Fish & Wildlife
National Rifle Association
Delaware National Guard
Delaware Technical Community College
Delaware Superior Court
Delaware Superior Court
Delaware Superior Court
Member of the public
Hamilton Goodman Partners
Member of the public

Staff:

Lauren Vella
Alexa Scoglietti

House of Representatives
House of Representatives

Chair of the Firearm Suicide Prevention Task Force, Lisa Goodman, called the meeting to order at 10:35 a.m. She thanked the members present for their flexibility and asked them to make their introductions.

Chair Goodman then informed members present that minutes would be approved at the end of the meeting. She asked Kent County Resident Judge William Witham to discuss the Superior Court's Veterans Treatment Court. Judge Witham explained that the statewide Veterans Treatment Court is both a diversion court and probation court that seeks to identify and assist justice-involved veterans with substance abuse and mental health issues. A veteran with a nonviolent felony (mainly DUI or drug charges) may be voluntarily referred to the court after approval by the Attorney General's Office. In order to graduate, a program participant must be stabilized, aptly housed and have either a job or disability benefits. He touched on several key points:

- **Delaware's Veterans Treatment Court is successful.** Out of 180 people who have entered Veterans Court, 126 veterans have graduated so far and only 10 have been terminated. He estimated the success rate at between 70-80% and the recidivism rate as less than 5%.
- **Delaware's Veterans Treatment Court is a cost-effective program.** Veterans are able to utilize their VA benefits for the programs they become involved in and access these funds as long as they are not sex offenders and are not charged with a violent felony.
- **Delaware's Veterans Treatment Court saves veterans money.** The court has a relationship with the DMV allowing a veteran to receive their license if they complete an in-house approved program through the VA for a DUI, saving them almost \$1,000.
- **Delaware's Veterans Treatment Court creates a familiar environment for veterans.** Each court strives to create an environment reminding involved veterans of the military culture. For instance, all veterans are assigned a volunteer veteran mentor, and the judges involved in the court have previous military experience.

Judge Witham concluded by saying that the Department of Justice has been very cooperative with diverting veterans to the Veterans Treatment Court. He suggested legislative changes could be made to alleviate the uneven, ad-hoc procedure of getting veterans involved with the court. Before turning to questions, he reminded them that while veterans make up 7% of the country, they account for 22% of all suicides.

Rick Armitage asked if program participants were reluctant to join the program due to fear of having their firearms taken away. Judge Witham clarified that there is no focus on firearms, but that the courts want to make sure that program participants do not have weapons, since the VA prohibits firearms at the health centers. Mentors are also trained to not have weapons. He added that each program participant is handed a card for a veterans crisis hotline.

Judge Witham also informed the task force of the ceremony that veterans have when they complete their program. It is similar to a military award ceremony, and each graduating participant receives a challenge coin.

Chair Longhurst asked several questions answered by Judge Witham and Linda Carmichael:

- **What are the other nonviolent felony referrals?** Other nonviolent referrals are usually drug, burglary, theft, and domestic violence charges. He added that the Veterans Treatment Court does not take on domestic violence cases unless the victim approves.
- **How do you identify eligible veterans?** The state police summons form asks each offender if they are a veteran, and Justice of the Peace Courts must ask the question. These cases are transferred to the AG's Office and they must make the decision. Judge Witham acknowledged that some veterans are missed in the process.
- **How can the Task Force make sure more veterans participate?** Judge Witham stated that he would rather involve the Deputy Attorney Generals since they are more directly involved with selecting veterans. He added that it would also be up to the legislature or DOJ to determine what other crimes should be included. Linda Carmichael added that the court has identified several Class C felonies that could be transferred to the Veterans Treatment Court.
- **Does the Veterans Treatment Court track each veteran after graduation?** Due to a lack of funding, the court is unable to track each veteran after graduation. Judge Witham recently received a grant that will allow them to fund a coordinator position that can start tracking program participants.

Rep. Hensley asked for a percentage of program participants who had circumstances involving a firearm surrounding their charge. Ms. Carmichael tentatively confirmed that she could get those numbers.

Chair Goodman then introduced David Strawbridge, Director of Military and Veteran Services at Delaware Technical and Community College. He introduced Jason Stewart, an Iraq War veteran and student at Delaware Technical and Community College. He reminded the task force that most veterans are pretty healthy, then emphasized that it is in DTCC's college DNA to support the veterans that enter the school, whether they are in the credit or non-credit areas.

Mr. Strawbridge told the task force that the certification programs can quickly educate a homeless or underemployed veteran to be a welder, truck driver, or HVAC technician. DTCC created partnerships with Air Force and National Guard with the primary goal of helping veterans transition to civilian life and avoid entering the justice system. Chair Longhurst asked that he connect with Judge Witham to help the veterans involved in the Veterans Treatment Court. He agreed, and stated his appreciation for Delaware's unique ability to solve problems due to its small size and ability for key players to talk. When asked about the largest problem Mr. Strawbridge has seen on campus, he noted that many veterans are intimidated by the difference in age and background between them and the traditional college student.

Chair Longhurst asked Mr. Strawbridge and Mr. Stewart for recommendations on how to keep the conversation going after the work of the task force is complete. Mr. Stewart felt that it was

important for veterans to help veterans from the very beginning, and asked that the task force find ways to expand current programs providing these needed outlets for veterans.

Chair Goodman thanked them for their presentation, and asked Major Murray from the Delaware National Guard to start her overview of National Guard initiatives and challenges. Major Murray explained that the Delaware National Guard has one weekend a month to connect to their members, evaluate their mental health, and deliver any needed support services. Members are also given various screenings and a director of psychological health is assigned to each state. She noted some major programs and organizations:

- Ask, Care, Escort (ACE) Program: An annual requirement assisting members with understanding suicide and preventative.
- ASSIST Training Program: Training in response to suicidal proclamation and resiliency.
- Strong Bonds: Training focusing on a health relationship.
- Substance abuse programs.
- Financial advising programs.
- Delaware Joining Forces

Major Murray noted that attitudes similar to “don’t ask, don’t tell” in regards to mental health are a significant challenge to the National Guard. She has noticed that many will purposely hide signs of suicidal behavior. She felt another significant challenge would be spreading awareness of helpful programs to family members.

