

ASSEMBLY BILL NO. 2006
(Second Reprint)

To the General Assembly:

Since my first term as Governor of New Jersey, and as the former United States Attorney for our State, I have steadfastly committed to reducing violent crimes. Lost in the endless echo of overlapping and overheated rhetoric on this issue is a willingness to honestly, and openly, confront the causes and consequences of violence. Difficult choices are brushed aside in favor of empty rhetoric. Uncomfortable topics are left unexplored, while easy soundbites and videoclips are packaged for consumption. Appropriate empathy for victims, and their suffering survivors, blurs with politics and elected officials' self-promotion to create a polarizing intolerance. We ignore the hard for the expedient, the controversial for the safely familiar, and the costly for those cheaply recycled answers that never really address the root causes. Assembly Bill No. 2006 (Second Reprint), lowering the legal ammunition capacity in fixed and non-fixed gun magazines from fifteen rounds to ten rounds, follows this well-worn path and, pursuant to Article V, Section I, Paragraph 14 of the New Jersey Constitution, I am returning the bill with my recommendations for reconsideration.

New Jersey has frequently enacted protections against illegal gun possession. I have proposed a comprehensive package of enhancements to our criminal laws, including new penalties for the sale of guns to convicts, gun trafficking, and tampering or falsifying firearms permits. In addition, my proposals would impose mandatory minimum sentences for illegal gun possession and stringent sentences for firearms trafficking. More than one year later, and despite no opposition from any quarter, these obvious improvements to our criminal justice system languish

unaddressed by the Legislature and unavailable to law enforcement.

Likewise, I called for a new set of guidelines to target and treat mental health illness. Time and again, the headlines surrounding instances of mass violence paint an unmistakable portrait of individuals in crisis falling through the broken safety nets of screening, treatment, and commitment. I recognize that science and medicine cannot be expected to predict all tragedies and prevent all harms. Those limitations, however, cannot justify binding the hands of mental health professionals with outdated procedures, inflexible protocols, and a patchwork approach to clinical oversight that frustrates continuous treatment. Eliminating the obvious dangers posed by untreated mental illnesses should have been a priority for the Legislature. But taking up the challenge of mental health would mean a controversial, challenging, and often uncomfortable public dialogue. Not surprisingly, the majority supporting this bill took the easier path.

According to proponents of this bill, reducing the number of rounds that can be fired from a gun will reduce death and injury during an episode of mass violence. This idea is not new. In 1990, New Jersey enacted a law reducing the legal capacity of ammunition magazines to fifteen rounds. Now, the Legislature claims a new capacity is necessary in light of recent and tragic incidents of violence. These advocates argue that forcing an unstable, untreated, and likely clinically ill shooter to pause to reload during a rampage will humanely spare lives. This is the very embodiment of reform in name only. It simply defies common sense to believe that imposing a new and entirely arbitrary number of bullets that can be lawfully loaded

into a firearm will somehow eradicate, or even reduce, future instances of mass violence. Nor is it sufficient to claim that a ten-round capacity might spare an eleventh victim. For if that was true, then why wouldn't a nine-round limit be more humane? It is inconceivable that those voting for this bill would suggest that the first victim lost to a murderer's untreated rage deserves less protection than the eleventh. Yet, by favoring a simplistic solution over lasting reform to our mental health system and toughening the laws against criminals, the proponents of this bill have made exactly that calculation.

I will not support such a trivial approach to the sanctity of human life, because this is not governing. Governing is confronting problems. Governing is acknowledging that there is no easy answer to hard problems, no convenient solution that skirts controversy. Governing is leading the conversation, especially on those topics deemed too sensitive, too risky for elected officials. Facing the intersection between untreated mental illnesses and mass violence is exactly the kind of real reform our State would welcome. It is a chance to examine the real causes of mass violence.

