

**Testimony**  
**House Bill 1241 – Department of Human Services**  
**House Energy and Natural Resources Committee**  
**Representative Todd Porter, Chairman**  
**January 22, 2015**

Chairman Porter, members of the House Energy and Natural Resources Committee, I am Dr. Andy McLean, Medical Director of the Department of Human Services (Department). I am here representing the Department in opposition to Section 4 of House Bill 1241.

Section 4 reads:

***SECTION 4.*** *A new section to chapter 62.1-02 of the North Dakota Century Code is created and enacted as follows:*

***Medical worker prohibited from firearms inquiry - Penalty.***

*A person providing medical or health care services for which that person is licensed or another person providing services for that person may not inquire of a patient about the patient's ownership or possession of firearms that are not in the present and immediate possession of the patient. A violation of this section is an infraction.*

I am a native North Dakotan and a board certified psychiatrist who has practiced medicine in this state for decades.

We know that one of the favorite past times of North Dakotans is the enjoyment of the outdoors, including hunting and fishing activities that many families cherish together.

We also know that some North Dakotans have the same mental health issues as those in any other state. Whether those issues include depression, severe emotional stress or psychosis, we know that, for those living with mental health issues, there can be particular times of risk of harm to self or others. It is the role of the medical professional (as well as others trained in areas of substance abuse and mental health) to ascertain risk, keeping in mind the individual's rights, as well as the safety of the individual and society.

Many individuals who are struggling with mental health issues can have poor decision-making capacity, or be impulsive. Add alcohol or other substances to that, (or a yet to be fully developed brain, i.e. teens/young adults) and you increase the risk.

Some information:

The number of firearm deaths by suicide far outweighs that of homicide, and firearms are the number one method for suicide in the United States, with a lethality of 85%, vs. 3% for overdose.

A 2001 study was done in Houston of people ages 13 to 34 who had survived a near-lethal suicide attempt. Asked how much time had passed between when they decided to take their lives and when they actually made the attempt, a startling 24 percent said less than 5 minutes; 48 percent said less than 20 minutes; 70 percent said less than one hour; and 86 percent said less than eight hours.

As you can see there can be windows of time, often very brief, in which people make what a colleague wrote of as "The Forever Decision."

All best-practice suicide prevention approaches, including those used in both civilian and VA/Military populations have as a major component the reduction of access to lethal means for those at significant risk.

When a pediatrician asks about preventative care, including bicycle helmet use, child car seats, or medications or firearms in the home being out of reach/access, that is good practice. When a psychiatrist or Emergency Room physician is trying to ascertain the level of suicide or homicide risk in an already identified higher risk individual, it is not only best practice, but necessary, to inquire about firearms, as well as the individual's access to other potential lethal means.

The ability of a provider to ask a patient about access to firearms is not limited to mental health providers. We know that the majority of mental health treatment is not done by mental health professionals, but by primary care providers. My father, a rural North Dakota family practitioner, always told me that about half of what he did was mental health work. There is a formal movement in medicine toward the integration of primary care and behavioral health, with primary care providers utilizing screening tools for chronic illnesses, including depression. In many cases, asking follow-up questions is necessary to ascertain risk.

Chairman Porter and Members of the committee, the Department requests your consideration to remove Section 4 from House Bill 1241: which would allow medical providers to appropriately evaluate the risk of a patient making "The Forever Decision."

Thank you. I would be happy to answer any questions.