Vice-Chair Longhurst asked Major Murray for recommendations to broaden the National Guard’s initiatives. Major Murray felt that marketing of success stories from veterans would assist veterans currently coping with suicidal behavior or thoughts.

William Farley from the Delaware Commission of Veteran Affairs stated that he was constantly looking for ways to help Delaware’s government help others. He felt that coordinating between different organizations and jurisdictions as well as creating a program focusing on the individual veteran was the best possible approach to combatting suicide. David Strawbridge pointed out that similar organizations were coordinating their services, referring to Delaware Joining Forces. Mr. Farley also informed the committee of My VA Communities DE, a program that acted as a liaison between Delaware and the federal government in communicating the state veterans’ specific needs.

Major Murray also noted that another significant challenge lay in helping the highest risk group of veterans between 18 and 24 years of age. They do not actually understand when and how they qualify as a veteran. She reiterated her belief that families of members need to receive more information on the programs available.

Chair Goodman requested that the task force discuss next steps. Vice-Chair Longhurst told task force members that she would be reaching out to everyone as well as drafting potential recommendations to send out before the next meeting. Chair Goodman asked members to send along any ideas, recommendations, or statistics they felt were relevant.

Rick Armitage asked that the task force concentrate on a recommendation focusing on expanding temporary transfer of firearm policies. He felt that people wanted to seek help but would not seek it out due to fear of losing their guns. Chair Goodman agreed, stating that it is an issue that needs to be dealt with through the task force recommendations. She asked that Mr. Armitage email his thoughts and specific suggestions to discuss.

Mr. Armitage and Vice-Chair Longhurst both agreed that members should meet with representatives of the Department of Justice about expansion of the Veterans Treatment Court program.

Pete Rudloff asked Linda Carmichael if there was data available from the Veterans Treatment Court programs in regards to suicide percentage. Ms. Carmichael stated that she would check into his request, noting that many graduates come back to welcome the next class.

Chair Goodman asked the task force to review the minutes and state any changes that need to be made. Pete Rudloff requested that page three of the minutes be changed to accurately reference the Office of National Statistics for his presentation. Vice-Chair Longhurst motioned to approve the minutes and was seconded by Sen. Lopez.

The meeting was adjourned at 12:20 p.m.

Respectfully submitted by: Alexa Scoglietti

Firearm Suicide Prevention Task Force Recommendations:

**Review all proposed recommendations for alignment with the Delaware Suicide Prevention Coalition and the Behavioral and Mental Health Commission governing documents.*

Recommendation 1: Create a subcommittee of the Delaware Suicide Prevention Coalition to be responsible for the implementation of recommendations of this Task Force and ongoing work around firearm suicide prevention as that will include representatives from the firearms industry, the NRA, suicide prevention organizations, suicide survivors, law enforcement, veterans affairs, DSAMH and DPBHS.

Recommendation 2: “Firearm Suicide Prevention Awareness Campaign”-

Develop a robust suicide prevention public awareness campaign targeted at gun owners.

- Recommend use of "Means Matter" educational material. Cathy Barber, Director of “Means Matter” at Harvard University, and Research Manager at the Harvard School of Public Health is an advisor to the American Foundation for Suicide Prevention's [Project 2025](#).
- Messaging in the firearms owning community that suicide is preventable, marketing the crisis call and text line, etc. through pamphlets, posters, etc. that could be distributed or displayed at gun shops, DNREC visitor centers, gun ranges, etc.
- Expand online and in-person training and educational programs.

Recommendation 3: Educate members of the media on the proper ways to report on suicide to reduce risk of copycat behavior. Research shows that how the media reports on suicide can contribute to more suicides especially among young people.

Recommendation 4: Expand the distribution of safe storage devices (VA and DNG are already doing this as part of their prevention efforts)

Recommendation 5: “Voluntary Gun Registry” proposal. Establish a system to allow people in crisis to self-identify and sign up to a registry to block them from purchasing a firearm during their crisis period.

Recommendation 6: Identify short-term firearms storage solutions for people self-identifying as vulnerable to suicide. Identify short-term firearms storage solutions for family members/caregivers, mental health counselors, doctors and law enforcement officers who have identified individuals as vulnerable.

Recommendations related to the mental health interventions provided by Sec. Rita Landgraf:

Recommendation 7- Continue to promote, support and advance trauma informed practices throughout systems and within communities

A growing body of research shows that adversity is so common as to be nearly universal. The prevalence of trauma is one of the reasons we suggest that when working with someone, you assume the presence of current or past trauma. A crisis may cause a level of trauma. **Trauma** is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives

In order to maximize the impact of trauma informed practices, they need to be provided in an organizational or community context that is, based on the knowledge and understanding of trauma and its far-reaching implications.

The public institutions and service systems that are intended to provide services and supports to individuals are often themselves trauma-inducing. These program or system practices and policies often interfere with achieving the desired outcomes in these systems.

That's why it is so important to adhere to that guiding principle: "First, do no harm."

Trauma Informed Practices are those that

- Understand the cumulative impact of trauma
- Creates environments of safety
- Promotes resilience and healing
- Promotes non-judgmental communication – what happened to you rather than what is wrong with you
- Learn about the impact of trauma.
- Assess how it affects the children and adults you serve, and how it is manifested in them.
- Embrace trauma-informed care as a fundamental principle for your organization – a principle that needs to appear in your mission, vision and values statements.
- Implement trauma-focused interventions appropriate to your setting

Guiding Principles of Trauma-Informed Care

1. **Safety** - Throughout the organization, staff and the people they serve feel physically and psychologically safe.
2. **Trustworthiness and transparency** - Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.

3. **Peer support and mutual self-help (Victim/Survivor Services need to include those with lived experience)** - These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.
4. **Collaboration and mutuality** - There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.
5. **Empowerment, voice, and choice** - Throughout the organization and among the public served, individuals' strengths are recognized, built on, and validated and new skills developed as necessary. The organization aims to strengthen the staff's, public members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. This builds on what individuals and communities have to offer, rather than responding to perceived deficits.
6. **Cultural, historical, and gender issues** - The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma

Increasing examples of local level efforts are being documented throughout the country. For example, the City of Tarpon Springs in Florida has taken significant steps in becoming a trauma-informed community. The city made it its mission to promote a widespread awareness of the costly effects of personal adversity upon the wellbeing of the community and how to become a trauma informed community which promotes healing and overall well-being.