Today, I recommend changes to our State's mental health laws that promise new hope in the fight against mass violence. My recommendations begin with the simple premise that physicians, clinicians, courts, and families need the flexibility to intervene when the warning signs of mental illness signal imminent danger. First, to ensure that those in crisis can receive the help they need, I propose a new standard that will allow for the involuntary commitment of persons whose mental illness could, if untreated, deteriorate to the point of dangerousness. Similarly, my proposal creates a new, clear

separation between mental illness and other cognitive disabilities to make certain individuals are committed to involuntary treatment in the setting most appropriate for their condition.

Second, my recommendations amend current law to eliminate judicial concerns and clinical frustrations regarding the factors to be considered when recommending involuntary outpatient treatment. Under my proposal, individuals would now be evaluated based on a medically sound set of standards including failure to comply with treatment, acts of serious violent behavior to self or others, threats or attempts at harm within the past four years, and unwillingness to voluntarily comply with treatment because of a mental illness. These new standards provide predictable guidance for courts and clinicians to determine whether involuntary outpatient treatment is appropriate.

Third, my recommendations end the existing broken loops in mental health treatment by streamlining the transfer of patients between involuntary inpatient and outpatient treatment programs as deemed appropriate by clinicians.

Fourth, I recommend new training programs for first responders to educate those most likely to encounter persons in crisis with modern techniques for de-escalation and, where necessary, prompt referral for screening and commitment.

Finally, my recommendations strengthen our State's already rigorous gun laws to require a person previously involuntarily committed to mental health treatment to demonstrate adequate medical evidence of suitability to obtain a firearms purchaser identification card.

We will not settle for grandstanding reform in name only. We can insist that elected officials pass laws that will bring about meaningful change. Mass violence will not end by changing the number of bullets loaded into a gun. It will end with a serious commitment to elevating our response to mental illness, a declaration that we will not let our discomfort with this disease threaten our children, our families, and our communities. It will end by taking seriously our duty to incarcerate violent criminals, not by criminalizing the conduct of law abiding citizens to score political points. I am ready to lead that fight.

Accordingly, I herewith return Assembly Bill No. 2006 (Second Reprint) and recommend that it be amended as follow:

<u>Page 2, Title, Lines 1-2:</u>	Delete "firearms and amending N.J.S.2C:39-1 and supplementing chapter 39 of Title 2C of the New Jersey Statutes" and insert "mental health treatment, and amending and supplementing various parts of the statutory law"
<u>Page 2, Section 1, Lines 7-44:</u>	Delete in their entirety
<u>Page 3, Section 1, Lines 1-46:</u>	Delete in their entirety
<u>Page 4, Section 1, Lines 1-47:</u>	Delete in their entirety
<u>Page 5, Section 1, Lines 1-47:</u>	Delete in their entirety
<u>Page 6, Section 1, Lines 1-47:</u>	Delete in their entirety
<u>Page 7, Section 1, Lines 1-16:</u>	Delete in their entirety
<u>Page 7, Section 2, Lines 18-24:</u>	Delete in their entirety
<u>Page 7, Section 3, Lines 26-31:</u>	Delete in their entirety
<u>Page 7, Section 4, Lines 33-47:</u>	Delete in their entirety
<u>Page 8, Section 5, Lines 1-19:</u>	Delete in their entirety
<u>Page 8, Line 20:</u>	Insert new sections 1 - 5 to read as follows: "1. Section 2 of P.L.1987, c.116 (C.30:4-27.2) is amended to read as follows:

2. As used in P.L.1987, c.116 (C.30:4-27.1 et seq.) and P.L.2009, c.112:

a. "Chief executive officer" means the person who is the chief administrative officer of an institution or psychiatric facility.

b. "Clinical certificate" means a form prepared by the division and approved by the Administrative Office of the Courts, that is completed by the psychiatrist or other physician who has examined the person who is subject to commitment within three days of presenting the person for involuntary commitment to treatment, and which states that the person is in need of involuntary commitment to treatment. The form shall also state the specific facts upon which the examining physician has based his conclusion and shall be certified in accordance with the Rules of the Court. A clinical certificate may not be executed by a person who is a relative by blood or marriage to the person who is being screened.

