

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

VETO MESSAGE: Yes

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

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REPORTS:

HEARINGS:

NEWSPAPER ARTICLES: Yes

"With pen, Murphy tightens gun rules – 'common sense' laws fulfill campaign promise," The Record, 6-14-2018

"Murphy signs six gun-control bills into law - He vows N.J. to be a leader in fight for firearms safety," South Jersey Times, 6-14-2018

"Murphy signs 6 gun-control bills into law - He vows Jersey to be a leader in fight for firearms safety," The Times, 6-14-2018

"Governor set to sign 6 gun-control measures in New Jersey," Associated Press State Wire: New Jersey, 6-13-2018

"Governor signs 6 gun control measures in New Jersey," Associated Press State Wire: New Jersey, 6-13-2018

"The Latest: Gov signs 6 gun control measures in New Jersey," Associated Press State Wire: New Jersey, 6-13-2018

RWH/JA

P.L. 2018, CHAPTER 34, *approved June 13, 2018*
Assembly, No. 1181 (*First Reprint*)

1 AN ACT concerning ¹**mental**¹ health ¹care¹ professionals' duty to
2 warn and protect and amending P.L.1991, c.270.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. Section 1 of P.L.1991, c.270 (C.2A:62A-16) is amended to
8 read as follows:

9 1. a. Any person who is licensed in the State of New Jersey to
10 practice psychology, psychiatry, medicine, nursing, clinical social
11 work, or marriage ¹**counseling**¹ and family therapy¹, whether or
12 not compensation is received or expected, is immune from any civil
13 liability for a patient's violent act against another person or against
14 himself unless the practitioner has incurred a duty to warn and
15 protect the potential victim as set forth in subsection b. of this
16 section and fails to discharge that duty as set forth in subsection c.
17 of this section.

18 b. A duty to warn and protect is incurred when the following
19 conditions exist:

20 (1) The patient has communicated to that practitioner a threat of
21 imminent, serious physical violence against a readily identifiable
22 individual or against himself and the circumstances are such that a
23 reasonable professional in the practitioner's area of expertise would
24 believe the patient intended to carry out the threat; or

25 (2) The circumstances are such that a reasonable professional in
26 the practitioner's area of expertise would believe the patient
27 intended to carry out an act of imminent, serious physical violence
28 against a readily identifiable individual or against himself.

29 c. A licensed practitioner of psychology, psychiatry, medicine,
30 nursing, clinical social work or marriage ¹**counseling**¹ and family
31 therapy¹ shall discharge the duty to warn and protect as set forth in
32 subsection b. of this section by doing any one or more of the
33 following:

34 (1) Arranging for the patient to be admitted voluntarily to a
35 psychiatric unit of a general hospital, a short-term care facility, a
36 special psychiatric hospital or a psychiatric facility, under the
37 provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.);

38 (2) Initiating procedures for involuntary commitment to
39 treatment of the patient to an outpatient treatment provider, a short-
40 term care facility, a special psychiatric hospital or a psychiatric

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AJU committee amendments adopted March 5, 2018.

1 facility, under the provisions of P.L.1987, c.116 (C.30:4-27.1 et
2 seq.);

3 (3) Advising a local law enforcement authority of the patient's
4 threat and the identity of the intended victim;

5 (4) Warning the intended victim of the threat, or, in the case of
6 an intended victim who is under the age of 18, warning the parent
7 or guardian of the intended victim; or

8 (5) If the patient is under the age of 18 and threatens to commit
9 suicide or bodily injury upon himself, warning the parent or
10 guardian of the patient.

11 d. A practitioner who is licensed in the State of New Jersey to
12 practice psychology, psychiatry, medicine, nursing, clinical social
13 work or marriage ¹['counseling] and family therapy' who, in
14 complying with subsection c. of this section, discloses a privileged
15 communication, is immune from civil liability in regard to that
16 disclosure.

17 e. In addition to complying with subsection c. of this section, a
18 licensed practitioner shall notify the chief law enforcement officer
19 of the municipality in which the patient resides or the
20 Superintendent of State Police if the patient resides in a
21 municipality that does not have a full-time police department that a
22 duty to warn and protect has been incurred with respect to the
23 patient and shall provide to the chief law enforcement officer or
24 superintendent, as appropriate, the patient's name and other non-
25 clinical identifying information. The chief law enforcement officer
26 or superintendent, as appropriate, shall use that information to
27 ascertain whether the patient has been issued a firearms purchaser
28 identification card, permit to purchase a handgun, or any other
29 permit or license authorizing possession of a firearm.

30 If the patient has been issued a firearms purchaser identification
31 card, permit to purchase a handgun, or any other permit or license
32 authorizing possession of a firearm, or if there is information
33 indicating that the patient otherwise may have access to a firearm,
34 the information provided may be used in determining whether the
35 patient has become subject to any of the disabilities set forth in
36 subsection c. of N.J.S.2C:58-3. If the chief law enforcement officer
37 or superintendent, as appropriate, determines that the patient has
38 become subject to any of the disabilities set forth in subsection c. of
39 N.J.S.2C:58-3, any identification card or permit issued to the
40 patient shall be void and subject to revocation by the Superior Court
41 in accordance with the procedure established in subsection f. of
42 N.J.S.2C:58-3.

43 If the court determines that the patient is subject to any of the
44 disabilities set forth in subsection c. of N.J.S.2C:58-3 and revokes
45 the patient's firearms identification card in accordance with the
46 procedure established in subsection f. of N.J.S.2C:58-3, the court
47 may order the patient to surrender to the county prosecutor any
48 firearm owned by or accessible to the patient and order the

1 prosecutor to dispose of the firearms. When the court orders the
2 county prosecutor to dispose of the firearms, the prosecutor shall
3 dispose of the firearms as provided in N.J.S.2C:64-6.

4 If the court, upon motion of the prosecutor, finds probable cause
5 that the patient has failed to surrender any firearm, card, or permit,
6 the court may order a search for and removal of these items at any
7 location where the judge has reasonable cause to believe these items
8 are located. The judge shall state with specificity the reasons and
9 the scope of the search and seizure authorized by the order.

10 A firearm surrendered or seized pursuant to this subsection
11 which is not legally owned by the patient shall be immediately
12 returned to the legal owner of the firearm if the legal owner submits
13 a written request to the prosecutor attesting that the patient does not
14 have access to the firearm.