Recommendation 8 - Support the work of the Delaware Center for Health Innovation relative to

- **Clinical Scorecard (adding to the assessment for depression, include assess for suicide and method)**

Goal - Primary care practices will document a plan for patients with behavioral health needs.

– Identification criteria: The practice sets specific criteria for identifying patients with behavioral conditions. They may include:

- Diagnosis of a behavioral issue based on behavioral health visits or medications
- Two or more psychiatric hospitalizations in the past year
- Counseling or treatment for substance abuse
- A positive screening result from a standardized behavioral health screen including substance abuse.
- Care plan: The practice has documented approach to developing and

- Updating an individual care plan that includes integration with behavioral health care.

- **Support integration of behavioral health with primary care**

– Access to a behavioral health provider:

The practice can take one of three approaches to ensuring access to behavioral health care:

A documented plan to maintain at least one agreement with a behavioral health provider. A practice must hold an agreement if it shares a facility or campus with the mental health professional but has separate practice management and clinical information systems

A documented plan to integrate with a behavioral health care provider, either partially, such as through co-location with some shared practice management and clinical information systems, or fully, with all systems shared.

Integration of behavioral health care services, such as through colocation with a behavioral health provider with at least some shared

Current Status

More than 30% of primary care providers in Delaware are participating in practice transformation support funded by the State Innovation Models federal grant.

Relative to behavioral health integration with primary care, a one year testing program is scheduled to launch in early 2017, followed by evaluation. The goal of the testing program is proof of concept for behavioral health integration and creation of a best practices resource document that other primary care and behavioral health practices can use to guide future integration.

For More Information

Consensus paper “Integration of Behavioral Health and Primary Care”

<http://www.choosehealthde.com/Providers>



SPONSOR: Sen. Blevins & Rep. Heffernan
Sen. Hall-Long, Sens. Cloutier, Lopez, Poore; Reps.
Bentz, Briggs King, Jaques, Longhurst, K. Williams,
Yearick

DELAWARE STATE SENATE
148th GENERAL ASSEMBLY

SENATE BILL NO. 281

AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO MENTAL HEALTH.

1 WHEREAS, The Delaware Suicide Prevention Coalition was formed in 2004 to address suicide as a critical public
2 health problem; and

3 WHEREAS, the Coalition's mission is to raise awareness that suicide is a preventable public health problem and
4 enable the behavioral health community to reduce suicide ideation across the State of Delaware; and

5 WHEREAS, the Coalition maintains a statewide suicide prevention plan that creates a seamless pathway for
6 interventions and preventative measures for all Delaware residents; and

7 WHEREAS, the Coalition's comprehensive plan is modeled after known best practices and the established goals
8 of the National Suicide Prevention Plan; and

9 WHEREAS, the Coalition includes members from public and private organizations and government agencies; and

10 WHEREAS, the Behavioral and Mental Health Task Force, created by Senate Concurrent Resolution 29 of the
11 148th General Assembly, recommended formalizing the Coalition through codification;

12 NOW, THEREFORE,

13 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

14 Section 1. Amend Title 16, Part V of the Delaware Code by making deletions as shown by strike through and
15 insertions as shown by underline as follows:

16 “Chapter 62: The Delaware Suicide Prevention Coalition.

17 § 6201 The Delaware Suicide Prevention Coalition; mission, composition, organization, and reporting

18 (a) There is hereby established the Delaware Suicide Prevention Coalition, hereinafter in this chapter
19 referred to as “the Coalition.”

20 (b) The Coalition shall review and analyze statistics and patterns related to suicide and suicide attempts,
21 and shall consult with the Division of Public Health to determine the prevalence of suicide, and to

22 implement methods to reduce suicide and attempts. Additionally, the Coalition shall operate in
23 accordance with the State of Delaware Suicide Prevention Plan.

24 (c) The Coalition shall consist of the following members:

25 (1) One representative of the Division of Substance Abuse and Mental Health, to be appointed
26 by the Secretary of the Department of Health and Social Services;

27 (2) One representative of the Division of Prevention and Behavioral Health Services, to be
28 appointed by the Secretary of the Department of Services for Children, Youth and their
29 Families;

30 (3) One representative of the Division of Public Health, to be appointed by the Secretary of the
31 Department of Health and Social Services.

32 (4) One representative of the Department of Correction, to be appointed by the Commissioner of
33 the department;

34 (5) One representative of the Department of Education, to be appointed by the Secretary of the
35 department.

36 (6) One representative of the Delaware Commission of Veterans Affairs, to be appointed by the
37 Chairman of the Commission;

38 (7) One representative of the Delaware National Guard, to be appointed by the Adjutant General;

39 (8) One representative of the Mental Health Association of Delaware, to be appointed by the
40 Executive Director;

41 (9) One representative to be appointed by the Governor.

42 (d) The Coalition shall elect a chairperson from its members.

43 (e) The Coalition shall meet quarterly, and shall hold additional meetings as deemed necessary by the
44 chairperson.

45 (f) The Coalition shall report to the Legislature and the Governor annually with findings and any pertinent
46 recommendations.

47 (g) The Coalition shall be staffed by the Division of Substance Abuse and Mental Health.

SYNOPSIS

This Bill codifies the Delaware Suicide Prevention Coalition.

Author: Senator Blevins

Delaware Suicide Prevention Plan

Goal 6:

Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk

Objectives Strategies

6.1

By 2018: Increase the number of primary care clinicians, other health care providers, and health and safety officials who routinely assess the presence of lethal means (including firearms, drugs, and poisons) in the home and educate about actions to reduce associated risks

6.1.1

Identify a screening tool for primary care clinicians, other health care providers, and health/safety officials to assess the presence of lethal means in the home

6.1.2

Identify guidelines on how to talk to family members about the presence of lethal means in the home

6.1.3

Educate individuals and families about firearm storage and access, and about appropriate storage of alcoholic beverages, prescription drugs, over-the-counter medications and poisons used for household purposes

6.2

By 2018: Advocate for firearm safety, safer methods for dispensing potentially lethal quantities of medications and methods for reducing carbon monoxide poisoning from automobile exhaust systems

6.2.1

Support and sponsor legislative efforts in the improvement of technologies to prevent suicide by lethal means

6.2.2

Distribute information on current topics and support national advocacy efforts in this area

6.2.3

Work with military agencies to establish special projects in an effort to reduce violence with guns