c. "Clinical director" means the person who is designated by the director or chief executive officer to organize and supervise the clinical services provided in a screening service, short-term care or psychiatric facility. The clinical director shall be a psychiatrist, however, those persons currently serving in the capacity will not be affected by this provision. This provision shall not alter any current civil service laws designating the qualifications of such position.

d. "Commissioner" means the Commissioner of Human Services.

e. "County counsel" means the chief legal officer or advisor of the governing body of a county.

f. "Court" means the Superior Court or a municipal court.

g. "Custody" means the right and responsibility to ensure the provision of care and supervision.

h. "Dangerous to self" means that by reason of mental illness the person has threatened or attempted suicide or serious bodily harm, or has behaved in such a manner as to indicate that the person is unable to satisfy his need for nourishment, essential medical care or shelter, so that it is probable that substantial bodily injury, serious physical harm or death will result within the reasonably foreseeable future; however, no person shall be deemed to be unable to satisfy his need for nourishment, essential medical care or shelter if he is able to satisfy such needs with the supervision and assistance of others who are willing and available. This determination shall take into account a person's history, recent behavior and any recent act, threat or serious psychiatric deterioration.

i. "Dangerous to others or property" means that by reason of mental illness there is a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination shall take into account a person's history, recent behavior and any recent act, threat or serious psychiatric deterioration.

j. "Department" means the Department of Human Services.

k. "Director" means the chief administrative officer of a screening service, short-term care facility or special psychiatric hospital.

l. "Division" means the Division of Mental Health Services in the Department of Human Services.

m. "In need of involuntary inpatient commitment" or "in need of involuntary inpatient commitment to treatment" means that an adult with mental illness, whose mental illness causes the person to be dangerous to self or dangerous to others or property and who is unwilling to accept appropriate treatment voluntarily after it has been offered, needs [outpatient treatment or] inpatient care at a short-term care or psychiatric facility or special psychiatric hospital because other services are not appropriate or available to meet the person's mental health care needs.

n. "Institution" means any State or county facility providing inpatient care, supervision and treatment for persons with developmental disabilities; except that with respect to the maintenance provisions of Title 30 of the Revised Statutes, institution also means any psychiatric facility for the treatment of persons with mental illness.

o. "Mental health agency or facility" means a legal entity which receives funds from the State, county or federal government to provide mental health services.

p. "Mental health screener" means a psychiatrist, psychologist, social worker, registered professional nurse or other individual trained to do outreach only for the purposes of psychological assessment who is employed by a screening service and possesses the license, academic training or experience, as required by the commissioner pursuant to regulation; except that a psychiatrist and a State licensed clinical psychologist who meet the requirements for mental health screener shall not have to comply with any additional requirements adopted by the commissioner.

q. "Mental hospital" means, for the purposes of the payment and maintenance provisions of Title 30 of the Revised Statutes, a psychiatric facility.

r. "Mental illness" means a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, capacity to control behavior or capacity to recognize reality, but does not include simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome, dementia, or intellectual or developmental disability [unless it results in the severity of impairment described herein]. The term mental illness [is not limited to "psychosis" or "active psychosis," but shall include all conditions that result in the severity of impairment described herein] shall, however, not exclude a disturbance that meets this definition if there is also a co-occurring dementia, intellectual disability, or substance use diagnosis.

s. "Patient" means a person over the age of 18 who has been admitted to, but not discharged from a short-term care or psychiatric facility, or who has been assigned to, but not discharged from an outpatient treatment provider.

t. "Physician" means a person who is licensed to practice medicine in any one of the United States or its territories, or the District of Columbia.

u. "Psychiatric facility" means a State psychiatric hospital listed in R.S.30:1-7, a county psychiatric hospital, or a psychiatric unit of a county hospital.

v. "Psychiatrist" means a physician who has completed the training requirements of the American Board of Psychiatry and Neurology.