15 A law enforcement officer or agency shall not be held liable in
16 any civil action brought by any person for failing to learn of, locate,
17 or seize a firearm pursuant to this subsection.

18 A patient who is determined to be subject to any of the
19 disabilities established in paragraph (3) of subsection c. of
20 N.J.S.2C:58-3 and submits a certificate of a medical doctor or
21 psychiatrist licensed in New Jersey, or other satisfactory proof in
22 accordance with that paragraph shall be entitled to the reinstatement
23 of any firearms purchaser identification cards, permits to purchase a
24 handgun, and any other permit or license authorizing possession of
25 a firearm seized pursuant to this subsection.

26 (cf: P.L.2009, c.112, s.21)

27

28 ¹2. Section 2 of P.L.1991, c.270 (C.2A:62A-17) is amended to
29 read as follows:

30 2. When a duty to warn and protect arises from the receipt of a
31 privileged communication from a patient in a drug or alcohol abuse
32 program governed by federal law, a licensed practitioner of
33 psychology, psychiatry, medicine, nursing, clinical social work or
34 marriage **【counseling】** and family therapy may be required to
35 obtain a court order authorizing disclosure prior to disclosure of
36 information about the patient including the patient's threat of
37 violence, in accordance with 42 U.S.C. s. 290dd-3 and 42 U.S.C. s.
38 290ee-3 and regulations promulgated thereunder.¹

39 (cf: P.L.1991, c.270, s.2)

40

41 ¹**【2.】 3.**¹ This act shall take effect immediately.

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45

46 Requires firearms seizure when certain health care professional
47 determines patient poses threat of harm to self or others.

ASSEMBLY, No. 1181

STATE OF NEW JERSEY

218th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

Sponsored by:

Assemblywoman PATRICIA EGAN JONES

District 5 (Camden and Gloucester)

Assemblywoman GABRIELA M. MOSQUERA

District 4 (Camden and Gloucester)

Assemblywoman SHAVONDA E. SUMTER

District 35 (Bergen and Passaic)

Assemblywoman JOANN DOWNEY

District 11 (Monmouth)

Assemblyman ARTHUR BARCLAY

District 5 (Camden and Gloucester)

Assemblyman PAUL D. MORIARTY

District 4 (Camden and Gloucester)

Co-Sponsored by:

Assemblyman McKeon, Assemblywoman Caride, Assemblyman Houghtaling and Assemblywoman Murphy

SYNOPSIS

Requires firearms seizure when mental health professional determines patient poses threat of harm to self or others.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 3/6/2018)

1 AN ACT concerning mental health professionals' duty to warn and
2 protect and amending P.L.1991, c.270.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. Section 1 of P.L.1991, c.270 (C.2A:62A-16) is amended to
8 read as follows:

9 1. a. Any person who is licensed in the State of New Jersey to
10 practice psychology, psychiatry, medicine, nursing, clinical social
11 work, or marriage counseling, whether or not compensation is
12 received or expected, is immune from any civil liability for a
13 patient's violent act against another person or against himself unless
14 the practitioner has incurred a duty to warn and protect the potential
15 victim as set forth in subsection b. of this section and fails to
16 discharge that duty as set forth in subsection c. of this section.

17 b. A duty to warn and protect is incurred when the following
18 conditions exist:

19 (1) The patient has communicated to that practitioner a threat of
20 imminent, serious physical violence against a readily identifiable
21 individual or against himself and the circumstances are such that a
22 reasonable professional in the practitioner's area of expertise would
23 believe the patient intended to carry out the threat; or

24 (2) The circumstances are such that a reasonable professional in
25 the practitioner's area of expertise would believe the patient
26 intended to carry out an act of imminent, serious physical violence
27 against a readily identifiable individual or against himself.

28 c. A licensed practitioner of psychology, psychiatry, medicine,
29 nursing, clinical social work or marriage counseling shall discharge
30 the duty to warn and protect as set forth in subsection b. of this
31 section by doing any one or more of the following:

32 (1) Arranging for the patient to be admitted voluntarily to a
33 psychiatric unit of a general hospital, a short-term care facility, a
34 special psychiatric hospital or a psychiatric facility, under the
35 provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.);

36 (2) Initiating procedures for involuntary commitment to
37 treatment of the patient to an outpatient treatment provider, a short-
38 term care facility, a special psychiatric hospital or a psychiatric
39 facility, under the provisions of P.L.1987, c.116 (C.30:4-27.1 et
40 seq.);

41 (3) Advising a local law enforcement authority of the patient's
42 threat and the identity of the intended victim;

43 (4) Warning the intended victim of the threat, or, in the case of
44 an intended victim who is under the age of 18, warning the parent
45 or guardian of the intended victim; or

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 (5) If the patient is under the age of 18 and threatens to commit
2 suicide or bodily injury upon himself, warning the parent or
3 guardian of the patient.

4 d. A practitioner who is licensed in the State of New Jersey to
5 practice psychology, psychiatry, medicine, nursing, clinical social
6 work or marriage counseling who, in complying with subsection c.
7 of this section, discloses a privileged communication, is immune
8 from civil liability in regard to that disclosure.

9 e. In addition to complying with subsection c. of this section, a
10 licensed practitioner shall notify the chief law enforcement officer
11 of the municipality in which the patient resides or the
12 Superintendent of State Police if the patient resides in a
13 municipality that does not have a full-time police department that a
14 duty to warn and protect has been incurred with respect to the
15 patient and shall provide to the chief law enforcement officer or
16 superintendent, as appropriate, the patient's name and other non-
17 clinical identifying information. The chief law enforcement officer
18 or superintendent, as appropriate, shall use that information to
19 ascertain whether the patient has been issued a firearms purchaser
20 identification card, permit to purchase a handgun, or any other
21 permit or license authorizing possession of a firearm.

22 If the patient has been issued a firearms purchaser identification
23 card, permit to purchase a handgun, or any other permit or license
24 authorizing possession of a firearm, or if there is information
25 indicating that the patient otherwise may have access to a firearm,
26 the information provided may be used in determining whether the
27 patient has become subject to any of the disabilities set forth in
28 subsection c. of N.J.S.2C:58-3. If the chief law enforcement officer
29 or superintendent, as appropriate, determines that the patient has
30 become subject to any of the disabilities set forth in subsection c. of
31 N.J.S.2C:58-3, any identification card or permit issued to the
32 patient shall be void and subject to revocation by the Superior Court
33 in accordance with the procedure established in subsection f. of
34 N.J.S.2C:58-3.