6.3

By 2018: Expose a large number of households to public information campaign designed to reduce accessibility of lethal means

6.3.1

Educate individuals and families about limiting access to lethal means (e.g., firearms and substance use, including prescription drugs)

6.3.2

Use multiple strategies to communicate the message through posters and pamphlets, videos, bus signs and billboards, and other media

Delaware Suicide Prevention Plan

6.3.3

Share findings among coalition members regarding trends in lethal means (e.g., the Child Death, Near Death and Stillbirth Commission reports an increase in the use of prescription drugs among youth)

6.3.4

Take action to address newly identified trends through strategies such as education and communication

Other States Public Awareness Campaigns:

LOS ANGELES

----- Forwarded Message -----

From: Margot Bennett <mbennett@wagv.org>

Sent: Tuesday, February 7, 2017 3:27 PM

Subject: Los Angeles City motion

I've attached the Los Angeles City motion (it was signed last week) that requires gun stores and ranges to post information about suicide prevention. It is now in the Public Safety Committee and we are looking forward to a speedy process. We are lucky in Los Angeles City and California that we don't have to rely on voluntary means to get this information out to gun purchasers considering suicide. (We don't believe a person's life should depend on where they purchased their gun.)

LAPD is very enthusiastic about this proposed ordinance and one of our Board Members who is a Commander with LAPD is looking forward to other local cities following suit.

Because there are few gun stores and ranges in Los Angeles, Women Against Gun Violence has offered to design, print, and distribute the materials. We hope this will avoid the whole "financial impact on small business owners by an overreaching government" argument.

Margot
Women Against Gun Violence

TEXAS

From: GEORGE HIGGINS [<mailto:irmc@verizon.net>]

Sent: Thursday, February 09, 2017 6:40 PM

To: Lisa Goodman; Longhurst, Valerie (LegHall)

Cc: Vella, Lauren (LegHall); Emily Coggin Vera

Subject: Firearm Suicide Prevention Task Force

I received the attached from my colleague Andrea Brauer, Executive Director, Texas Gun Sense. This is a draft of the suicide prevention bill being prepared for introduction in the Texas State House. There will be one change to the attached as highlighted here:

Section 3.

Subsection (b)

... the risk of suicide among various age groups, and veterans, and the importance of safely storing firearms or removing them from the home when a person is at risk of suicide.

The attached Texas Firearm Safety and Suicide Prevention bill formalizes the *Means Matter* program and is consistent with the *Gun Shop Project* noted in my previous presentation and submissions to our Task Force. Similar policy for Delaware is worthy of our consideration.

With thanks,
George

MOTION

Suicide is a significant cause of death in the United States, and is the second leading cause of death for persons aged 15-34. Suicidal individuals would often benefit from talking with a mental health professional, or simply calling a suicide prevention hotline. However, many individuals who are suicidal do not know that resources are available that can help them make the decision to not end their life.

Firearms play a significant role in suicide in the United States, with suicides making up two-thirds of all gun-related deaths in the country. While firearms are not the most common method used by those attempting suicide, they are the most lethal, with 85 percent of suicide attempts using firearms resulting in death. Every day, an average of 49 suicides are committed by individuals utilizing firearms, and suicide is the leading cause of death among Californians who have purchased a firearm within a year.

While California has stringent background check requirements on gun purchases, lawful firearm vendors utilizing these standards can still miss the signs that someone is suicidal. In an effort to address this and in an attempt to publicize suicide prevention information, the City should require that gun stores and firing ranges display suicide prevention posters in a conspicuous location inside their business, much like other required signage. This type of signage would make no statements on firearm ownership or even touch on gun control, but would make sure that individuals who may be contemplating ending their lives know that they can always talk to someone.

I THEREFORE MOVE that the Council request the City Attorney's Office to prepare and present an ordinance that would require all gun stores and firing ranges to display posters with suicide prevention information, including a suicide prevention hotline number, in a conspicuous place inside their business.

PRESENTED BY _____

PAUL KORETZ
Councilmember, 5th District

SECONDED BY _____

By: _____

____.B. No. _____

A BILL TO BE ENTITLED

1 AN ACT

2 relating to the provision of information regarding firearm safety
3 and suicide prevention.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

5 SECTION 1. Section 411.188(b), Government Code, is amended
6 to read as follows:

7 (b) Only qualified handgun instructors may administer the
8 classroom instruction part or the range instruction part of the
9 handgun proficiency course. The classroom instruction part of the
10 course must include not less than four hours and not more than six
11 hours of instruction on:

12 (1) the laws that relate to weapons and to the use of
13 deadly force;

14 (2) handgun use and safety, including use of restraint
15 holsters and methods to ensure the secure carrying of openly
16 carried handguns;

17 (3) nonviolent dispute resolution; ~~and~~

18 (4) proper storage practices for handguns with an
19 emphasis on storage practices that eliminate the possibility of
20 accidental injury to a child; and

21 (5) the information described by Section 411.189(a).

22 SECTION 2. Section 411.190(b), Government Code, is amended
23 to read as follows:

24 (b) In addition to the qualifications described by

1 Subsection (a), a qualified handgun instructor must be qualified to
2 instruct persons in:

3 (1) the laws that relate to weapons and to the use of
4 deadly force;

5 (2) handgun use, proficiency, and safety, including
6 use of restraint holsters and methods to ensure the secure carrying
7 of openly carried handguns;

8 (3) nonviolent dispute resolution; ~~and~~

9 (4) proper storage practices for handguns, including
10 storage practices that eliminate the possibility of accidental
11 injury to a child; and

12 (5) the information described by Section 411.189(a).

13 SECTION 3. Subchapter H, Chapter 411, Government Code, is
14 amended by adding Section 411.189 to read as follows:

15 Sec. 411.189. FIREARM SAFETY AND SUICIDE PREVENTION
16 INFORMATION. (a) The department shall post the following on the
17 department's Internet website:

18 (1) information regarding:

19 (A) the importance of an owner of a firearm
20 safely storing the firearm, particularly when a member of the
21 owner's family or household is at risk of causing harm to himself or
22 herself or others;

23 (B) the warning signs that a person is at risk of
24 harming himself or herself or others; and

25 (C) the impact that firearm accessibility has on
26 the rate of suicide in this state occurring through the use of a
27 firearm; and

1 (2) the phone number for a 24-hour suicide prevention
2 hotline.

