



**Senate Bill 784 – Senate Amended  
Comprehensive Community Safety Funding Act  
UNFAVORABLE**

In concept Senate Bill 784 is a clone of California Assembly Bill 28, which imposed an 11% tax that applies to gross receipts from retail sales of ammunition, firearms, accessories, and parts which was signed into law on September 26, 2023, by Governor Gavin Newsom.

As amended in the Maryland Senate, SB 784 now contains a combined “sales and use” tax of 11% on firearms, ammunition, and multiple undefined and/or vaguely defined products. It is difficult to believe the new tax definition is anything more than an effort to avoid the expected legal challenges should SB 784 become law.

The bill’s proponents include groups who support any bill which discourages, restricts or bans the legal ownership of firearms. These same groups claim the funds are necessary to support the Shock Trauma Center. The logical disconnect is obvious: If funds are needed and a new tax on firearms and accessories is the funding source, how is their agenda not self-destructive? The answer is simple. The proponents are more concerned with ultimately banning firearms and the proposed new tax is just another means to their desired goal.

Dealers are not enjoying the profit margins the proponents seem to believe. The cost of the proposed 5% use tax on top of the current 6% sales tax will increase the cost of doing business and that increase will be paid by the targeted consumers.

The increased costs will have a cascading negative impact on the State’s economy. State income from sales tax, corporate income tax, and personal income tax will see a decline as consumers purchase out of state and by mail order to avoid the proposed punitive excise tax. Some businesses will close, jobs will be lost, businesses such as lodging, restaurants, clothing stores etc., which benefit from revenue relating to hunting and the shooting sports will see a decline in income.

Senate Bill 784  
Unfavorable

The cascading result will be across the board reduction in corporate and personal income tax revenue across the entire state. This tax is regressive in nature and will have a disproportional impact on those of lesser financial means.

There is ample evidence that “gun tax” schemes do not produce the windfall of revenue the proponents claim. See attachment.

It should be noted the majority of shock trauma cases are due to falls and automobile accidents. According to Shock Trauma’s own literature, only 21% are violence related and not all are firearms related injuries. See attachment.

Maryland legislators should be wary about following California’s lead. Recent reports indicate that California leads the nation in the number of citizens fleeing to states with more freedom and lower taxes.

We respectfully request an unfavorable report on Senate Bill 784.

John H. Josselyn  
2A Maryland  
03/26/2024

Local Politics

# The Seattle Times

## Seattle's gun tax raised \$93,000 last year

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This 2012 photo shows a Seattle gun shop. Around the time the City Council passed the tax in 2015, there were two stores in Seattle dedicated to gun sales. Now there are none. (Elaine Thompson/AP) [Less](#) ^

**The total for 2017 was less than in 2016, when the tax raised about \$104,000. The City Council established the tax to fund gun-violence research at Harborview Medical Center.**

Attachment #2 SB\_784\_Opposition\_Testimony\_2A\_Maryland



By [Daniel Beekman](#)

*Seattle Times staff reporter*

Seattle collected \$93,000 from its gun-and-ammunition tax in 2017, down from about \$104,000 collected in 2016, when the tax took effect.

Sellers paid the tax this past year on 1,929 firearms and about 1.1 million rounds of ammo, according to the Department of Finance and Administrative Services.

The last quarter of 2017 was the busiest of the year, with sellers paying the tax on 576 guns and nearly 289,000 rounds of ammo.

Sellers covered by the tax include individuals, sporting-goods stores and pawnshops. Around the time the City Council passed the tax of \$25 per firearm and 2 to 5 cents per round of ammunition [in 2015](#), there were 40 federal firearms licensees in the city, including two brick-and-mortar stores dedicated to gun sales.

As of December, there were 32. The stores dedicated to guns have closed.

The council established the tax to fund gun-violence research at Harborview Medical Center, saying treatment of gunshot victims there costs taxpayers many millions of dollars each year.

The city [waited to spend](#) the revenue, because of [a lawsuit](#) by local gun owners and gun sellers, plus the National Rifle Association, the Bellevue-based Second Amendment Foundation and the National Shooting Sports Foundation.