35 If the court determines that the patient is subject to any of the
36 disabilities set forth in subsection c. of N.J.S.2C:58-3 and revokes
37 the patient's firearms identification card in accordance with the
38 procedure established in subsection f. of N.J.S.2C:58-3, the court
39 may order the patient to surrender to the county prosecutor any
40 firearm owned by or accessible to the patient and order the
41 prosecutor to dispose of the firearms. When the court orders the
42 county prosecutor to dispose of the firearms, the prosecutor shall
43 dispose of the firearms as provided in N.J.S.2C:64-6.

44 If the court, upon motion of the prosecutor, finds probable cause
45 that the patient has failed to surrender any firearm, card, or permit,
46 the court may order a search for and removal of these items at any
47 location where the judge has reasonable cause to believe these items

1 are located. The judge shall state with specificity the reasons and
2 the scope of the search and seizure authorized by the order.

3 A firearm surrendered or seized pursuant to this subsection
4 which is not legally owned by the patient shall be immediately
5 returned to the legal owner of the firearm if the legal owner submits
6 a written request to the prosecutor attesting that the patient does not
7 have access to the firearm.

8 A law enforcement officer or agency shall not be held liable in
9 any civil action brought by any person for failing to learn of, locate,
10 or seize a firearm pursuant to this subsection.

11 A patient who is determined to be subject to any of the
12 disabilities established in paragraph (3) of subsection c. of
13 N.J.S.2C:58-3 and submits a certificate of a medical doctor or
14 psychiatrist licensed in New Jersey, or other satisfactory proof in
15 accordance with that paragraph shall be entitled to the reinstatement
16 of any firearms purchaser identification cards, permits to purchase a
17 handgun, and any other permit or license authorizing possession of
18 a firearm seized pursuant to this subsection.

19 (cf: P.L.2009, c.112, s.21)

20

21 2. This act shall take effect immediately.

22

23

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STATEMENT

25

26 This bill requires the Attorney General to seize a firearm that is
27 in the possession of a person determined by a mental health
28 professional to be likely to engage in conduct that poses a threat of
29 serious harm to the patient or another person.

30 Specifically, the bill requires licensed medical professionals who
31 incur a duty to warn or protect a potential victim from a patient's
32 violent act to submit to law enforcement officials the patient's name
33 and other non-clinical identifying information for the purpose of
34 determining whether the patient has been issued a firearms purchaser
35 identification card, permit to purchase a handgun, or any other permit
36 or license authorizing possession of a firearm. Specifically, the bill
37 requires a medical professional to contact the municipal police
38 department in which the patient resides or the Superintendent of State
39 Police if the patient resides in a municipality that does not have a full-
40 time police department.

41 The bill also requires the chief law enforcement officer or
42 superintendent, as appropriate, to use the information provided by the
43 medical professional to determine whether the patient has been issued
44 a card or permit authorizing possession of a firearm or has access to a
45 firearm. If the patient has been issued a card or permit, or has access
46 to a firearm the chief law enforcement officer or superintendent may
47 use that information to assist in determining whether the patient has
48 become subject to any of the disabilities established in subsection c. of

1 N.J.S.2C:58-3 that would disqualify the patient from owning a firearm.
2 A patient who is determined to be prohibited from owning a firearm is
3 to have his or her identification card or permit voided and subject to
4 revocation by the Superior Court in accordance with current law. The
5 bill permits the court to order the patient to surrender any firearm
6 owned by the patient to the county prosecutor and order the prosecutor
7 to dispose of the firearms. The court may order a search for and
8 removal of firearms if there is probable cause that the patient has failed
9 to surrender the firearms. The bill requires the court to state with
10 specificity the reasons for and the scope of the search and seizure. The
11 bill also provides that a seized or surrendered firearm which is legally
12 owned by a person who is not the patient is to be immediately returned
13 to the legal owner upon a written request sent to the prosecutor
14 attesting that the patient does not have access to the firearm.

15 The bill allows a patient who submits to the Superior Court a
16 certificate of a medical doctor or psychiatrist licensed in New Jersey or
17 other satisfactory proof that the patient is no longer suffering from a
18 medical disorder that would interfere with the safe handling of
19 firearms to have the patient's firearms purchaser identification cards or
20 other permit or license reinstated.

21 The bill clarifies that a licensed medical professional who discloses
22 a privileged communication in complying with the bill's provisions is
23 immune from civil liability in regard to that disclosure.

ASSEMBLY JUDICIARY COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1181

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 28, 2018

The Assembly Judiciary Committee reports favorably and with committee amendments Assembly Bill No. 1181.

As amended and reported by the committee, Assembly Bill No. 1181 requires law enforcement, upon order of the court, to seize a firearm that is in the possession of a person determined by certain licensed health care professionals to be likely to engage in conduct that poses a threat of serious harm to the patient or another person. Specifically, the amended bill applies to professionals licensed in the State of New Jersey to practice psychology, psychiatry, medicine, nursing, clinical social work, or marriage and family therapy who have incurred a duty to warn or protect a potential victim under current law.

Under current law, a duty to warn and protect is incurred when: (1) the patient has communicated to that practitioner a threat of imminent, serious physical violence against a readily identifiable individual or against himself and the circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out the threat; or (2) the circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out an act of imminent, serious physical violence against a readily identifiable individual or against himself.

The amended bill requires these licensed health care professionals who incur a duty to warn or protect a potential victim from a patient's violent act to submit to law enforcement officials the patient's name and other non-clinical identifying information for the purpose of determining whether the patient has been issued a firearms purchaser identification card, permit to purchase a handgun, or any other permit or license authorizing possession of a firearm. Specifically, the amended bill requires a health care professional to contact the municipal police department in which the patient resides or the Superintendent of State Police if the patient resides in a municipality that does not have a full-time police department.

The amended bill also requires the chief law enforcement officer or superintendent, as appropriate, to use the information provided by the health care professional to determine whether the patient has been

issued a card or permit authorizing possession of a firearm or has access to a firearm.

