



House Bill 307
Firearm Safety - Storage Requirements and Youth Suicide Prevention
(Jaelynn's Law)

UNFAVORABLE

As written, HB 307 intentionally makes it difficult for law-abiding Maryland citizens to legally own or possess a firearm in Maryland. It effectively negates the citizens' means to viable self-defense within the home.

"By a five to four margin, the Court held that the Second Amendment protects an individual right to possess firearms for lawful use, such as self-defense, in the home. Accordingly, it struck down as unconstitutional provisions of a D.C. law that required lawfully owned firearms to be kept unloaded, disassembled, or locked." <https://www.cga.ct.gov/2008/rpt/2008-r-0578.htm>

Issues Involving Definitions

§4-104(a)(3) & §4-104(b)(1)

The definition of the term "child" as a person under 16 years of age (Page 2, Line 5) is deleted and replaced with the term "MINOR," Page 2, Line 17) which is undefined in this section and there is no reference to any other section or statute which might clarify the definition. This is extremely significant because the term "MINOR" is the crux of the entire bill.

§4-104(b)(4)(III)1 (Page 3, lines 2-3)

Firearms must be stored in a "locked container" equipped with a "tamper resistant" lock. The definition of what the container's physical characteristics shall consist of is not addressed. Under the language of the bill, a cardboard shoebox with a padlock would suffice.

A medicine bottle with a so-called tamper resistant cap may be tamper resistant for a 4 year old child or a person with arthritic hands, but that same cap is not tamper resistant for a teenager. The term tamper resistant is unconstitutionally vague because it is undefined in the bill, and dependent upon a wide variety of circumstances making the term subject to arbitrary and capricious interpretation.

§4-104(b)(4)(III)1 (Page 2, lines 4-5)

As an alternative, firearms may be rendered “inoperable” to anyone other than the authorized adult. This provision presents two problematic issues; the term “inoperable” is not defined in this or any other section of applicable statute and exactly who and what constitutes an “authorized” adult and how the authorization is established not addressed and remains totally unknown.

The term “AUTHORIZED ADULT” appears only a single time, and then in the nebulous language “RENDERED INOPERABLE TO ANYONE OTHER THAN AN AUTHORIZED ADULT.” The words “AUTHORIZED” AND “ADULT” are critical components, yet neither these words, nor the term “AUTHORIZED ADULT” are defined in this bill. (Page 3, Lines 4-5)

The phrase “RENDERED INOPERABLE TO ANYONE OTHER THAN AN AUTHORIZED ADULT,” is excessively vague and subjective. Who will determine exactly who the “AUTHORIZED ADULT” is and exactly what constitutes “INOPERABLE” for any given firearm? What are the technological and psychological differences in what an 18 year old can do on his or her 18th birthday, and that the same individual could do the week before his or her 18th birthday?

Structural Issues:

§4-104(b)(5) (Page 3, line 6)

While the bill is not clear on this matter, a second standard for rifles and shotguns exists, and it introduces still more concerns regarding the legal definitions of terms used.

The exemption listed consists of two conditions; both of which must exist:

First, the minor must hold a firearm and hunter safety certificate issued under §10-301.1 of the Natural Resources Article. While this addresses the issue of firearms safety, it has no bearing on the issue of suicide which is allegedly a prime purpose of this bill.

Second, the “MINOR” “HAS BEEN GIVEN EXPRESS PERMISSION BY THE MINOR’S PARENT OR GUARDIAN FOR THE PURPOSE OF ENGAGING IN LAWFUL ACTIVITY” (Page 3 lines 9-11). The bill language is silent on exactly what constitutes “EXPRESS PERMISSION” and in what form “EXPRESS PERMISSION” must be given and/or documented.

Even more problematic is the question of who is responsible when the “MINOR” “HAS BEEN GIVEN EXPRESS PERMISSION BY THE MINOR’S PARENT OR GUARDIAN FOR THE PURPOSE OF ENGAGING IN LAWFUL ACTIVITY” but the minor chooses to engage in unlawful activity without the knowledge or permission of the parent or guardian.

§4-104(c)(3)(III) (Page 3, lines 29-30 & §4-104(d)(1-3),Page 4)

Increased penalties are provided in the event a prohibited person or minor's access to the firearm results in harm to the prohibited person or minor. There is no limit on how that harm came about and no direct causation between the firearm and the injury is required. In fact no discharge of the firearm is necessary under the language of this bill.

Because the language regarding contributory negligence is being deleted, this bill is clearly intended to produce a chilling effect on the possession of firearms by the citizens of Maryland.

Impact on Existing Handgun Qualification License holders:

The Firearms Safety Act of 2013 mandated safety training as a prerequisite to applying to purchase a handgun. Since 2013, approximately 2,265 instructors have trained over 300,000 citizens. Part of that training included Maryland gun laws. Oddly, Qualified Handgun Instructors are not included in the listing of entities who should be given access to the "YOUTH SUICIDE PREVENTION AND FIREARMS SAFE STORAGE GUIDE. Page 5, Lines 14-27 and Page 6 lines 1-2) If HB 307 becomes law, hundreds of thousands of Maryland citizens will in possession of obsolete information and will likely become instant criminals. Creating hundreds of thousands of criminals does nothing to enhance firearm safety.