3 **(b)**  The department shall also include on the department's
4 Internet website information regarding the risk of suicide among
5 veterans and persons who are 10 years of age or older but younger
6 than 35 years of age and regarding the importance of safely storing
7 firearms around a person who has been identified as suicidal.

8 (c) The department may provide the information described by
9 Subsection (a) to:

10 (1) a person who is a licensed firearms dealer under 18
11 U.S.C. Section 923;

12 (2) an owner or operator of a sport shooting range, as
13 defined by Section 250.001, Local Government Code; or

14 (3) a promoter or operator of a gun show.

15 SECTION 4. Subchapter B, Chapter 531, Government Code, is
16 amended by adding Section 531.02493 to read as follows:

17 Sec. 531.02493. FIREARM SAFETY AND SUICIDE PREVENTION
18 INFORMATION. (a) On the commission's Internet website the
19 commission shall post information regarding the importance of an
20 owner of a firearm safely storing the firearm, particularly when a
21 member of the owner's family or household is at risk of causing harm
22 to himself or herself or others.

23 (b) The commission shall also include the information
24 described by Subsection (a) on any portion of the commission's
25 Internet website that provides information primarily to veterans or
26 persons who are 10 years of age or older but younger than 35 years of
27 age and their parents.

1 (c) The commission may provide the information described by
2 Subsection (a) to:
3 (1) a person who is a licensed firearms dealer under 18
4 U.S.C. Section 923;
5 (2) an owner or operator of a sport shooting range, as
6 defined by Section 250.001, Local Government Code; or
7 (3) a promoter or operator of a gun show.

8 SECTION 5. This Act takes effect September 1, 2017.

Gun Stores Hear a Bold Pitch at Top Firearms Trade Show: Suicide Prevention

[thetrace.org/2017/01/suicide-prevention-nssf-shot-show-project-2025/](https://www.thetrace.org/2017/01/suicide-prevention-nssf-shot-show-project-2025/)

1/24/2017



Dr. Christine Moutier, medical director for the American Foundation for Suicide Prevention, discusses an initiative with the National Shooting Sports Foundation to prevent suicide at the 2017 Shot Show. [Photo: AP Photo/Lisa Marie Pane]

New offerings abounded at the 2017 SHOT Show, the industry's largest annual trade event, hosted last week by the National Shooting Sports Foundation in Las Vegas. But among the rows of retailers hawking the [latest models](#) of firearms and tactical gear, there was one surprising addition to this year's convention: a delegation from the American Foundation for Suicide Prevention. They had come to promote a unique partnership with the show's organizers on a nationwide suicide prevention program with the ambitious goal of stopping nearly 10,000 deaths in the next decade.

"It's really important that this kind of message is given from the gun owning community, to the gun owning community," said Cathy Barber, a suicide prevention expert at Harvard University's T.H. Chan School of Public Health, who called the venue for the presentation "incredibly significant."

Project 2025 is a collaboration between AFSP, the country's largest suicide prevention organization, and the NSSF, which represents thousands of gun retailers and manufacturers across the country. The partnership is intended to educate gun shop owners and shooting range operators on the risk factors and warning signs of suicide, and to provide guidance for family members who wish to restrict access to firearms from a loved one in crisis.

As The Trace [has reported](#), the organizations have been testing the program in four states — Alabama, Kentucky, Missouri, and New Mexico — since August. Appearing together on the SHOT show stage, NSSF President Steve Sanetti and AFSP Chief Medical Officer Christine Moutier announced the rollout of Project 2025 in all 50 states.

"Suicide is one area that we have not touched on in the past," Sanetti [said at the launch event](#).

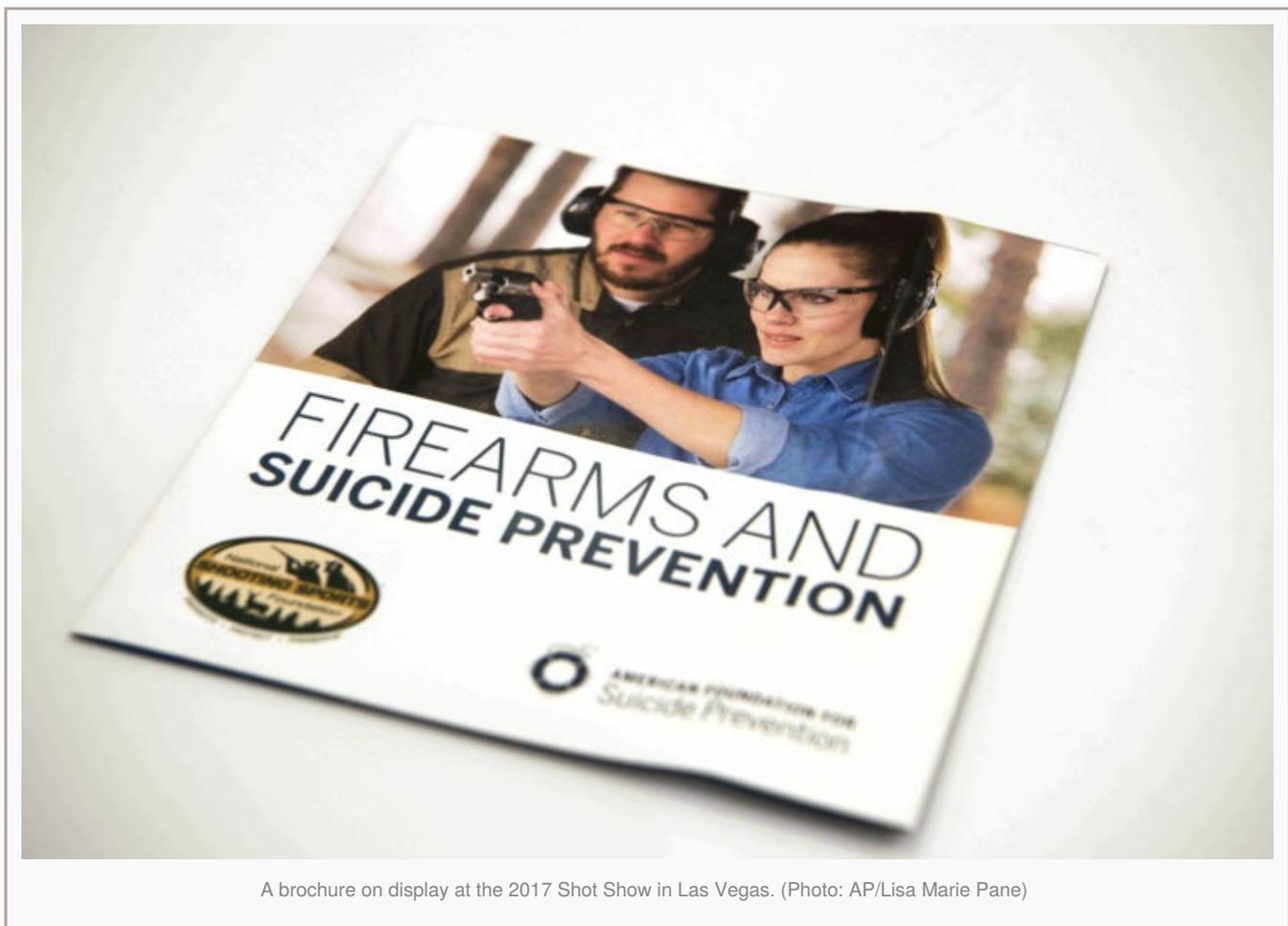
More than half of all suicides in the United States are carried out with a firearm, and gun suicides make up the majority of fatal shootings. In 2015, nearly two-thirds of all gun-related deaths in the country were by the shooter's own hand, [according to an analysis by](#) the Centers for Disease Control and Prevention.