If the patient has been issued a card or permit, or has access to a firearm the chief law enforcement officer or superintendent may use that information to assist in determining whether the patient has become subject to any of the disabilities established in subsection c. of N.J.S.2C:58-3 that would disqualify the patient from owning a firearm.

Subsection c. of N.J.S.2C:58-3 prohibits the issuance of a firearm purchaser identification card (FPIC) or permit to purchase a handgun (PPH) to any person who: (1) has been convicted of any crime; (2) is drug dependent; (3) has been confined for a mental disorder; (4) is a habitual drunkard or alcoholic; (5) suffers from a physical defect or disease which would make it unsafe for the person to handle a firearm; (6) knowingly falsifies any information on the application form for a FPIC or a PPH; (7) refuses to waive statutory or other rights of confidentiality relating to institutional confinement; (8) is subject to a domestic violence court order prohibiting firearms possession; or (9) is named on the Terrorist Watchlist maintained by the FBI.

A patient who is determined to be prohibited from owning a firearm is to have his or her identification card or permit voided and subject to revocation by the Superior Court in accordance with current law. The amended bill permits the court to order the patient to surrender any firearm owned by the patient to the county prosecutor and order the prosecutor to dispose of the firearms. The court may order a search for and removal of firearms if there is probable cause that the patient has failed to surrender the firearms. The amended bill requires the court to state with specificity the reasons for and the scope of the search and seizure. The amended bill also provides that a seized or surrendered firearm which is legally owned by a person who is not the patient is to be immediately returned to the legal owner upon a written request sent to the prosecutor attesting that the patient does not have access to the firearm.

The amended bill allows a patient who submits to the Superior Court a certificate of a medical doctor or psychiatrist licensed in New Jersey, or other satisfactory proof that the patient is no longer suffering from a medical disorder that would interfere with the safe handling of firearms, to have the patient's firearms purchaser identification card or other permit or license reinstated.

The amended bill clarifies that a licensed health care professional who discloses a privileged communication in complying with the bill's provisions is immune from civil liability in regard to that disclosure.

This bill was pre-filed for introduction in the 2018-2019 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

COMMITTEE AMENDMENTS

The committee amended the bill to:

1) remove from the title and synopsis of the bill references to mental health professional; and

2) replace the outdated term “marriage counseling” in the duty to warn act with the term “marriage and family therapy” in accordance with section 24 of P.L.1995, c.366 (C.45:8B-2.1)

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 1181

STATE OF NEW JERSEY

DATED: MAY 21, 2018

The Senate Budget and Appropriations Committee reports favorably Assembly Bill No. 1181 (1R).

This bill requires law enforcement, upon order of the court, to seize a firearm that is in the possession of a person determined by certain licensed health care professionals to be likely to engage in conduct that poses a threat of serious harm to the patient or another person.

Specifically, the bill applies to professionals licensed in the State of New Jersey to practice psychology, psychiatry, medicine, nursing, clinical social work, or marriage and family therapy who have incurred a duty to warn or protect a potential victim under current law.

Under current law, a duty to warn and protect is incurred when: (1) the patient has communicated to that practitioner a threat of imminent, serious physical violence against a readily identifiable person or against himself or herself and the circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out the threat; or (2) the circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out an act of imminent, serious physical violence against a readily identifiable person or against himself or herself.

The bill requires these licensed health care professionals who incur a duty to warn or protect to submit to law enforcement officials the patient's name and other non-clinical identifying information for the purpose of determining whether the patient has been issued a firearms purchaser identification card, permit to purchase a handgun, or any other permit or license authorizing possession of a firearm. Specifically, the bill requires a health care professional to contact the municipal police department in which the patient resides or the Superintendent of State Police if the patient resides in a municipality that does not have a full-time police department.

The bill also requires the chief law enforcement officer or superintendent, as appropriate, to use the information provided by the health care professional to determine whether the patient has been issued a card or permit authorizing possession of a firearm or has access to a firearm.

If the patient has been issued a card or permit, or has access to a firearm, the chief law enforcement officer or superintendent may use that information to assist in determining whether the patient has become subject to any of the disabilities that disqualify a person from owning a firearm. A person is disqualified from being issued a firearm purchaser identification card (FPIC) or permit to purchase a handgun (PPH) under current law if the person: (1) has been convicted of any crime or disorderly persons offense involving domestic violence; (2) is drug dependent; (3) has been confined for a mental disorder; (4) is a habitual drunkard or alcoholic; (5) suffers from a physical defect or disease which would make it unsafe for the person to handle a firearm; (6) knowingly falsifies any information on the application form for a FPIC or a PPH; (7) refuses to waive statutory or other rights of confidentiality relating to institutional confinement; (8) is subject to a domestic violence court order prohibiting firearms possession; or (9) is named on the FBI's Terrorist Watchlist.

The FPIC or PPH of a patient who is disqualified from owning a firearm under the bill is void and is to be returned to the superintendent within five days. The FPIC or PPH also may be revoked by the Superior Court in accordance with current law.

The bill permits the court to order the patient to surrender any firearm owned by the patient to the county prosecutor and order the prosecutor to dispose of the firearms. The court may order a search for and removal of firearms if there is probable cause that the patient has failed to surrender the firearms. The bill requires the court to state with specificity the reasons for and the scope of the search and seizure. The bill also provides that a seized or surrendered firearm which is legally owned by a person who is not the patient is to be immediately returned to the legal owner upon a written request sent to the prosecutor attesting that the patient does not have access to the firearm.

The bill allows a patient who submits to the Superior Court a certificate of a medical doctor or psychiatrist licensed in New Jersey, or other satisfactory proof, that the patient is no longer suffering from a medical disorder that would interfere with the safe handling of firearms, to have the patient's FPIC, PPH, or other permit or license reinstated.

Under current law, a licensed health care professional who discloses a privileged communication is immune from civil liability in regard to that disclosure. This immunity applies to disclosure of privileged communications under the provisions of the bill.

As reported, this bill is identical to Senate Bill No. 160 (1R), as also reported by the committee.

FISCAL IMPACT:

This bill has not been certified as requiring a fiscal note.

SENATE LAW AND PUBLIC SAFETY COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 1181

STATE OF NEW JERSEY

DATED: APRIL 16, 2018

The Senate Law and Public Safety Committee reports favorably Assembly Bill No. 1181 (1R).