While the lawsuit was active, city officials kept the tax money in a holding account. To support the Harborview program while there was no tax revenue, the council allocated money from the city's general fund.

After a study found that gunshot survivors were 21 times more likely than people hospitalized for other reasons to return with another gunshot wound, researchers now provide some gunshot survivors with services ranging from substance-abuse and mental-health treatment to job assistance.

[In August](#), the state Supreme Court ruled for Seattle in the lawsuit, upholding a lower-court ruling and freeing the city to start spending the tax money.

Rather than use the 2016 and 2017 revenue to pay back the general fund for money already spent on the Harborview program, Mayor Jenny Durkan wants to use it to

sustain the program going forward and plans to present the council with a proposal to do that, spokeswoman Kamaria Hightower said.

“Research shows that those who survive gunshots are at a heightened risk of becoming a victim again, and the program is designed to end this cycle of violence,” Hightower said in a statement.

“Over 100 gunshot-wound victims have been enrolled so far, and the program will enroll around 300 patients in total through the end of 2018.”

The tax has raised far less than expected. When it was adopted in 2015, then-Councilmember Tim Burgess said the city projected the tax would raise \$300,000 to \$500,000 a year.

The city initially withheld information on how much the tax had raised in 2016, [citing concerns about taxpayer privacy](#).

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# R ADAMS COWLEY SHOCK TRAUMA CENTER

UNIVERSITY OF MARYLAND

## FACTS

For more than 50 years, the R Adams Cowley Shock Trauma Center has been a worldwide leader in trauma care. Shock Trauma is the heart of Maryland's exceptional Emergency Medical Services (EMS)—the first coordinated system in the country and a national model of excellence. To date, more than **200,000 people** have been cared for at Shock Trauma.



### WHEN LIFE IS ON THE LINE...

“The R Adams Cowley Shock Trauma Center is Maryland’s Primary Adult Resource Center (PARC) serving more than 6,000 critically ill and severely injured people each year. These are people who get up each day, leave their home for work or school and end up here at Shock Trauma. Our team is committed to giving every person a second chance.” **THOMAS M. SCALEA, MD, FACS, MCCM**



**WE HEAL** At one of the **highest-volume trauma centers in the United States**, teams of providers are standing by 24/7 to receive, resuscitate, stabilize and treat those whose lives are threatened by time-sensitive injury, including: acute complex orthopaedic injury, spinal injuries, brain injury, facial trauma, multiple organ dysfunction, respiratory failure, soft-tissue infection and sepsis.

**WE TEACH** The Shock Trauma/Surgical Critical Care Fellowship is the largest and one of the most prestigious programs of its kind. The goal of the fellowship is to produce physician leaders in academic surgery who specialize in critical care and trauma.

**WE DISCOVER** The Shock Trauma research program aims to become the benchmark for **national and international trauma research** that addresses issues of injury prevention, patient care, delivery of care, public policy and financing of trauma care and systems of care. The program includes: clinical research trials, a place to test emergency technologies and a collaboration with the U.S. Air Force through the C-STARS-MD program.

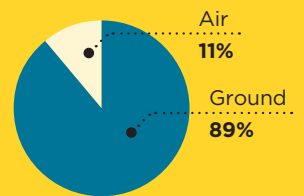
**WE CARE** In keeping with the mission of preventing **severe injury and death**, teams from Shock Trauma conduct a variety of prevention programs in collaboration with schools, community groups and the court system. The programs target adolescents and adults on topics including seatbelt use, violence prevention and safe driving strategies focused on eliminating distracted or impaired driving. For more information, email [prevention@umm.edu](mailto:prevention@umm.edu).

### QUICK NUMBERS

#### PRIMARY TRAUMA ADMISSIONS

**5,997** Patient Encounters

#### GROUND VS. AIR ADMISSIONS



#### MECHANISM OF INJURY

- 39%** Motor Vehicle Collisions
- 37%** Falls
- 21%** Violence
- 2%** Other



### MISSION

To serve as a multidisciplinary clinical, educational and research institution dedicated to world-class standards in the prevention and management of critical injury and illness and its consequences.

