



The Minnesota Gun Owners Caucus represents thousands of peaceable gun owners across our state. We share your commitment to safer communities. We ask you to look past the recurring, politically charged debates and use this opportunity to advance policies that measurably improve public safety while respecting constitutional rights.

The accompanying proposal is grounded in Minnesota and national data. It explains why familiar proposals that dominate headlines are poorly matched to the patterns of violence we face, and it directs attention to strategies with demonstrated results: expanding mental-health access and mobile crisis response; investing in targeted, community-based interventions for those at highest risk; and adopting intelligence-driven safety and threat-assessment practices for schools and other gathering places. These approaches save lives without stigmatizing law-abiding gun owners or people with mental illness, and they build durable trust between communities and public-safety professionals.

Debate over violence involving firearms is often polarized and centered on proposals with limited impact. This proposal provides a legislative framework grounded in data, research, and demonstrated outcomes. The objective is to inform a legislative working group with an evidence-supported proposal that addresses the true drivers of firearm violence in a comprehensive and compassionate manner.

We stand ready to work with the committee and stakeholders across Minnesota to implement practical measures that reduce victimization, support those in crisis, and protect the rights of peaceable Minnesotans.

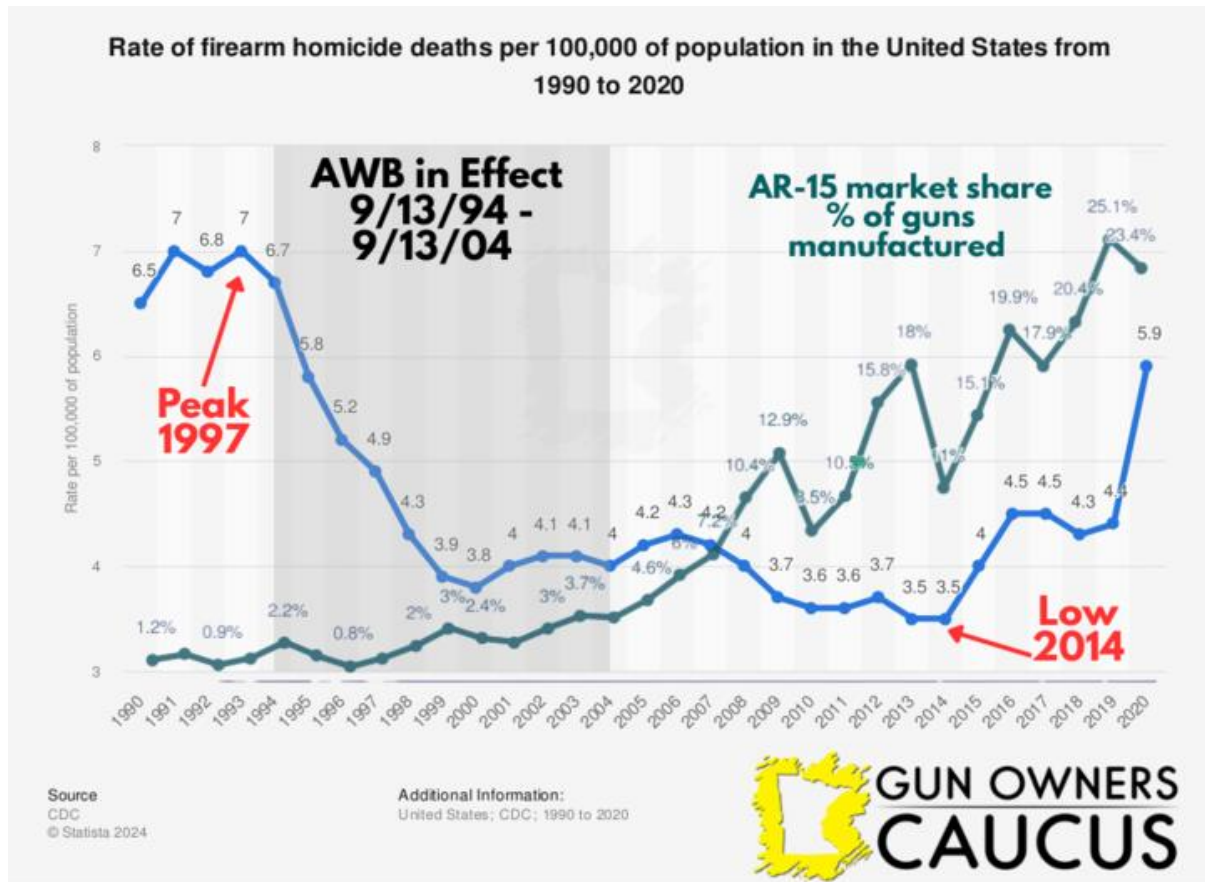
Ineffective and Politically Non-Viable Options