As reported by the committee, this bill requires law enforcement, upon order of the court, to seize a firearm that is in the possession of a person determined by certain licensed health care professionals to be likely to engage in conduct that poses a threat of serious harm to the patient or another person.

Specifically, the bill applies to professionals licensed in the State of New Jersey to practice psychology, psychiatry, medicine, nursing, clinical social work, or marriage and family therapy who have incurred a duty to warn or protect a potential victim under current law.

Under current law, a duty to warn and protect is incurred when: (1) the patient has communicated to that practitioner a threat of imminent, serious physical violence against a readily identifiable person or against himself or herself and the circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out the threat; or (2) the circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out an act of imminent, serious physical violence against a readily identifiable person or against himself or herself.

The bill requires these licensed health care professionals who incur a duty to warn or protect a potential victim from a patient's violent act to submit to law enforcement officials the patient's name and other non-clinical identifying information for the purpose of determining whether the patient has been issued a firearms purchaser identification card, permit to purchase a handgun, or any other permit or license authorizing possession of a firearm. Specifically, the bill requires a health care professional to contact the municipal police department in which the patient resides or the Superintendent of State Police if the patient resides in a municipality that does not have a full-time police department.

The bill also requires the chief law enforcement officer or superintendent, as appropriate, to use the information provided by the health care professional to determine whether the patient has been

issued a card or permit authorizing possession of a firearm or has access to a firearm.

If the patient has been issued a card or permit, or has access to a firearm the chief law enforcement officer or superintendent may use that information to assist in determining whether the patient has become subject to any of the disabilities that disqualify a person from owning a firearm. A person is disqualified from being issued a firearm purchaser identification card (FPIC) or permit to purchase a handgun (PPH) under current law if the person: (1) has been convicted of any crime; (2) is drug dependent; (3) has been confined for a mental disorder; (4) is a habitual drunkard or alcoholic; (5) suffers from a physical defect or disease which would make it unsafe for the person to handle a firearm; (6) knowingly falsifies any information on the application form for a FPIC or a PPH; (7) refuses to waive statutory or other rights of confidentiality relating to institutional confinement; (8) is subject to a domestic violence court order prohibiting firearms possession; or (9) is named on the FBI's Terrorist Watchlist.

The FPIC or PPH of a patient who is disqualified from owning a firearm under the bill is void and is to be returned to the superintendent within five days. The FPIC or PPH also may be revoked by the Superior Court in accordance with current law.

The bill permits the court to order the patient to surrender any firearm owned by the patient to the county prosecutor and order the prosecutor to dispose of the firearms. The court may order a search for and removal of firearms if there is probable cause that the patient has failed to surrender the firearms. The bill requires the court to state with specificity the reasons for and the scope of the search and seizure. The bill also provides that a seized or surrendered firearm which is legally owned by a person who is not the patient is to be immediately returned to the legal owner upon a written request sent to the prosecutor attesting that the patient does not have access to the firearm.

The bill allows a patient who submits to the Superior Court a certificate of a medical doctor or psychiatrist licensed in New Jersey, or other satisfactory proof that the patient is no longer suffering from a medical disorder that would interfere with the safe handling of firearms, to have the patient's FPIC, PPH, or other permit or license reinstated.

Under current law, a licensed health care professional who discloses a privileged communication is immune from civil liability in regard to that disclosure. This immunity applies to disclosure of privileged communications under the provisions of the bill.

As reported by the committee, this bill is identical to Senate Bill No. 160, as amended and reported by the committee on this same date.

SENATE, No. 160

STATE OF NEW JERSEY 218th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

Sponsored by:

Senator VIN GOPAL

District 11 (Monmouth)

Senator JOSEPH P. CRYAN

District 20 (Union)

Co-Sponsored by:

Senators Scutari and Turner

SYNOPSIS

Requires firearms seizure when mental health professional determines patient poses threat of harm to self or others.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 4/13/2018)

1 AN ACT concerning mental health professionals' duty to warn and
2 protect and amending P.L.1991, c.270.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. Section 1 of P.L.1991, c.270 (C.2A:62A-16) is amended to
8 read as follows:

9 1. a. Any person who is licensed in the State of New Jersey to
10 practice psychology, psychiatry, medicine, nursing, clinical social
11 work, or marriage counseling, whether or not compensation is
12 received or expected, is immune from any civil liability for a
13 patient's violent act against another person or against himself unless
14 the practitioner has incurred a duty to warn and protect the potential
15 victim as set forth in subsection b. of this section and fails to
16 discharge that duty as set forth in subsection c. of this section.

17 b. A duty to warn and protect is incurred when the following
18 conditions exist:

19 (1) The patient has communicated to that practitioner a threat of
20 imminent, serious physical violence against a readily identifiable
21 individual or against himself and the circumstances are such that a
22 reasonable professional in the practitioner's area of expertise would
23 believe the patient intended to carry out the threat; or

24 (2) The circumstances are such that a reasonable professional in
25 the practitioner's area of expertise would believe the patient
26 intended to carry out an act of imminent, serious physical violence
27 against a readily identifiable individual or against himself.

28 c. A licensed practitioner of psychology, psychiatry, medicine,
29 nursing, clinical social work or marriage counseling shall discharge
30 the duty to warn and protect as set forth in subsection b. of this
31 section by doing any one or more of the following:

32 (1) Arranging for the patient to be admitted voluntarily to a
33 psychiatric unit of a general hospital, a short-term care facility, a
34 special psychiatric hospital or a psychiatric facility, under the
35 provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.);

36 (2) Initiating procedures for involuntary commitment to
37 treatment of the patient to an outpatient treatment provider, a short-
38 term care facility, a special psychiatric hospital or a psychiatric
39 facility, under the provisions of P.L.1987, c.116 (C.30:4-27.1 et
40 seq.);

41 (3) Advising a local law enforcement authority of the patient's
42 threat and the identity of the intended victim;

43 (4) Warning the intended victim of the threat, or, in the case of
44 an intended victim who is under the age of 18, warning the parent
45 or guardian of the intended victim; or

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 (5) If the patient is under the age of 18 and threatens to commit
2 suicide or bodily injury upon himself, warning the parent or
3 guardian of the patient.

