

## As gun laws loosen, prepare for possibly armed patients

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### Practice management

As gun laws grow more permissive across the country, consider the possibility that patients will show up to your office armed. Experts advise that you prepare with policies, intake procedures and a plan for untoward events.

Recent incidents of gun violence at medical facilities, such as the May 3 shooting at Northside Hospital Medical Midtown in Atlanta that killed one and injured four, are a reminder that doctors' offices are not immune to firearms danger. But even armed persons who enter the practice without the intention to shoot can still present a danger, as with the county detention center employee Sgt. Steven Parker, whose service weapon accidentally discharged at a medical facility in Lexington, Ky., on March 10.

The push in some jurisdictions for more permissive gun laws, such as the permitless concealed carry law recently authorized by Florida and Nebraska, and now legal in most states, makes the prospect of someone having a gun when they enter a doctor's office more likely.

"Many states are relaxing laws now and people, because they have a tendency to carry their guns everywhere, will undoubtedly also take guns to their physician's offices — especially if they're not the one being examined," says Jagdish Khubchandani, a professor of public health at New Mexico State University in Las Cruces. "For example, [they might show up] at the pediatrician's office, where they can assume their child will be examined instead of themselves."

### Fair warning

But that doesn't mean you have to let them in. Legal experts generally agree that private businesses have the right to ban guns from their premises.

"It's like 'no shoes, no shirt, no service,'" says Casey Kane, a partner with the Steven T. Rodemer law firm in Colorado Springs, Colo., citing the familiar store signage. "It's like the First Amendment: If you go into a business lecturing on politics, they can kick you out."

Key to this is clear signage expressing your policy "on entry doors and waiting rooms, as well as on intake forms," says Gene Petrino, a security consultant and co-founder of Survival Response LLC in Coral Springs, Fla.

You should make it part of the patient intake process, advises Richard F. Cahill, Esq., vice-president and associate general counsel of The Doctors Company in Napa, Calif. "Patients should be notified at the outset of the clinician-patient relationship in the conditions of treatment signed by a prospective patient as to the expectations that the practice has," including weapons on premises, Cahill says.

The reason for this preparation is legal and state-specific: "In states like Massachusetts or California, if a patient comes into the practice with a gun, it may be considered a crime depending upon the attendant circumstances, and the providers should contact the appropriate authorities," Cahill says. "However, in states like Florida or Texas, if a patient enters the practice with a weapon, they aren't necessarily in violation of the law. In this scenario, it would be best for the providers to ensure there is contractual language in the patient-provider contract that states, [e.g.] 'for the safety and well-being of our staff and patients, weapons of any kind are not permitted on the premises.' Patients will then have to consent to this to receive treatment in the same way they consent to have their insurance billed."

You can, if you wish, advertise a blanket prohibition: No firearms. (However, exceptions must be made for law enforcement officers who often are required to carry a firearm both on and off duty, Petrino says.) But "especially in regions where gun ownership is prevalent or where legal requirements differ," Petrino says, you may choose to instead "provide guidelines on how firearms should be handled if brought into the facility, such as requiring them to be properly secured or notifying the staff upon arrival." You might, for example, have a locked storage facility where patients have to leave guns when they arrive and collect them when they leave.

Staff should be trained in this policy. But "a firearm should only be handled by those who have a fundamental understanding of firearm safety," Petrino says.

### If they won't disarm

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Even if you want guns to stay out of your office, you may still have to deal with patients who are not mindful or respectful of your wishes.

Depending on your circumstances, you may want to implement “controlled access measures,” Petrino says. This might mean security personnel at controlled entry points, who might query patients or check their bags. In extreme cases, you might consider metal detectors.

If a patient balks at surrendering their weapon, Petrino emphasizes a “de-escalation” of the situation. A staff script might go like this:

“Thank you for understanding our commitment to maintaining a safe environment for all patients and staff. Our policy prohibits firearms within the premises. While we value your autonomy and appreciate your perspective, we would like to suggest considering an alternative approach that respects your preferences. We can provide you with a list of other health care providers who may have different policies regarding firearms, allowing you to receive care while feeling more comfortable.”

If this doesn’t work, it may be time to revert to your crisis plan — which you should have in place right now, Cahill reminds you, and in which you should train your staff ([PBN 6/20/22](#)). Confer on the plan with “professional societies, licensing boards and other resources available in the community” and make sure your plan is “periodically audited to maintain consistency and compliance and routinely reviewed to adopt evolving conditions and standards.”

But if you’ve made your policy clear, chances are things won’t get that far. “Most law-abiding citizens with either open carry or concealed carry permits don’t want to do anything that might terminate or restrict their right,” Kane says, “whether it’s a crime or anything else that [might result in] contact with the police.”



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