w. "Psychiatric unit of a general hospital" means an inpatient unit of a general hospital that restricts its services to the care and treatment of persons with mental illness who are admitted on a voluntary basis.

x. "Psychologist" means a person who is licensed as a psychologist by the New Jersey Board of Psychological Examiners.

y. "Screening certificate" means a clinical certificate executed by a psychiatrist or other physician affiliated with a screening service.

z. "Screening service" means a public or private ambulatory care service designated by the commissioner, which provides mental health services including assessment, emergency and referral services to persons with mental illness in a specified geographic area.

aa. "Screening outreach visit" means an evaluation provided by a mental health screener wherever the person may be when clinically relevant information indicates the person may need involuntary commitment to treatment and is unable or unwilling to come to a screening service.

bb. "Short-term care facility" means an inpatient, community based mental health treatment facility which provides acute care and assessment services to a person with mental illness whose mental illness causes the person to be dangerous to self or dangerous to others or property. A short-term care facility is so designated by the commissioner and is authorized by the commissioner to serve persons from a specified geographic area. A short-term care facility may be a part of a general hospital or other appropriate health care facility and shall meet

certificate of need requirements and shall be licensed and inspected by the Department of Health and Senior Services pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) and in accordance with standards developed jointly with the Commissioner of Human Services.

cc. "Special psychiatric hospital" means a public or private hospital licensed by the Department of Health and Senior Services to provide voluntary and involuntary mental health services, including assessment, care, supervision, treatment and rehabilitation services to persons with mental illness.

dd. "Treatment team" means one or more persons, including at least one psychiatrist or physician, and may include a psychologist, social worker, nurse and other appropriate services providers. A treatment team provides mental health services to a patient of a screening service, outpatient treatment provider, or short-term care or psychiatric facility.

ee. "Voluntary admission" means that an adult with mental illness, whose mental illness causes the person to be dangerous to self or dangerous to others or property and is willing to be admitted to a facility voluntarily for care, needs care at a short-term care or psychiatric facility because other facilities or services are not appropriate or available to meet the person's mental health needs. A person may also be voluntarily admitted to a psychiatric facility if his mental illness presents a substantial likelihood of rapid deterioration in functioning in the near future, there are no appropriate community alternatives available and the psychiatric facility can admit the person and remain within its rated capacity.

ff. "County adjuster" means the person appointed pursuant to R.S.30:4-34.

gg. "Least restrictive environment" means the available setting and form of treatment that appropriately addresses a person's need for care and the need to respond to dangers to the person, others or property and respects, to the greatest extent practicable, the person's interests in freedom of movement and self-direction.

hh. "Outpatient treatment" means clinically appropriate care based on proven or promising treatments directed to wellness and recovery, provided by a member of the patient's treatment team to a person not in need of inpatient treatment. Outpatient treatment may include, but shall not be limited to, day treatment services, case management, residential services, outpatient counseling and psychotherapy, and medication treatment.

ii. "Outpatient treatment provider" means a community-based provider, designated as an outpatient treatment provider pursuant to section 8 of P.L.1987, c.116 (C.30:4-27.8), that provides or coordinates the provision of outpatient treatment to persons in need of involuntary commitment to treatment.

jj. "Plan of outpatient treatment" means a plan for recovery from mental illness approved by a court pursuant to section 17 of P.L.2009, c.112 (C.30:4-27.15a) that is to be carried out in an outpatient setting and is prepared by an outpatient treatment provider for a patient who has a history of responding to treatment. The plan may include medication as a component of the plan; however, medication shall not be involuntarily administered in an outpatient setting.

kk. "Reasonably foreseeable future" means a time frame that may be beyond the immediate or imminent, but not longer than a time frame as to which reasonably certain judgments about a person's likely behavior can be reached.

ll. "In need of involuntary outpatient commitment" or "in need of involuntary outpatient commitment to treatment" means that an adult with mental illness, whose mental illness, as demonstrated by recent acts, if untreated, could reasonably result in deterioration of the person's mental condition to the point at which the person will become dangerous to self or dangerous to others or property and who is unwilling to accept appropriate treatment voluntarily after it has been offered, needs outpatient care offered in the community. An individual who otherwise meets the standard for involuntary inpatient commitment may be committed to outpatient treatment in lieu of inpatient treatment if outpatient treatment is deemed sufficient to render the person unlikely to be dangerous to self or dangerous to others or property.