4 d. A practitioner who is licensed in the State of New Jersey to
5 practice psychology, psychiatry, medicine, nursing, clinical social
6 work or marriage counseling who, in complying with subsection c.
7 of this section, discloses a privileged communication, is immune
8 from civil liability in regard to that disclosure.

9 e. If a licensed practitioner of psychology, psychiatry,
10 medicine, nursing, clinical social work, or marriage counseling who
11 currently is providing treatment services determines, in the exercise
12 of reasonable professional judgment, that the patient is likely to
13 engage in conduct that would result in serious harm to self or
14 others, the licensee shall report, as soon as practicable to the
15 Attorney General the patient's name and other non-clinical
16 identifying information which the Attorney General shall only use
17 to determine whether the patient has been issued a firearms
18 purchaser identification card, permit to purchase a handgun, or any
19 other permit or license authorizing possession of a firearm. If the
20 patient has been issued a card or permit, the Attorney General shall
21 arrange for any firearm possessed by the patient to be seized
22 pending a hearing. The Attorney General shall issue guidelines
23 governing the seizure of firearms pursuant to this subsection.

24 A licensed practitioner who, in complying with this subsection,
25 discloses a privileged communication is immune from civil liability
26 in regard to that disclosure.

27 (cf: P.L.2009, c.112, s.21)

28

29 2. This act shall take effect immediately.

30

31

32

STATEMENT

33

34 This bill requires the Attorney General to seize a firearm that is
35 in the possession of a person determined by a mental health
36 professional to be likely to engage in conduct that poses a threat of
37 serious harm to the patient or another person.

38 Specifically, the bill requires licensed medical professionals in
39 this State, including psychologists, psychiatrists, medical doctors,
40 nurses, clinical social workers, and marriage counselors, to report to
41 the Attorney General when, in their reasonable professional
42 judgment, a patient they are treating is likely to engage in conduct
43 that would result in serious harm to that patient or others. The
44 Attorney General would receive the patient's name and other non-
45 clinical identifying information to be used solely for the purpose of
46 determining whether the patient has been issued a firearms
47 purchaser identification card, permit to purchase a handgun, or any
48 other permit or license authorizing possession of a firearm. If the

S160 GOPAL, CRYAN

4

1 patient has been issued a card or permit, the Attorney General is
2 required to arrange for any firearm possessed by the patient to be
3 seized pending a hearing.

4 The bill clarifies that a licensed medical professional who
5 discloses a privileged communication in complying with the bill's
6 provisions is immune from civil liability in regard to that
7 disclosure.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 160

STATE OF NEW JERSEY

DATED: MAY 21, 2018

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 160 (1R).

This bill requires law enforcement, upon order of the court, to seize a firearm that is in the possession of a person determined by certain licensed health care professionals to be likely to engage in conduct that poses a threat of serious harm to the patient or another person.

Specifically, the bill applies to professionals licensed in the State of New Jersey to practice psychology, psychiatry, medicine, nursing, clinical social work, or marriage and family therapy who have incurred a duty to warn or protect a potential victim under current law.

Under current law, a duty to warn and protect is incurred when: (1) the patient has communicated to that practitioner a threat of imminent, serious physical violence against a readily identifiable person or against himself or herself and the circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out the threat; or (2) the circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out an act of imminent, serious physical violence against a readily identifiable person or against himself or herself.

The bill requires these licensed health care professionals who incur a duty to warn or protect to submit to law enforcement officials the patient's name and other non-clinical identifying information for the purpose of determining whether the patient has been issued a firearms purchaser identification card, permit to purchase a handgun, or any other permit or license authorizing possession of a firearm. Specifically, the bill requires a health care professional to contact the municipal police department in which the patient resides or the Superintendent of State Police if the patient resides in a municipality that does not have a full-time police department.

The bill also requires the chief law enforcement officer or superintendent, as appropriate, to use the information provided by the health care professional to determine whether the patient has been issued a card or permit authorizing possession of a firearm or has access to a firearm.

If the patient has been issued a card or permit, or has access to a firearm, the chief law enforcement officer or superintendent may use that information to assist in determining whether the patient has become subject to any of the disabilities that disqualify a person from owning a firearm. A person is disqualified from being issued a firearm purchaser identification card (FPIC) or permit to purchase a handgun (PPH) under current law if the person: (1) has been convicted of any crime or disorderly persons offense involving domestic violence; (2) is drug dependent; (3) has been confined for a mental disorder; (4) is a habitual drunkard or alcoholic; (5) suffers from a physical defect or disease which would make it unsafe for the person to handle a firearm; (6) knowingly falsifies any information on the application form for a FPIC or a PPH; (7) refuses to waive statutory or other rights of confidentiality relating to institutional confinement; (8) is subject to a domestic violence court order prohibiting firearms possession; or (9) is named on the FBI's Terrorist Watchlist.

The FPIC or PPH of a patient who is disqualified from owning a firearm under the bill is void and is to be returned to the superintendent within five days. The FPIC or PPH also may be revoked by the Superior Court in accordance with current law.

The bill permits the court to order the patient to surrender any firearm owned by the patient to the county prosecutor and order the prosecutor to dispose of the firearms. The court may order a search for and removal of firearms if there is probable cause that the patient has failed to surrender the firearms. The bill requires the court to state with specificity the reasons for and the scope of the search and seizure. The bill also provides that a seized or surrendered firearm which is legally owned by a person who is not the patient is to be immediately returned to the legal owner upon a written request sent to the prosecutor attesting that the patient does not have access to the firearm.

The bill allows a patient who submits to the Superior Court a certificate of a medical doctor or psychiatrist licensed in New Jersey, or other satisfactory proof, that the patient is no longer suffering from a medical disorder that would interfere with the safe handling of firearms, to have the patient's FPIC, PPH, or other permit or license reinstated.

Under current law, a licensed health care professional who discloses a privileged communication is immune from civil liability in regard to that disclosure. This immunity applies to disclosure of privileged communications under the provisions of the bill.

As reported, this bill is identical to Assembly Bill No. 1181 (1R), as also reported by the committee.

FISCAL IMPACT:

This bill has not been certified as requiring a fiscal note.