Historically, gun-rights groups have distanced themselves from suicide prevention efforts, reluctant to acknowledge that the presence of guns in a home increases mortality risks. Some gun rights advocates take it further, arguing that suicides should not even be counted alongside other types of gun deaths. Their thinking, as [outlined](#) by *National Review's* Charles C. W. Cooke, is that "suicides and murders are not morally comparable."

Suicide prevention programs often call for removing access to the means of self-harm, and are seen by some gun-rights activists as a cover for eventual government confiscation of firearms. Moutier, the AFSP's representative, sensed skepticism from the crowd at the SHOT Show.

"They wanted to know, is this really not about removing firearms from the home?" she said. "So we were able to address and clarify exactly what this initiative is and what it isn't."

To head off concerns about Project 2025, officials from both organizations worked carefully on the language included in the program's [educational materials](#). A brochure stresses that restricting a person's access to firearms while he or she is at risk for self-harm is a temporary measure, and put an emphasis on storing weapons securely.



"This initiative is starting with the reality that guns are in one-third of American homes so, given that, what can they do to keep someone safe?" Moutier said. "We're simply saying have that caring conversation that should include offering to help them secure their firearms temporarily if they're having this crisis."

Tailoring Project 2025's message for gun owners has been crucial, according to Barber, the Harvard researcher.

“When you use a phrase like ‘removing a gun from the home,’ that’s very different than talking about choosing to store your guns away from home while somebody is at risk,” she says. “Removal sounds somehow like, ‘Wait a minute: is this an authority making a decision?’ If it’s cast in the framework of people making decisions that are in their interest, and in their family’s interest, about where they’re storing their guns, then it’s easier to have that conversation.”

Local chapters of Project 2025 are set to distribute brochures with the NSSF’s logo to gun shop owners and shooting range operators. The organizers hope the materials will be distributed to customers and training-course enrollees. At the news conference, Sanetti [encouraged gun retailers to be proactive](#) in acquiring the materials.

“The messages couldn’t be perceived in any way as anti-firearm,” he [said](#). “And we know that a lot of people in the medical community, unfortunately, sincerely believe the only safe home is a home without a gun.”

Overall, Moutier said she was pleased with the reception at SHOT Show.

“I thought maybe we would have to prove ourselves,” she said. “But it wasn’t like that. The moment that we started saying that we share an interest, they were incredibly welcoming of us.”

A key test for Project 2025 as it expands nationwide will be whether it can sustain the cooperation from gun stores that it found during its pilot phase. One of the several dozen gun retailers who participated in the program’s first wave asked for a thousand brochures, rather than the 50 he was initially offered. He said he wanted to put one in every customer’s bag. In New Mexico, in addition to distributing materials to gun shops and shooting ranges, AFSP members set up their own table at a gun show. Attendees reacted with a “mixture of surprise and curiosity,” Moutier said. “Lots of people who have experienced a suicide loss would come up to the table and say ‘Thank you, I’m so glad that you’re here.’”

Still, some gun retailers remain reluctant to step into a role they think should be left to mental health professionals. Moutier said she is confident that the holdouts can be won over.

“Now that we’ve been living in this space for a while,” she said, “it has become so much more clear that there is a common ground.”

RECOMMENDATIONS

For Reporting on Mass Shootings



ABOUT THE RECOMMENDATIONS

The recommendations address how media covers an incident where a person (or a small group) shoots multiple others in a public setting. The tragedies at Columbine, Virginia Tech, Aurora and Orlando are examples of mass shootings. These recommendations are not intended to address gang violence or murder-suicide (i.e. intimate partner violence).

This consensus project was led by SAVE and included national and international experts from AFSP, the CDC; Columbia University; IASP Media Task Force; JED; NAMI-NH; SPRC; and multiple media industry experts.

GENERAL INFORMATION FOR REPORTING

- How you report on violence (mass violence, domestic violence, suicide) may influence and impact others.
- Minimize reporting on the perpetrators as others might identify with or be inspired by them.
- Avoid putting photos of the perpetrator side by side with a victim.
- Use the perpetrator's photo sparingly, especially in follow-up stories, except if police are still looking for the perpetrator or for other victims.
- Avoid reporting that increases misunderstanding and prejudice of mental illness and include information about treatment and prevention. A mental health diagnosis is not necessarily or causally related to violence.
- Do not oversimplify or sensationalize the incident because it may encourage people who may seek notoriety. (e.g. do not say, "The deadliest incident since Columbine.")
- Report on victims and how communities and the nation can mobilize to support victims and prevent future shootings.
- Avoid stigmatizing the community where the incident occurred or the people targeted by the perpetrator.
- Remember that families, including those of the perpetrator, are deeply affected and traumatized by the incident. Be sensitive when conducting interviews.