(cf: P.L.2009, c.112, s.2)

2. Section 5 of P.L.1987, c.116 (C.30:4-27.5) is amended to read as follows:

5. The commissioner shall adopt rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) regarding a screening service and its staff that effectuate the following purposes and procedures:

a. A screening service shall serve as the facility in the public mental health care treatment system wherein a person believed to be in need of involuntary commitment to outpatient treatment, a short-term care facility, psychiatric facility or

special psychiatric hospital undergoes an assessment to determine what mental health services are appropriate for the person and where those services may be most appropriately provided in the least restrictive environment.

The screening service may provide emergency and consensual treatment to the person receiving the assessment and may transport the person or detain the person up to 24 hours for the purposes of providing the treatment and conducting the assessment.

b. When a person is assessed by a mental health screener and involuntary commitment to treatment seems necessary, the screener shall provide, on a screening document prescribed by the division, information regarding the person's history and available alternative facilities and services that are deemed inappropriate for the person. When appropriate and available, and as permitted by law, the screener shall make reasonable efforts to gather information from the person's family or significant others for the purposes of preparing the screening document. If a psychiatrist, in consideration of this document and in conjunction with the psychiatrist's own complete assessment, concludes that the person is in need of commitment to treatment, the psychiatrist shall complete the screening certificate. The screening certificate shall be completed by a psychiatrist except in those circumstances where the division's contract with the screening service provides that another physician may complete the certificate.

Upon completion of the screening certificate, screening service staff shall determine, in consultation with the psychiatrist or another physician, as appropriate, the least

restrictive environment for the appropriate treatment to which the person shall be assigned or admitted, taking into account the person's prior history of hospitalization and treatment and the person's current mental health condition. Screening service staff shall designate:

(1) inpatient treatment for the person [if he is immediately or imminently dangerous or if] when he is in need of involuntary inpatient commitment, as defined in subsection m. of section 2 of P.L.1987, c.116 (C.30:4-27.2), and outpatient treatment is deemed inadequate to render the person unlikely to be dangerous to self, others or property within the reasonably foreseeable future; and

(2) outpatient treatment for the person when he is in need of involuntary outpatient treatment, as defined in subsection ll. of section 2 of P.L.1987, c.116 (C.30:4-27.2), and outpatient treatment is deemed sufficient to render the person unlikely to be dangerous to self, others or property [within the reasonably foreseeable future].

Factors to consider in making this determination include whether the person:

(a) has a history of lack of compliance with treatment;

(b) has demonstrated one or more acts of serious violent behavior to self or others;

(c) has threatened, or attempted harm, within the past forty-eight months; or

(d) is unlikely to voluntarily comply with treatment because of mental illness.

If the screening service staff determines that the person is in need of involuntary commitment to

outpatient treatment, the screening service staff shall consult with an outpatient treatment provider to arrange, if possible, for an appropriate interim plan of outpatient treatment in accordance with section 9 of P.L.2009, c.112 (C.30:4-27.8a).

If a person has been admitted three times or has been an inpatient for 60 days at a short-term care facility during the preceding 12 months, consideration shall be given to not placing the person in a short-term care facility.