SENATE LAW AND PUBLIC SAFETY COMMITTEE

STATEMENT TO

SENATE, No. 160

with committee amendments

STATE OF NEW JERSEY

DATED: APRIL 16, 2018

The Senate Law and Public Safety Committee reports favorably and with committee amendments Senate Bill No. 160.

As amended and reported by the committee, this bill requires law enforcement, upon order of the court, to seize a firearm that is in the possession of a person determined by certain licensed health care professionals to be likely to engage in conduct that poses a threat of serious harm to the patient or another person.

Specifically, the amended bill applies to professionals licensed in the State of New Jersey to practice psychology, psychiatry, medicine, nursing, clinical social work, or marriage and family therapy who have incurred a duty to warn or protect a potential victim under current law.

Under current law, a duty to warn and protect is incurred when: (1) the patient has communicated to that practitioner a threat of imminent, serious physical violence against a readily identifiable person or against himself or herself and the circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out the threat; or (2) the circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out an act of imminent, serious physical violence against a readily identifiable person or against himself or herself.

The amended bill requires these licensed health care professionals who incur a duty to warn or protect a potential victim from a patient's violent act to submit to law enforcement officials the patient's name and other non-clinical identifying information for the purpose of determining whether the patient has been issued a firearms purchaser identification card, permit to purchase a handgun, or any other permit or license authorizing possession of a firearm. Specifically, the amended bill requires a health care professional to contact the municipal police department in which the patient resides or the Superintendent of State Police if the patient resides in a municipality that does not have a full-time police department.

The amended bill also requires the chief law enforcement officer or superintendent, as appropriate, to use the information provided by the health care professional to determine whether the patient has been

issued a card or permit authorizing possession of a firearm or has access to a firearm.

If the patient has been issued a card or permit, or has access to a firearm the chief law enforcement officer or superintendent may use that information to assist in determining whether the patient has become subject to any of the disabilities that disqualify a person from owning a firearm. A person is disqualified from being issued a firearm purchaser identification card (FPIC) or permit to purchase a handgun (PPH) under current law if the person: (1) has been convicted of any crime; (2) is drug dependent; (3) has been confined for a mental disorder; (4) is a habitual drunkard or alcoholic; (5) suffers from a physical defect or disease which would make it unsafe for the person to handle a firearm; (6) knowingly falsifies any information on the application form for a FPIC or a PPH; (7) refuses to waive statutory or other rights of confidentiality relating to institutional confinement; (8) is subject to a domestic violence court order prohibiting firearms possession; or (9) is named on the FBI's Terrorist Watchlist.

The FPIC or PPH of a patient who is disqualified from owning a firearm under the amended bill is void and is to be returned to the superintendent within five days. The FPIC or PPH also may be revoked by the Superior Court in accordance with current law.

The amended bill permits the court to order the patient to surrender any firearm owned by the patient to the county prosecutor and order the prosecutor to dispose of the firearms. The court may order a search for and removal of firearms if there is probable cause that the patient has failed to surrender the firearms. The amended bill requires the court to state with specificity the reasons for and the scope of the search and seizure. The amended bill also provides that a seized or surrendered firearm which is legally owned by a person who is not the patient is to be immediately returned to the legal owner upon a written request sent to the prosecutor attesting that the patient does not have access to the firearm.

The amended bill allows a patient who submits to the Superior Court a certificate of a medical doctor or psychiatrist licensed in New Jersey, or other satisfactory proof that the patient is no longer suffering from a medical disorder that would interfere with the safe handling of firearms, to have the patient's FPIC, PPH, or other permit or license reinstated.

Under current law, a licensed health care professional who discloses a privileged communication is immune from civil liability in regard to that disclosure. This immunity applies to disclosure of privileged communications under the provisions of the amended bill.

As amended and reported by the committee, this bill is identical to Assembly Bill No. 1181(1R), also reported by the committee on this same date.

COMMITTEE AMENDMENTS:

The committee amended the bill to:

1) require licensed medical professionals who incur a duty to warn or protect a potential victim from a patient's violent act to submit to law enforcement officials the patient's name and other non-clinical identifying information;

2) require law enforcement to use this information to determine whether the patient has been issued a card or permit authorizing possession of a firearm or has access to a firearm;

3) if the patient has been issued a card or permit, or has access to a firearm, authorize law enforcement to use that information to assist in determining whether the patient has become subject to any of the disabilities that would disqualify the patient from owning a firearm, and if so, make the identification card or permit void and subject to revocation by the Superior Court;

4) authorize the court to order the patient to surrender any firearm owned by the patient to the county prosecutor and order the prosecutor to dispose of the firearms;

5) upon prosecutorial motion, authorize the court to order a search for and removal of firearms if there is probable cause that the patient has failed to surrender the firearms, stating with specificity the reasons for and the scope of the search and seizure;

6) provide that a seized or surrendered firearm which is legally owned by a person who is not the patient is to be immediately returned to the legal owner upon a written request sent to the prosecutor attesting that the patient does not have access to the firearm;

7) authorize the court to reinstate a patient's identification card or permit if the patient submits a certificate of a licensed medical doctor or psychiatrist or other satisfactory proof that the patient is no longer suffering from a medical disorder that would interfere with the safe handling of firearms;

8) replace the term "marriage counselor" with "marriage and family therapy;" and

9) make technical changes.

This bill was pre-filed for introduction in the 2018-2019 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

July 23, 2018

**SENATE BILL NO. 1057
(First Reprint)**

To the Senate:

Pursuant to Article V, Section I, Paragraph 14 of the New Jersey Constitution, I am returning Senate Bill No. 1057 (First Reprint) with my recommendations for reconsideration.

I commend the bill's sponsors for recognizing the value that New Jersey wineries and vineyards bring to our State and for taking the initiative to help ensure the industry's growth and success. The Economic Development Authority ("EDA") offers a large portfolio of programs and services designed to assist businesses of all sizes with access to capital, including loans, loan guarantees, tax-exempt and taxable bond financing, and business and tax incentives. Although New Jersey's vineyards and wineries are eligible for many of these programs, I agree with the bill's sponsors that a loan program specific to this growing and important industry is warranted.

I am concerned, however, that the bill's delineation of loan amounts, rates of interest and repayment terms unnecessarily restrict the loans available under the program, which could undermine the program's impact. Such terms are generally established by the EDA pursuant to varying economic and market factors, along with the creditworthiness of the borrower. The borrowing terms outlined in the bill are too prescriptive for EDA to administer an effective loan program for the vineyard and winery industries in the State. The spirit of the bill would be better served by leaving these determinations to EDA.

