



2026 SESSION
POSITION PAPER

BILL NUMBER: HB 197
COMMITTEE: House Ways and Means
POSITION: Support
TITLE: Comprehensive Community Safety Funding Act

BILL ANALYSIS

HB 197 – Comprehensive Community Safety Funding Act establishes 11% excise tax on sales of firearm, firearm accessory, and ammunition excise tax. The bills sets forth the requirements of this tax, including which sales this tax applies to and how and when it will be collected. The bill also specifies that certain percentages of this tax will be disbursed to the Maryland Violence Intervention and Prevention Program (26%), the Center for Firearm Violence Prevention and Intervention (26%), the Coordinated Community Support Partnership Fund (20%), the Survivors of Homicide Victims Grant Program (20%), the Maryland Trauma Physician Services Fund (4%), and the R Adams Cowley Shock Trauma Center (4%).

POSITION AND RATIONALE

The Maryland Health Care Commission (MHCC) supports *HB 197* and believes that firearm injuries and deaths continue to be a cost to health care systems and a major public health problem. Firearm deaths and injuries cost Maryland \$10.5 billion each year, of which \$384 million is paid by taxpayers.¹ In July 2025, Maryland launched the Firearm Violence Data Dashboard. It reports that in 2024, 78% of all homicides in Maryland involved firearms, and 49% of all suicides involved firearms. The dashboard also reveals geographic differences – with firearm related homicides concentrated in urban counties while rural counties like Allegany, Garret, and Washington report three quarters of firearm-related incidents are suicides. This mirrors national trends.²

¹ EveryStat.org (2025), “Gun Violence in Maryland.” Updated December 2025. Accessed January 22, 2026 at <https://everystat.org/wp-content/uploads/pdfs/Maryland.pdf>.

² Maryland Department of Health (2025). Firearm Violence Data Dashboard: Data Highlights. Accessed January 22, 2026 at <https://health.maryland.gov/dataoffice/mdh-dashboards/Pages/firearm-violence.aspx>.

Medical care is highly impacted by firearm-related injuries. Between November 2024 and November 2025, there were 716 emergency department visits related to firearms.³ Trauma centers bear a disproportionate burden of the care for gunshot wounds. In addition to emergency department visits, the MIEMMS Trauma Registry shows that in 2024, 1,157 patients were admitted to Maryland trauma centers with gunshot wounds.⁴ Data also shows that during this time, the majority of firearm-related injuries were for patients between 15-24 years old (30%), and 25-34 years old (22%). Males experience a significantly greater incidence of firearm-related injuries (85%) compared to females, and Non-Hispanic Black individuals experience significantly more firearm-related injuries (66%) compared to all other racial and ethnic groups.⁵

The costs of firearm injuries are high, even compared to other types of traumas, often due to the increased severity of gunshot wounds. In addition to the initial hospitalization, there are also costs for rehabilitation, which can be extensive, follow-up care, chronic pain management, mental health care, and long-term disability for survivors. In 2022, the R Adams Cowley Shock Trauma Center reported that the average inpatient hospitalization averaged \$76,293, while a patient with a firearm injury costs \$104,619. These costs only capture the facility charges for the initial trauma visit. Subsequent hospital admission at community hospitals, inpatient and outpatient treatment, physician charges, and outpatient pharmacy costs are not included in the costs. Nor are the lifelong costs of a firearm injury that often imposes additional psychological injuries and may limit the ability to work and support oneself and loved ones.

Johns Hopkins Adult Trauma Center and the University of Maryland (UM) Capital Region Medical Center also treat significant numbers of firearm injuries. UM Capital Region Medical Center's expertise in treating these injuries has grown in the last several years with the opening of the new medical center. All but the most serious firearm injuries are now treated at that trauma center rather than being transferred to R Adams Cowley Shock Trauma Center for the most severe injuries. The reality that multiple trauma centers have needed to develop capabilities in the treatment of severe firearm injury is one testament to the scope of the firearm injury challenge. It is appropriate that this legislation directs 4 percent of the revenue from excise tax (net of the Comptroller's administrative costs) to the Maryland

³ Maryland Department of Health (2025). Firearm Violence Data Dashboard: Firearm Injuries. Accessed January 22, 2026 at <https://health.maryland.gov/dataoffice/mdh-dashboards/Pages/firearm-violence.aspx>.

⁴ Maryland Institute for Emergency Medical Services Systems (2024). Trauma System Dashboard – MD Trauma Statistics CY 2024. Accessed January 22, 2026 at <https://www.miemss.org/home/Hospitals/Trauma-System-Dashboard-Maryland>.

⁵ Maryland Department of Health (2025). Firearm Violence Data Dashboard: Firearm Injuries. Accessed January 22, 2026 at <https://health.maryland.gov/dataoffice/mdh-dashboards/Pages/firearm-violence.aspx>.



Trauma Physician Services Fund, a fund that benefits all Maryland trauma centers, and 4 percent to the R Adams Cowley Shock Trauma Center, for a total of 8% of the excise tax directed to support trauma centers’ costs of treating these injuries.

HB 197 would apply an 11 percent excise tax on firearms, accessories, and ammunition. The principle of assessing a small charge on the mechanism causing trauma injury is well established in Maryland. The *Commission to Study Trauma Funding* considered additional sources of funding during its meetings in the fall of 2023. Raising the automobile registration surcharge, adding a trauma surcharge for moving automobile and DWI violations, and assessing excise taxes on guns and related equipment were all discussed. Commissioners recognized that additional revenue was needed and there was also broad support for applying an excise tax to gun and ammunition sales. Many Commission members observed that while a higher automobile surcharge would be needed, other mechanisms of trauma injury should also be assessed. The automobile surcharge has since been addressed, including for drug and alcohol related violations. The excise tax included in this legislation would address an additional contributor toward the costs of trauma-related injuries on trauma centers, and support the provision of high quality, effective, and safe trauma care to those who experience firearm related injuries.

Firearms play a significant role in driving Maryland residents’ trauma costs and on broader public health costs. For these reasons the MHCC asks for a favorable report on *HB 197*.