The person shall be admitted to the appropriate facility or assigned to the appropriate outpatient treatment provider, as appropriate for treatment, as soon as possible. Screening service staff are authorized to coordinate initiation of outpatient treatment or transport the person or arrange for transportation of the person to the appropriate facility.

c. If the mental health screener determines that the person is not in need of assignment or commitment to an outpatient treatment provider, or admission or commitment to a short-term care facility, psychiatric facility or special psychiatric hospital, the screener shall refer the person to an appropriate community mental health or social services agency or appropriate professional or inpatient care in a psychiatric unit of a general hospital.

d. A mental health screener shall make a screening outreach visit if the screener determines, based on clinically relevant information provided by an individual with personal knowledge of the person subject to screening, that the person may need involuntary commitment to treatment and the person is unwilling or unable to come

to the screening service for an assessment.

e. If the mental health screener pursuant to this assessment determines that there is reasonable cause to believe that a person is in need of involuntary commitment to treatment, the screener shall so certify the need on a form prepared by the division.
(cf. P.L.2009, c.112, s.5)

3. Section 17 of P.L.2009, c.112 (C.30:4-27.15a) is amended to read as follows:

17. a. The court shall determine whether a patient who has been found to need continued involuntary commitment to treatment pursuant to section 15 of P.L.1987, c.116 (C.30:4-27.15) should be assigned to an outpatient setting or admitted to an inpatient setting for treatment, and shall issue the order authorizing such placement pursuant to section 15 of P.L.1987, c.116 (C.30:4-27.15), in accordance with this section. In determining the commitment placement, the court shall consider the least restrictive environment for the patient to receive clinically appropriate treatment that would ameliorate the danger posed by the patient and provide the patient with appropriate treatment.

b. If the court determines that the least restrictive environment for the patient to receive clinically appropriate treatment would be in an outpatient setting and that there is a likelihood of the patient responding to outpatient treatment, the court shall obtain from a designated outpatient treatment provider a proposed plan of outpatient treatment for the patient which the court shall review. The plan of outpatient treatment shall be approved by the court.

c. If the court determines that the least restrictive environment for the patient

to receive clinically appropriate treatment would be in an inpatient setting, the court shall issue an order for admission to a psychiatric facility.

d. The court may enter a temporary order for involuntary outpatient commitment pursuant to P.L.1987, c.116 (C.30:4-27.1 et seq.), subject to an initial period of treatment in a short term care facility, if the court determines that the following criteria are met: (1) the individual at the time of the order meets criteria for inpatient hospitalization; (2) the individual has a history of stabilizing after a brief hospitalization; and (3) an outpatient treatment provider has agreed to accept the person for treatment and has submitted with the clinical certificates a proposed treatment plan for outpatient treatment that is acceptable to the court. The order shall further provide that the individual's commitment status shall convert to outpatient commitment when and if the patient's condition, in the discretion of the treating inpatient psychiatrist, improves so that the patient no longer meets the criteria for inpatient commitment but is still in need of commitment to treatment in an involuntary outpatient program. The initial commitment date, for purposes of scheduling the hearing required pursuant to section 12 of P.L.1987, c.116 (C.30:4-27.12), shall be the date of admission to the inpatient facility. The court may also enter an order to convert the individual's commitment status from involuntary outpatient commitment to involuntary inpatient commitment when and if the patient's condition in the discretion of the treating outpatient psychiatrist deteriorates such that the patient no longer can be sufficiently treated in an outpatient setting.

e. Between the time periods for periodic court review hearings pursuant to section 16 of P.L.1987, c.116 (C.30:4-27.16), the chief executive officer of a psychiatric facility may recommend changing the placement of the patient from an inpatient to outpatient setting, in order to ensure that the patient receives clinically appropriate treatment in the least restrictive environment. The chief executive officer of the facility shall require hospital staff to apply for the patient's admission to the outpatient program, and if the patient is accepted to create, with the outpatient treatment provider, a treatment plan with input from the patient, and to notify the court of the recommendation for the change in placement. The court shall schedule a hearing within 10 days of the notice.

[e]f. At the time the court sets the date for a hearing on the change in placement, notice of the hearing shall be served upon the patient, the patient's guardian, if any, the patient's next-of-kin, the patient's attorney and the county adjuster of the county in which the patient has legal settlement.