TOP 3 THINGS WE WANT YOU TO KNOW

1. Research shows that the manner in which media reports on mass shootings can contribute to contagion (copycat behavior). Responsible reporting can reduce risk.
2. The majority of people who live with a mental health condition are non-violent. Also, those who carry out mass shootings oftentimes have not been formally diagnosed with a mental health condition.
3. Responsible reporting on mass shootings can educate the public and reduce the risk of future violence.

HARMFUL MEDIA COVERAGE CAN:

- Provoke copycat incidents by people who may see the perpetrators as models or heroes.
- Further traumatize survivors, families and communities.
- Increase prejudice and stigmatization against people living with a mental illness.
- Deter people who have a mental illness from seeking or accepting help.

HELPFUL MEDIA COVERAGE CAN:

- Educate the public, helping them recognize and respond to individuals who may be considering a violent act.
- Comfort survivors, families and communities – including families of the perpetrators.
- Inform the public about warning signs of distress or potentially violent behaviors.
- Encourage people to seek help for themselves or others who might be at increased risk of harmful acts.

INSTEAD OF THIS

- Reporting that a mental illness caused the shooting.
- Reporting that one problem led to the incident.
- Stating the perpetrator's name frequently.
- Portraying the shooter as heroic, romanticized, a victim, or a tortured soul.
- Including witness statements that the shooter acted "crazy" or "insane".
- Speculating or allowing sources to speculate on the mental health condition of the perpetrator.
- Showing graphic images of the crime scene.
- Speculating on a motive with law enforcement, family, co-workers, etc.
- Showing images of the shooter with weapons or dressed in military-style clothing.

DO THIS

- Report that most who live with a mental health condition are non-violent.
- Explain that many factors contribute to a mass shooting.
- Present facts about the shooter and describe their behavior as illegal and harmful.
- Include witness statements describing what the shooter did in an objective manner.
- Consult experts to comment on mental illnesses.
- Explain that violence is complex and typically involves more than one motive.
- Be sensitive and cautious using visual images.
- Talk about the victims and their stories.
- If using photos of the perpetrator, show only the face and crop out weapons, uniforms and other visual elements that might inspire copycats.

WARNING SIGNS OF MASS SHOOTINGS

- **Surveillance behaviors (casing a scene).**
- **Explicit verbal or written threats about plans to harm or kill others.**
- **Expressing admiration or identification with another perpetrator of violence.**
- **Online searches for weapons and obsessions with acquiring large quantities of guns and/or weapons.**
- **Expressed fantasies or thoughts of engaging in shootings and other violent behaviors.**

REPORTING ON A MANIFESTO

- Does using it add to the story?
- Only quote a manifesto, social media or other writings when it adds important information to the story.
- Use drawings and graphic material sparingly. Avoid images that glorify violence.

A NOTE ON SUICIDE BOMBERS AND MASS SHOOTINGS

- There is no such thing as a "suicide bomber" or "suicide attack."
- Suicide is defined as **self-directed** violence (CDC).
- So called suicide bombers are intent on murdering others; consider instead saying "terrorist," "homicide bomber" or "mass killer."

PUBLIC SERVICE

- Include a tagline in your story: "For help with emotional distress and/or suicidal thoughts, call 1-800-273-TALK (8255)."
- Crisis Text Line: "Text HELLO to 741741."



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February 14, 2017

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RE: Help Prevent Gun Suicide Proposal

Dear Senators Henry, Townsend, and Marshall,

Thank you for your prior efforts on sensible gun control.

I am writing to seek your assistance in introducing legislation to reduce the prevalence of gun suicide in the state of Delaware.

The enclosed “No Guns Registry Act” would give people who are vulnerable to suicide the option to voluntarily and confidentially waive their right to possess and purchase firearms by adding their names to a No Guns Registry. In 2013, 21,175 people nationwide, including 60 people in Delaware, committed suicide with a firearm. A “No Guns” registry could save over a dozen lives each year. Bills implementing versions of our proposal have just been introduced in the Tennessee and Washington state senates.

Polling shows that at-risk populations are willing to waive their rights to purchase and possess firearms. University of Alabama School of Law professor Fred Vars and I have conducted surveys indicating that more than 40% of people who have been previously diagnosed with a mental illness express a willingness to register to waive their right to bear arms. During moments of clarity, many people realize that they are at risk of doing harm to themselves or others. This proposal would allow registrants to voluntarily constrain their future behavior and reduce the likelihood of gun suicide.

Federal law allows individual states to create additional categories of individuals whose names are added to the National Instant Criminal Background Check System (NICS) list. With the “No Guns Registry Act”, Delaware would forward the names of any individuals who registered to the FBI for inclusion on the federal NICS list. Gun dealers across the country who are required to query the NICS list before a sale would then be barred from selling a weapon to any registrant.

Registrants who change their mind could return to the Internet registry and simply deregister. They would automatically regain the right to purchase firearms after three weeks. Most suicides are impulsive. Allowing automatic but delayed deregistration preserves the voluntary nature of waiver while reducing the likelihood of suicide, as the impulse for self-harm often is not sustained for 21 days.

The registry gives healthcare professionals an important new tool to combat firearm suicide by guiding at-risk patients and their loved ones to commit to gun-free environments. The proposed registry would give the registrants the option of providing the registry with the email address of a healthcare provider so that the registry could notify the provider that a registrant had waived his or her right to possess or purchase firearms. Physicians included on a registrant’s email list would also be warned by the registry if the registrant subsequently sought to deregister.

I’ve enclosed with this letter a draft “No Guns Registry Act” as well as a January 18th *Washington Post* op-ed about the proposal that was written by my coauthor, Fred Vars. Fred and I have also drafted a 20k-word law review article which describes and defends the idea in greater detail.

If possible, I would love to discuss the possibility of moving forward with the introduction of the “No Guns Registry Act.” My cell is 203 415 5587. I’d be happy to talk anytime or you can email me at ian.ayres@yale.edu.

Sincerely,



Ian Ayres

Encl: No Guns Registry Act

Fred Vars, A Gun Registry That Could Prevent Suicide, WASH. POST (Jan. 18, 2017)

A gun registry that could prevent suicide

By **Fredrick Vars** January 18

Fredrick Vars is a professor at the University of Alabama School of Law.