Assault Weapons Bans: An Ineffective and Misguided Approach

Policy should target the most prevalent forms of harm. Public debate often focuses on “assault weapons,” yet these firearms constitute a very small share of violent crime. A congressionally mandated study of the 1994 Federal Assault Weapons Ban found its impact on lethal firearm violence “unclear,” noting the banned weapons and magazines were **“rarely used to commit murders,”** limiting any effect.ⁱ FBI 2023 data show handguns were used in 53% of firearm murders and non-negligent manslaughters, while rifles—the category including so-called “assault weapons”—**were used in 4%.**ⁱⁱ Despite adopting an “assault weapons” ban in 1989, California has experienced more mass shootings than any other state.ⁱⁱⁱ

Minnesota BCA data mirror this trend. From 2021–2025, of 295 firearm-related homicides, 263 involved handguns and 16 involved rifles.^{iv} Concentrating legislation on a small subset of firearms while neglecting the most common tools of firearm violence misaligns policy with facts.

The 1994 ban also failed to reduce incident lethality; there was no observed drop in victims per incident or multiple-gunshot-wound victims. Other research, including RAND, finds “no conclusive evidence” that bans on “assault weapons” or “large” capacity magazines significantly affect mass shootings or violent crime.^v National violent-crime and **homicide rates declined during the ban and continued falling for about a decade after it expired**, reached a low in 2014, then rose again; Minneapolis–St. Paul saw a **peak in homicides in the mid-90’s**, in the midst of the ban, and also decreased for a decade after it was sunset.^{viii} Banning a specific weapon type does not address the conditions driving most violence. A more effective approach targets the underlying factors that produce these events.



“Enhanced” Background Checks: A Solution Limited by Data and Design

Background checks exclude legally disqualified purchasers but are not predictive tools.^{viii} Disqualification depends on documented prohibitors (e.g., convictions, civil commitments), which may not exist where cases are declined or diverted.

This limitation is illustrated by the Annunciation shooter, Robin Westman. As reported by MPR News and the Associated Press, **Westman had no adult criminal record or civil commitment and legally purchased the firearms** used in the attack despite disturbing behaviors and fixation on prior mass shooters.^{ix} *NICS does not contain medical or other sensitive personal information.

A strategy centered on “enhanced” checks risks overpromising, as it leaves unaddressed the behavioral warning signs that often precede violence.

The Counterproductive Strategy of Demonizing Communities

Assigning blame to broad groups—whether marginalized communities, peaceable gun owners or people with mental illness—misdirects policy. Violence Prevention Project interviews with 18 male homicide perpetrators in the Twin Cities show recurring histories of severe childhood trauma, parental substance abuse/incarceration, early delinquency, and despair intensified by 2020’s disruptions.^{xi} As one interviewee described after leaving school during the pandemic: life felt “empty,” with “no rules.”



Research consistently shows **the vast majority of people with mental illness are not violent** and are more often victims; only an estimated 3%–5% of violent acts are attributable to serious mental illness. Effective policy addresses trauma, instability, and substance abuse rather than stigmatized categories.^{xii}

Evidence-Based Solutions

Increased Mental Health Access: A Proactive and Proven Solution

Suicide is the largest contributor to firearm mortality. In 2024, 74% of firearm deaths in Minnesota were suicides; the firearm-suicide rate has trended upward for two decades and remains near all-time highs.^{xiii} Legislation should prioritize proactive mental-health support. Minnesota's 2022 bipartisan bill invested \$93 million to expand providers and resources, ease the addition of mental-health beds, create grants for youth "urgency rooms," and increase funding for mobile crisis units^{xiv}, but **access remains limited**, especially in greater Minnesota.

Mobile crisis teams can resolve about 55% of psychiatric emergencies without hospitalization (vs. ~28% for police response) and at roughly 23% lower average cost, primarily by avoiding inpatient admissions.^{xv} Additional research shows reduced ER utilization and decreased criminal-justice involvement.^{xvi} Expanding these services directly addresses the majority of firearm deaths without implicating complex constitutional issues.