[f]g. The provisions of section 14 of P.L.1987, c.116 (C.30:4-27.14) concerning patient rights at a hearing shall apply to the hearing pursuant to this subsection. (cf: P.L.2009, c.112, s.17)

4. N.J.S. 2C:58-3 is amended to read as follows:

2C:58-3. a. Permit to purchase a handgun. No person shall sell, give, transfer, assign or otherwise dispose of, nor receive, purchase, or otherwise acquire a handgun unless the purchaser, assignee, donee, receiver or holder is licensed as a dealer under this chapter or has first secured a permit to purchase a handgun as provided by this section.

b. Firearms purchaser identification card. No person shall sell, give, transfer, assign or otherwise dispose of nor receive, purchase or otherwise acquire an antique cannon or a rifle or shotgun, other than an antique rifle or shotgun, unless the purchaser, assignee, donee, receiver or holder is licensed as a dealer under this chapter or possesses a valid firearms purchaser identification card, and first exhibits said card to the seller, donor, transferor or assignor, and unless the purchaser, assignee, donee, receiver or holder signs a written certification, on a form prescribed by the superintendent, which shall indicate that he presently complies with the requirements of subsection c. of this section and shall contain his name, address and firearms purchaser identification card number or dealer's registration number. The said certification shall be retained by the seller, as provided in paragraph (4) of subsection a. of N.J.S.2C:58-2, or, in the case of a person who is not a dealer, it may be filed with the chief of police of the municipality in which he resides or with the superintendent.

c. Who may obtain. No person of good character and good repute in the community in which he lives, and who is not subject to any of the disabilities set forth in this section or other sections of this chapter, shall be denied a permit to purchase a handgun or a firearms purchaser identification card, except as hereinafter set forth. No handgun purchase permit or firearms purchaser identification card shall be issued:

(1) To any person who has been convicted of any crime, or a disorderly persons offense involving an act of domestic violence as defined

in section 3 of P.L.1991, c.261 (C.2C:25-19), whether or not armed with or possessing a weapon at the time of such offense;

(2) To any drug dependent person as defined in section 2 of P.L.1970, c.226 (C.24:21-2), to any person who is presently confined for a mental disorder [to a hospital, mental institution or sanitarium] as a voluntary admission as defined in section 2 of P.L. 1987, c.116 (C.30:4-27.2) or involuntarily committed to inpatient or outpatient treatment pursuant to P.L. 1987, c.116 (C.30:4-27.1 et seq.), or to any person who is presently an habitual drunkard;

(3) To any person who suffers from a physical defect or disease which would make it unsafe for him to handle firearms, to any person who has ever been confined for a mental disorder as a voluntary admission as defined in section 2 of P.L.1987, c.116 (C.30:4-27.2), or to any alcoholic unless any of the foregoing persons produces a certificate of a medical doctor or psychiatrist licensed in New Jersey, or other satisfactory proof, that he is no longer suffering from that particular disability in such a manner that would interfere with or handicap him in the handling of firearms; to any person who knowingly falsifies any information on the application form for a handgun purchase permit or firearms purchaser identification card;

(4) To any person under the age of 18 years for a firearms purchaser identification card and to any person under the age of 21 years for a permit to purchase a handgun;

(5) To any person where the issuance would not be in the interest of the public health, safety or welfare;

(6) To any person who is subject to a restraining order issued pursuant to the "Prevention of Domestic Violence Act of 1991," P.L.1991, c.261 (C.2C:25-17 et seq.) prohibiting the person from possessing any firearm;

(7) To any person who as a juvenile was adjudicated delinquent for an offense which, if committed by an adult, would constitute a crime and the offense involved the unlawful use or possession of a weapon, explosive or destructive device or is enumerated in subsection d. of section 2 of P.L.1997, c.117 (C.2C:43-7.2);

(8) To any person whose firearm is seized pursuant to the "Prevention of Domestic Violence Act of 1991," P.L.1991, c.261 (C.2C:25-17 et seq.) and whose firearm has not been returned; [or]