Impact on Project ChildSafe:

Under the *Project ChildSafe* Program developed and funded by the National Shooting Sports Foundation (NSSF), law enforcement agencies throughout the state have been distributing firearm cable locks upon request and free of charge for many years. Because these cable locks have been distributed by law enforcement agencies, citizens will erroneously believe they comply with the law. Under the provisions of HB 307, they do not.

Summary

HB 307 is not about public safety. It is about escalating restrictions on the lawful ownership of firearms. It is a statement of unfounded and blind faith in the false promise of gun control as the ultimate solution for the social ills that plague our society.

HB 307 serves only to divert attention from the real problem by pretending to do something. In fact, it is all a deception. When this type of bill passes, the sponsors are quick to praise it, while at the same time laying the groundwork for next year's bill by saying "it is a good first step, but more needs to be done." That "more" is always more gun control.

According to the Governor's 2020 State Suicide Prevention Report, after firearms, 34% of suicides are a result of suffocation, which is polite term for death by hanging.

The third most common methodology at 12% is drug poisoning. According to the Centers for Disease Control (CDC), the 2020 death rate due to drug overdoses in Maryland is 44.6 per capita, up from 38.2 per capita in the previous year. This figure is 170% of the **combined** death rate attributed by the CDC to firearms and homicides and approximately 330% over the death rate for firearms injuries. (See Attachment #1)

Do those deaths not matter because they cannot be exploited to further a gun control agenda?

HB 307 would save far more lives if instead of focusing on the storage of firearms, it focused on the safe storage of controlled prescription drugs. (See Attachment #2 for information on the magnitude of the problem caused by unsecured prescription drugs.)

We respectfully request an unfavorable report on House Bill 307.

John H. Josselyn, Director
2A Maryland

Hearing Date: 02-15-2023

Maryland

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Key Health Indicators	
Fertility Rate	57.7 (births per 1,000 women 15-44 years of age)
Teen Birth Rate	13.1 (births per 1,000 females 15-19 years of age)
Infant Mortality Rate	5.6 (infant deaths per 1,000 live births)
Life Expectancy (at Birth)	76.8 years (2020)
Marriage Rate	4.3 (marriages per 1,000)
Divorce Rate	1.7 (divorces per 1,000)
Leading Cause of Death	Heart Disease
Drug Overdose Death Rate	44.6 (per 100,000) ¹
Firearm Injury Death Rate	13.5 (per 100,000) ¹
Homicide Rate	11.4 (per 100,000) ¹
COVID-19 Death Rate (Q2, 2022)	14.1 (per 100,000) ²

Source: <https://www.cdc.gov/nchs/pressroom/states/maryland/md.htm#print>

Attachment #2 – Page 1 of 2

Johns Hopkins Medicine

“What’s in your medicine cabinet?

A common way that people get opioids illicitly is by taking them out of other people’s medicine cabinets. Opioid medicines should be stored in a locked location.”

Source: <https://www.hopkinsmedicine.org/opioids/how-you-can-help.html>

Department of Justice

“HOW DID THIS OPIOID PROBLEM GET TO MY COMMUNITY?

Opioids, particularly diverted prescription drugs, often enter the community through the family medicine cabinet, theft and robbery of local pharmacies, and through fraudulent prescriptions.”

Source: <https://www.justice.gov/opioidawareness/opioid-facts>

CDC

According to the CDC, the death rate due to drug overdoses in Maryland is 37.2. This figure is 1.77 times the *combined* death rate attributed to firearms and homicides.

Source: <https://www.cdc.gov/nchs/pressroom/states/maryland/md.htm>

Yale School of Medicine

“The widespread illicit use of opioid painkillers begins more in bathroom medicine cabinets than back alleys, according to new Yale research published in the *Archives of Internal Medicine*.”

Source: <https://medicine.yale.edu/news/medicineatyale/opioid-abusers-have-supplies-close-to-home/>

American Society of Regional Anesthesia and Pain Medicine

“Opioids should be stored in their original packaging inside a locked cabinet, a lockbox, or other secure locations.” Unfortunately, anyone you know may seek out drugs like opioids for illegal use. Don’t keep opioids in obvious places like bathroom cabinets or on kitchen counters where others might find them.”

Source: <https://www.asra.com/page/2725/safe-opioid-storage-tapering-and-disposal>

National Center for Biotechnology Information, U.S. National Library of Medicine

“Pharmaceutical opioid prescribing, opioid use disorders, and related poisonings have increased substantially in the last decade. Pharmaceutical opioid deaths among youth have markedly increased. One area that has received relatively little attention is the role of home safety, given that parents are an important source of opioids for youth. Parents may intentionally share opioids with youth, due to low perceived risks or limited knowledge, and youth may divert opioids from parents’ medicine cabinets. Safe medication storage has long been mandated by treatment programs that provide pharmacologically supported treatment of opioid use disorders, but it is not generally encouraged or required for pharmaceutical opioids prescribed for pain. Greater attention is needed on the development, evaluation and implementation of three preventive strategies. These three strategies can be delivered in or supported by adult medical practices: 1) fully informing adults prescribed opioids about the risks of opioids to family members and others; 2) providing locked medication safe storage devices; and 3) educating parents on safe disposal options. However, a critical evidence base is still lacking for these opioid safety interventions.”

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4470841/>