Therefore, I herewith return Senate Bill No. 1057 (First Reprint) and recommend that it be amended as follows:

Page 3, Section 2, Lines_25-34: Delete in their entirety

Page 3, Section 2, Line_35: Delete "c." and insert "b."

Page 3, Section 2, Line_45:

Delete "d." and insert "c."

Page 4, Section 2, Line_3:

Delete "e." and insert "d."

[seal]

Respectfully,

/s/ Philip D. Murphy

Governor

Attest:

/s/ Kate E. McDonnell

Deputy Chief Counsel to the Governor



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Newark, N.J.

Governor Murphy Takes Action on Legislation

07/23/2018

Today, Governor Phil Murphy conditionally vetoed the following bills:

S1057 (Van Drew, Gopal/Houghtaling, Andrzejczak, Mazzeo, Taliaferro) - Requires EDA, in consultation with Department of Agriculture, to establish loan program for certain vineyard and winery capital expenses.

[Copy of message on S1057.](#)

S1208 (Beach, Oroho/Rooney, Johnson, Schaer, Pinkin) - Prohibits investment of pension and annuity funds by State in entities that avoid Superfund obligations to State.

[Copy of message on S1208.](#)

S1914 (Ruiz, Cruz-Perez/Quijano, Chaparro) - Prohibits investment of State pension and annuity funds in entities engaged in mortgage foreclosures during periods of mortgage foreclosure moratoria in Presidentially-Declared Major Disaster Areas impacted by Hurricane Maria.

[Copy of message on S1914.](#)

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Newark, N.J.

Governor Murphy Toughens New Jersey's Gun Laws by Signing Safety Measures to Protect Children and Families

06/13/2018

TRENTON - Governor Phil Murphy today signed a package of common-sense gun safety bills that make New Jersey among the states with the strongest and most formidable gun laws in the nation. More than 2,000 shootings occur annually in New Jersey, with around 500 firearm-related deaths each year. Firearm-related violence costs the state's economy approximately \$1.2 billion annually, and directly costs taxpayers nearly \$275 million.

"Today, I'm proud to sign this series of common-sense gun safety bills into law to protect our children and families from the reckless dangers of gun violence, something the federal government has failed to do on behalf of its residents," **said Governor Murphy**. "By setting these higher standards for gun safety, New Jersey continues to bolster its reputation as a national leader on this critical social and public health issue."

The six bills include:

A1181, which allows mental health practitioners and law enforcement officials to keep firearms away from mental health and therapy patients who seek to harm themselves or others. The bill amends current law to require that licensed mental health practitioners exercise their duty to warn and protect by alerting law enforcement if a patient has threatened to and intends to commit imminent, serious physical violence against themselves or others. If law enforcement determines that the patient is incapable under statute of possessing a firearm, then any firearm ID card or purchasing or carrying permit is voided and subject to revocation by the Superior Court.

Sponsors include Assembly members Patricia Egan Jones, Gabriela M. Mosquera, Shavonda E. Sumter, JoAnn Downey, Arthur Barclay and Paul D. Moriarty.

A1217, known as the Extreme Risk Protective Order Act of 2018, authorizes New Jersey courts to issue gun violence protective orders to individuals who pose a significant risk of personal injury to themselves or others by possessing or owning a firearm. The protective orders prohibit the person who the order is filed against from securing or possessing any permit or license allowing firearm possession during the protective-order period. The bill also makes it a fourth-degree crime for a person to purposely or knowingly violate any provision of an extreme risk protective order.

Sponsors include Assembly members John F. McKeon, Louis D. Greenwald, Mila M. Jasey, Tim Eustace, Andrew Zwicker, Carol A. Murphy and Paul D. Moriarty.

A2757 strengthens the safety of firearm transfers by requiring background checks on individuals who are purchasing from or being transferred firearms by private dealers. The bill amends current law to require any person who is not a licensed firearm retail dealer and who privately sells or transfers a firearm to another person to conduct the transaction through a licensed retail dealer. Licensed dealers are required to conduct a background check of

the person acquiring the firearm before the transaction occurs. In addition, the legislation exempts sales and transfers between members of an immediate family; law enforcement; licensed collectors of antique firearms; or a temporary transfer from being conducted through a licensed dealer and subject to a background check.

Sponsors include Assembly members Louis D. Greenwald, Jamel C. Holley, Paul D. Moriarity and Senator Linda R. Greenstein.

A2758 amends the requirements necessary to show a justifiable need to carry a hand gun in public. This bill changes the serious threat threshold established by the previous administration by expressly defining justifiable need to require a showing of specific threats or previous attacks that demonstrate a special danger to the applicant's life and that cannot be avoided other than by issuance of a permit to carry a handgun. The bill's requirement to show specific threats tightens the qualifications for firearm carrying.

Sponsors include Assembly members Louis D. Greenwald, Jamel C. Holley, Paul D. Moriarity and Senator Linda R. Greenstein.

A2759 adds armor piercing ammunition to the list of ammunition that is prohibited in New Jersey. The bill was written to prevent civilians from legally possessing ammunition that is designed and constructed to penetrate 48 layers of Kevlar and clarifies that possession or manufacture of this ammunition is a fourth-degree crime.

Sponsors include Assembly members Louis D. Greenwald, Carol A. Murphy, Annette Quijano, Jamel C. Holley, and Paul D. Moriarity and Senators Fred H. Madden, Jr. and Linda R. Greenstein.

A2761 reduces the maximum capacity of ammunition magazines from 15 to 10 rounds. The exception is for current law enforcement who are on-duty or traveling to or from duty and retired law enforcement. Individuals who legally own a firearm with an unmodifiable fixed magazine capacity of up to 15 rounds or legally own a firearm that only accepts an unmodifiable detachable magazine of up to 15 rounds prior to the effective date of the bill must register the firearm with their local law enforcement agency. The bill makes it a fourth-degree crime for a person to knowingly possess a large capacity ammunition magazine unless a firearm such a magazine is registered as required.

Sponsors include Assembly members Louis D. Greenwald, Annette Quijano, Gordon M. Johnson, Jamel C. Holley, and Paul D. Moriarity.

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