Two-and-a-half years ago, Cheryl Hanna had many reasons to be happy. She was 48, a successful Vermont law professor and married with two children. But Hanna was privately battling severe depression. In the days leading up to her suicide, she had twice voluntarily admitted herself to a hospital for psychiatric treatment. Shortly after her second hospitalization, she legally bought a handgun and used it the next day to kill herself.

People at risk for suicide, like Hanna, should have the option to make it more difficult for themselves to buy a gun during a suicidal crisis. What if we allowed people to put their own names into the existing federal background check system and thereby prevent themselves from buying a gun from a licensed dealer? The signup process — whether by mail or online — would be voluntary and confidential and require identity verification. People could have their names removed from the system by request, with a waiting period to ensure adequate deliberation.

This simple proposal could save lives. More than 20,000 gun suicides occur each year in the United States, hundreds committed with recently acquired weapons. One study found that the rate of firearm suicide was 57 times higher among recent handgun buyers than among the general population. Many suicides are impulsive, and most people who survive an attempt change their minds. With a gun, there is seldom a second chance. So it is not surprising that mandatory delays in buying a handgun are associated with lower suicide rates.

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Many people at high risk would sign up for the proposal. For a paper e-published Oct. 5 in the journal *Suicide and Life-Threatening Behavior*, my co-authors Karen Cropsey, Cheryl McCullumsmith, Richard Shelton and I surveyed 200 inpatients and outpatients receiving psychiatric care at the University of Alabama at Birmingham. We reported that 46 percent of participants said they would be willing to put their names on a “no guns” list. Presumably, they would do so because they fear impulsive gun suicide. This suggests that perhaps millions of volunteers would register for the proposal and hundreds of lives could be saved each year.

We did not expect so many volunteers, particularly in Alabama, where gun rights are important to a high percentage of people, but in retrospect this should not have been surprising. People seeking treatment for mental illness understand that they are at high risk of suicide. Almost all would rather live than die. That so many would want to put firearms further out of reach is understandable and a powerful expression of their autonomy and will to live.

Significantly, this proposal has the potential to save lives at little cost. The federal background check system is already operating and funded. The only new permanent expense would be processing signups and removals. A simple federal statute could implement the proposal nationwide, but it could also work at the state level.

Because the proposal is voluntary and confidential, it would not raise any serious constitutional concerns. This is not gun control; it is self-control. The Second Amendment gives us a right to bear arms for self-defense. For some people, self-defense means keeping firearms at a safe distance.

Cheryl Hanna was one of those people. Her suicidal impulses were the motivation for her voluntary hospitalizations. She had sat in her car in the parking lot of gun shop a couple of weeks before her death, contemplating the very course of action she eventually couldn't resist. When asked about this proposal, Hanna's husband, Paul Henninge, said: "I think she would have signed up for this in the last two months of her life. I know she had her good days. And I think she would have done that."

People who fear suicide should have this option. Help them help themselves.

Read more on this issue:

[Jennifer Stuber: My awkward call with the NRA after my husband's suicide](#)

[Webster and Daniels: Allowing guns on campus will invite tragedies, not end them](#)

[DeFilippis and Hughes: Three common-sense gun policies that would save lives](#)

[E.J. Dionne Jr.: How America can free itself from guns](#)

[Matthew Nock: Five myths about suicide](#)

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No Guns Registry Act

SYNOPSIS: Under current law, people who fear that they may become a risk to themselves or others are not allowed to restrict their legal ability to purchase firearms.

This bill would authorize people to add their own names into the background check system to protect themselves and others against impulsive gun violence.

BE IT ENACTED BY THE LEGISLATURE OF [STATE]:

Section 1. [The STATE AGENCY RESPONSIBLE FOR NICS REPORTING] within one-year of the passage of this Act shall develop and launch a secure Internet-based platform to allow any person in the United States to register to add their name to the “[STATE] No Guns Registry.”

- (a) The [AGENCY] shall assure that this Internet-based platform credibly (i) verifies the identity of any persons who opt to register, (ii) prevents unauthorized disclosures of any registering persons, and (iii) informs the individual of the legal effects of registration.
- (b) In addition, the Internet-based platform shall allow registered individuals to include at the time of registration or thereafter one or more email addresses. The platform shall be programmed to notify any such addressees that the individual has registered his or her name with the “[STATE] No Guns Registry” and has thereby waived his or her right to bear arms, and the platform shall also be programmed to notify any such addressees if the individual subsequently seeks to rescind his or her waiver. Providing email contact information constitutes an express authorization of such use of records.

Section 2. Once the Internet-based platform becomes operative, any person may request via the platform to be added to the “[STATE] No Guns Registry.” The [AGENCY] shall on an ongoing basis forward registry information to the Federal Bureau of Investigation to be entered into the NICS Index Denied Persons File, and to any other state that adopts an analogous “No Guns Registry.”

Section 3. Registering for the “[STATE] No Guns Registry” or registering in any other state that adopts an analogous “No Guns Registry” renders possession of a firearm illegal in [STATE]. If a person is in the NICS due to registering in [STATE] or in another state, receipt of a firearm from a person or entity required to perform a background check violates [STATE] law. Knowing possession of a firearm by a person validly registered on the “No Guns Registry” is punishable by a fine and/or imprisonment for no more than one year.

Section 4. A person requesting to be added to the “[STATE] No Guns Registry” may subsequently request that his or her name be removed from the registry by a secure method conveyed to the [STATE]’s Internet-based platform. The [AGENCY] shall wait twenty-one days

after receipt, before notifying the FBI to remove the requesting person from the NICS Index Denied Persons File and then the [AGENCY] shall purge any and all records of the sign-up, transactions, and removal.

Section 5. (a) In employment, education, government benefits, contracting, it shall be illegal to inquire whether an individual under this Section has requested to be added to or removed from the “[STATE] No Guns Registry” and it shall be illegal to take action based such information. However, notwithstanding the foregoing prohibition, it shall not be illegal for an insurer with regard to life, home-owners or renter’s insurance to inquire or base the terms, premia or issuance of insurance on the basis of such information. Nor shall it be illegal for a cotenant, landlord, homeowner’s association, or condominium association to condition terms of ownership, tenancy, occupancy, or status as an invitee on such information. (b) Individuals or organizations who learn, from the “[STATE] No Guns Registry” or otherwise, the identity of someone who has requested to be added to or removed from the registry shall have a duty not to disclose that information to others unless the individual or organization receives separate non-registry authorization from the waiving individual to share that information.