**INJURY IS A DISEASE THAT HAS NO AGE, GENDER, RACIAL, SOCIAL OR ECONOMIC BOUNDARIES.**

**R Adams Cowley Shock Trauma Center:**

We are the designated **trauma hospital** in Maryland to treat the most severely injured and critically ill patients.

Approximately **95%** of patients brought to Shock Trauma survive their injuries.

**Falls and motor vehicle collisions** are the leading cause of injury among Shock Trauma patients.

The Trauma Center maintains an **advanced resuscitation team** capable of responding to the scene of seriously injured patients. This physician-led Go-Team complements first responders by providing critical care and surgical services typically considered beyond the scope of EMS clinicians.

The **Center for Injury Prevention and Policy** offers programs for violence and injury prevention reaching over 32,000 Marylanders. Stop the Bleed training was added in 2017 and has reached 10,043 people.

Shock Trauma's **Center for Critical Care and Trauma Education** has a 10,000-square-foot medical simulation area with four reconfigurable labs and three adjacent classrooms and debriefing areas. The simulation center will support the development, implementation, and continuous evaluation of many courses related to trauma and critical care management including ATLS, ATCN, ATOM, CALS and BEST.

The **Critical Care Resuscitation Unit (CCRU)** is a state-of-the-art 6-bed unit. Each year, the CCRU sees more than 1,500 critically ill patients with neurosurgical, neurological, vascular, cardiac and medical emergencies.

The **Lung Rescue Program**, started in 2014, offers comprehensive treatment for patients with acute cardiac and respiratory failure and patients in need of extracorporeal membrane oxygenation (ECMO).

The **Center for Hyperbaric Medicine** is internationally recognized for its leadership and expertise in the clinical application of hyperbaric therapy. It is the statewide referral center for people who experience decompression sickness, carbon monoxide poisoning, smoke inhalation, delayed effects of radiation treatment, non-healing wounds, gas gangrene, and treatment for dive emergencies. The Center has the only multi-place hyperbaric chamber in Maryland and can accommodate up to 23 patients and care providers per dive. In FY 2022, the Center provided inpatient and outpatient treatment during 888 dives totaling 4,189 hours.

**FACTS**



**R ADAMS COWLEY, MD**

Known as the "Father of Trauma Medicine," Dr. Cowley was the pioneer who first proposed the Golden Hour concept, which describes the first 60 minutes following injury when definitive care is crucial to trauma patients' survival. He was among the first to perform open heart surgery and lobby for helicopter evacuations. He also invented a surgical clamp that bears his name and helped develop a prototype pacemaker.



**SHOCK TRAUMA LEADERSHIP**

**Thomas M. Scalea, MD, FACS, MCCM**  
the Honorable Francis X. Kelly  
Distinguished Professor of Trauma  
Surgery, Physician-in-Chief and  
Director of the Program in Trauma

**David T. Efron, MD**  
Professor of Surgery  
Chief of Trauma  
Medical Director, R Adams Cowley  
Shock Trauma Center

**Kristie Snedeker, DPT**  
Vice President, R Adams Cowley  
Shock Trauma Center

**Stephanie Jordan**  
Associate Administrator,  
Shock Trauma Associates, PA

**Glenn Bedell**  
Senior Administrator,  
Shock Trauma Associates, PA

**Claudia Handley, MS, MBA, RN,  
NEA-BC**  
Director of Nursing

**Justin Graves, MS, MBA, RN**  
Director of Trauma Programs

**Karen McQuillan, MS, RN,  
CNS-BC, CCRN, CNRN, FAAN**  
Clinical Nurse Specialist Lead

**Paul Thurman, PhD, RN, ACNPC,  
CCNS, CCRN, CNRN**  
Nurse Scientist

**Rebecca Gilmore, MSN, RN, TCRN**  
Trauma Program Manager and  
Base Station Coordinator

Referring patients to Shock Trauma takes just one call to  
**Maryland ExpressCare at 410-328-1234.**



22 South Greene St.  
Baltimore, MD 21201  
www.umm.edu

UMMC Main Number: 410-328-8667  
Shock Trauma Outpatient Pavilion  
(Clinic): 855-802-1321

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twitter.com/shocktrauma  
youtube.com/UMMC