



**House Bill 935  
Comprehensive Community Safety Funding Act  
UNFAVORABLE**

In concept House Bill 935 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 and was signed into law on September 26, 2023, by Governor Gavin Newsom.

A “Fact Sheet” published by a proponent of House Bill 935 claims the proposed 11% excise tax is: “... *akin to the federal Pittman-Robertson tax, applies to gross receipts from firearm sales, certain related parts, and ammunition. It targets industry profits, not consumers.*” This statement is misleading.

*“The Federal Aid in Wildlife Restoration Act (Pittman-Robertson) provides funding for states and territories to support wildlife restoration, conservation, and hunter education and safety programs. Funding for Pittman-Robertson programs comes from federal excise taxes on firearms, ammunition, and archery equipment. Among other purposes, the funds may be used to provide public access to wildlife resources; to acquire, restore, and manage wildlife areas; to conduct research on managing wildlife and its habitat; to facilitate public access for hunting or other wildlife-oriented recreation; and to maintain completed wildlife-restoration projects” .(Source: Congressional Research Service)*

The funds generated by hunters, shooters, sportsmen and sportswomen benefit all of Maryland’s citizens, even those who do not own or use firearms and have thus never contributed any tax money to the fund.

The “Talking Points” provided by the same organization are only slightly more forthright: *“It is not a sales tax on consumers, although it is possible dealers will, in their discretion, choose to pass along some or all of the tax amount to their customers.”*

Dealers are not enjoying the profit margins the proponents seem to believe. The cost of the proposed 11% excise tax will increase the cost of doing business and that increase will be paid by the targeted consumers.

This tax is regressive in nature and will have a disproportional impact on those of lesser financial means.

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 Maryland businesses will close, jobs will be lost, businesses such as lodging, restaurants, clothing stores etc., that benefit from revenue relating to hunting and the shooting sports will see a decline in income.

Federal funds from the Federal Aid in Wildlife Restoration Act are based upon the number of hunting licenses and the land area of each state. The excise tax will discourage low-income citizens from hunting due to the increased cost involved. This will reduce the number of hunting licenses sold and consequently a corresponding reduction in the Federal funds received.

The proposed punitive tax on law-abiding citizens who chose to exercise their Constitution Rights is supposed to support services for victims of so-called "gun violence." The Shock Trauma Center's "Fact Sheet," reports only 21% of its patients are victims of violence, and not all of them are firearms related incidents.

In a classic example of one hand not knowing what the other is doing, House Bill 1439 (page 12, lines 17-18) will defund the medically oriented functions of the Department of State Police, Special Operations Bureau, Aviation Division. This will cost the Aviation Division, which transports 11% of those treated by Shock Trama, approximately 48 million dollars. None of the funds generated by HB 935 will benefit the Aviation Division.

We respectfully request an unfavorable report on House Bill 935.

John H. Josselyn  
2A Maryland  
2/22/2024

# Comprehensive Community Safety Funding Act

This groundbreaking Maryland legislation aims to ensure the sustained funding of effective programs dedicated to violence prevention and victim support.



## KEY INITIATIVES:

### Center for Firearm Violence Prevention & Intervention

*This office will coordinate efforts to address, prevent, and intervene in gun violence. It will be housed within the Maryland Department of Health.*

### Maryland Violence Intervention and Prevention Program (MD VIPP)

*Administered by the Governor's Office of Crime Control and Prevention, MD VIPP finances organizations providing violence intervention and prevention services in heavily impacted communities.*

### Maryland Trauma Physicians Services Fund

*Allocates funding to medical systems to address trauma-related healthcare costs, with a significant portion attributed to gun violence. The medical care associated with gun violence is notably expensive, averaging approximately \$30,000 for survivors in the year following the injury.*

### Survivors of Homicide Victims Grant Program

*Managed by the Governor's Office of Crime Control and Prevention, this program offers victim assistance, advocacy, and support, ensuring survivors exercise their legal rights.*

**FALSE**  
→

## Funding Mechanism:

To redirect firearm-related profits for community well-being, the bill proposes an 11% excise tax on gun dealers. This tax, akin to the federal Pittman-Robertson tax, applies to gross receipts from firearm sales, certain related parts, and ammunition. It targets industry profits, not consumers, and is collected by the government.

This bill addresses the public health and financial burdens associated with gun violence, offering a comprehensive and sustainable approach to community safety.



**marylanders**  
to prevent  
gun violence



# 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.

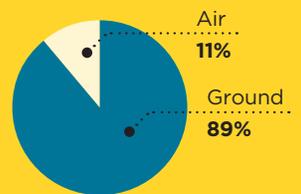
**WE CARE** In keeping with the mission of preventing **severe injury and death**, teams from Shock Trauma conduct a variety of prevention programs in collaboration with schools, community groups and the court system. The programs target adolescents and adults on topics including seatbelt use, violence 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

f umm.edu/fb  
twitter.com/shocktrauma  
youtube.com/UMMC