Fostering Community-Based Interventions

Community-centered approaches prioritize education, early help-seeking, and low-barrier pathways that connect people in crisis to care and strengthen neighborhood supports. Community education and low-barrier access points can be scaled with targeted legislative levers. States can dedicate a small telecommunications surcharge to stabilize 988 call centers and crisis services, as expressly authorized in the National Suicide Hotline Designation Act, and pair it with reporting and "sequestered account" requirements.^{xvii}

The legislature can also direct Medicaid agencies to adopt the ARPA mobile-crisis option (with an 85% federal match for the first three years) and require 24/7 coverage and linkage from 988 to mobile teams. Expanding CCBHCs through participation in the BSCA-expanded Medicaid demonstration—and appropriating funds to certify more clinics—guarantees "serve-anyone" access with crisis services and care coordination.^{xviii}

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Implementing Smart Security and Threat Assessment Infrastructure

School safety should elevate people-centered prevention over a "fortress" posture. K-12 school homicide data show most campus homicides occur outdoors (parking lots, playgrounds) and often arise from spontaneous disputes, not preplanned indoor "active shooter" events. Prioritizing only hardened interiors misses the modal risk.

The most consistent warning sign is behavioral leakage: over 90% of mass school shooters disclosed intent beforehand. NIJ-cited research associates anonymous reporting systems with a 13.5% reduction in violent incidents. These systems should feed multidisciplinary assessment/intervention teams capable of



individualized support for students in crisis.^{xx}

A layered approach should include:

- **Intelligence-driven systems:** Standardized and multidisciplinary teams across K-12 and higher education.^{xxi}
- **Environmental design:** Utilize technology and site design to prevent and mitigate threats to schools (lighting, surveillance, and CPTED-aligned planning for parking lots and playgrounds).
- **Behavioral training:** Dispute- and conflict-resolution skills for students and staff, aligned with the most common homicide circumstances.

Conclusion and Recommendations

The data is clear: the most direct way to address violence involving firearms is to move beyond a limited focus on firearm restrictions and embrace a holistic, public health-informed framework. The evidence shows that firearm violence is not a monolithic problem with a single solution. It is a crisis driven by multiple factors, from the despair that leads to suicide to the trauma and social instability that fuel homicides. Removing a particular firearm design—or even eliminating civilian access to all firearms—**does not engage the person in crisis or mitigate intent**, and individuals may substitute other means of self-harm or violence.

A narrow legislative focus on banning particular firearm designs, while politically appealing, is misaligned with patterns of firearm crime and does little to reach people in crisis. Design bans spark contentious line-drawing (what counts as the banned “type”), face constitutional scrutiny under the Supreme Court’s history-and-tradition framework, and encounter implementation problems—grandfathered inventory, uneven enforcement, substitution to other means, and widespread noncompliance. These realities make design bans fraught with political, legal, and practical challenges. A more durable path is to invest in interventions that **address the person and the place**—trauma, substance use, and social instability—while building resilient community supports.

Based on these findings, the following legislative recommendations are proposed for the working group on violence involving firearms prevention:

1. **Mandate and Fund Mobile Crisis Units and Mental Health "Urgency Rooms":** Pass legislation to expand and permanently fund mobile crisis units and mental health "urgency rooms" statewide. The data demonstrates these programs are a method for de-escalating crises, preventing unnecessary hospitalization, and most importantly, reducing the risk of self-harm.
2. **Codify and Fund Community Mental Health Interventions:** Allocate dedicated, long-term funding for evidence-based community mental health intervention programs that address the root causes of violence, such as poverty, trauma, and a lack of social support. These programs provide a critical alternative to the cycle of crime by fostering stability and connection for at-risk individuals.
3. **Expand Community Crisis Awareness and Access:** Establish a “no-wrong-door” system anchored by 988, CCBHCs, and community partners, with 24/7 mobile-crisis coverage, same-day outpatient slots, and warm handoffs. Expand statewide capacity—especially in rural and shortage areas—via Medicaid reimbursement and targeted grants. Engage in sustained public-awareness and referral campaigns that teach residents to recognize warning signs and use 988, mobile crisis teams, and CCBHCs—so both people in crisis and community members can connect them to care.



4. **Establish Statewide Threat Assessment Infrastructure:** Utilize the MNBCA's School Safety Center to establish a threat-assessment infrastructure in all K-12 and higher education institutions. The data confirms that perpetrators often "leak" their plans, making these assessments a reliable and cost-effective method for preventing violence at its earliest stages.
5. **Redefine "Safe Schools" Aid:** Restructure "Safe Schools" Aid to prioritize funding for security (e.g., threat assessment training, anonymous reporting systems), technology enhancements, and physical security for vulnerable outdoor gathering places, such as parking lots and sports fields.

The Minnesota Gun Owners Caucus stands firmly opposed to any scheme that impacts the Second Amendment right of peaceable Minnesotans to keep and bear arms. The Second Amendment, as affirmed by the US Supreme Court, is not up for negotiation or subject to interest-balancing tests. Any law that infringes upon that right is unconstitutional, illegitimate, and destined to fail.

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ⁱ National Institute of Justice. (1999). *Impact of the 1994 assault weapons ban*.

ⁱⁱ Federal Bureau of Investigation. (2024, September 23). *Crime in the Nation, 2023: Expanded homicide tables—Murder victims by weapon* [Data set]. Crime Data Explorer. Retrieved September 11, 2025, from <https://cde.ucr.cjis.gov/LATEST/webapp/#/explorer/homicide>

ⁱⁱⁱ Mother Jones. (2012, December). *Mass shootings: Mother Jones full data*. Mother Jones.

<https://www.motherjones.com/politics/2012/12/mass-shootings-mother-jones-full-data/>

^{iv} Minnesota Department of Public Safety, Bureau of Criminal Apprehension. (2025). *Minnesota Crime Data Explorer: Homicide—Type of weapon or force involved, statewide totals (2021–2025)* [Data dashboard]. Retrieved September 11, 2025

^v RAND Corporation. (2018). *The effects of "assault weapons" bans and large-capacity magazine bans on mass shootings and violent crime*.

^{vi} Minneapolis Police Department. (2014). *2013 Annual Report*. City of Minneapolis.

https://content.govdelivery.com/attachments/MPLS/2014/05/19/file_attachments/293901/2013MPDAnnualReport.pdf

^{vii} Bureau of Justice Statistics. (2011). *Homicide trends in the United States, 1980-2008*.

^{viii} NICS. (2024). *NICS indices*. Federal Bureau of Investigation

^{ix} MPR News. (2025, September 11). In Annunciation shooting, Robin Westman didn't trip alarms on new red flag laws.

^x Associated Press. (2025, September 4). Gun store owner Kory Krause said nothing stood out with Robin Westman. *KARE 11*.

^{xi} Peterson, J. K., & Densley, J. A. (2024). *Exploring the overlap: Suicidal thoughts and homicidal acts among incarcerated offenders*. *Deviant Behavior*

^{xii} Metzl, J. M., & MacLeish, K. T. (2015). Mental illness, mass shootings, and the politics of American firearms. *American Journal of Public Health, 105*(2), 240–249

^{xiii} Minnesota Department of Health. (2025, May 13). *Data brief: Suicide mortality steady in 2024*

^{xiv} Office of Governor Tim Walz. (2022, June 2). *Governor Walz signs mental health package into law (Chapter 99, HF 2725)*.

<https://mn.gov/governor/newsroom/press-releases/?id=1055-529893>

^{xv} Biegel, D. E. (2000). Effectiveness of a mobile crisis team in reducing psychiatric hospitalizations. *Psychiatric Services, 51*(9), 1153–1158.

^{xvi} Scott, R. L. (2000). Evaluation of a mobile crisis program: Effectiveness, efficiency, and consumer satisfaction. *Psychiatric Services, 51*(9), 1153–1156. <https://doi.org/10.1176/appi.ps.51.9.1153>

^{xvii} National Suicide Hotline Designation Act of 2020, Pub. L. No. 116-172, § 4, 134 Stat. 832 (2020).

^{xviii} Emily E. Bouchery et al., *The Effectiveness of a Peer-Staffed Crisis Respite Program as an Alternative to Hospitalization*, 69 *Psychiatric Servs.* 1069 (2018).

^{xix} Ctrs. for Medicare & Medicaid Servs., *State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services* (ARPA § 9813) (Dec. 28, 2021), <https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/state-option-provide-qualifying-community-based-mobile-crisis-intervention-services>

^{xx} Partner Alliance for Safer Schools. (2023). *The layered security approach*.

^{xxi} Vossekuil, B., Fein, R. A., Reddy, M., Borum, R., & Modzeleski, W. (2004). *The final report and findings of the Safe School Initiative: Implications for the prevention of school attacks in the United States*. U.S. Secret Service & U.S. Department of Education.