(9) To any person named on the consolidated Terrorist Watchlist maintained by Terrorist Screening Center administered by the Federal Bureau of Investigation; or

(10) To any person who has previously been involuntarily committed to inpatient or outpatient treatment pursuant to P.L. 1987, c.116 (C.30:4-27.1 et seq.), unless the Superior Court judge who ordered the involuntary commitment, or the assignment judge of the county in which the person resides if the judge who ordered the involuntary commitment is not available, determines, based upon a certificate of a medical doctor or psychiatrist licensed in New Jersey, or other satisfactory proof, that the person no longer suffers from the disability that resulted in the involuntary commitment in such a manner as to make issuance contrary to the interest of the public health, safety or welfare.

d. Issuance. The chief of police of an organized full-

time police department of the municipality where the applicant resides or the superintendent, in all other cases, shall upon application, issue to any person qualified under the provisions of subsection c. of this section a permit to purchase a handgun or a firearms purchaser identification card.

Any person aggrieved by the denial of a permit or identification card may request a hearing in the Superior Court of the county in which he resides if he is a resident of New Jersey or in the Superior Court of the county in which his application was filed if he is a nonresident. The request for a hearing shall be made in writing within 30 days of the denial of the application for a permit or identification card. The applicant shall serve a copy of his request for a hearing upon the chief of police of the municipality in which he resides, if he is a resident of New Jersey, and upon the superintendent in all cases. The hearing shall be held and a record made thereof within 30 days of the receipt of the application for such hearing by the judge of the Superior Court. No formal pleading and no filing fee shall be required as a preliminary to such hearing. Appeals from the results of such hearing shall be in accordance with law.

e. Applications. Applications for permits to purchase a handgun and for firearms purchaser identification cards shall be in the form prescribed by the superintendent and shall set forth the name, residence, place of business, age, date of birth, occupation, sex and physical description, including distinguishing physical characteristics, if any, of the applicant, and shall state whether the applicant is a citizen, whether he is an alcoholic, habitual drunkard, drug dependent person as defined

in section 2 of P.L.1970, c.226 (C.24:21-2), whether he has ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim or permanent basis, giving the name and location of the institution or hospital and the dates of such confinement or commitment, whether he has been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric condition, giving the name and location of the doctor, psychiatrist, hospital or institution and the dates of such occurrence, whether he presently or ever has been a member of any organization which advocates or approves the commission of acts of force and violence to overthrow the Government of the United States or of this State, or which seeks to deny others their rights under the Constitution of either the United States or the State of New Jersey, whether he has ever been convicted of a crime or disorderly persons offense, whether the person is subject to a restraining order issued pursuant to the "Prevention of Domestic Violence Act of 1991," P.L.1991, c.261 (C.2C:25-17 et seq.) prohibiting the person from possessing any firearm, and such other information as the superintendent shall deem necessary for the proper enforcement of this chapter. For the purpose of complying with this subsection, the applicant shall waive any statutory or other right of confidentiality relating to institutional confinement. The application shall be signed by the applicant and shall contain as references the names and addresses of two reputable citizens personally acquainted with him.

Application blanks shall be obtainable from the superintendent, from any other officer authorized to grant such permit or identification card, and from licensed retail dealers.

The chief police officer or the superintendent shall obtain the fingerprints of the applicant and shall have them compared with any and all records of fingerprints in the municipality and county in which the applicant resides and also the records of the State Bureau of Identification and the Federal Bureau of Investigation, provided that an applicant for a handgun purchase permit who possesses a valid firearms purchaser identification card, or who has previously obtained a handgun purchase permit from the same licensing authority for which he was previously fingerprinted, and who provides other reasonably satisfactory proof of his identity, need not be fingerprinted again; however, the chief police officer or the superintendent shall proceed to investigate the application to determine whether or not the applicant has become subject to any of the disabilities set forth in this chapter.

f. Granting of permit or identification card; fee; term; renewal; revocation. The application for the permit to purchase a handgun together with a fee of \$2, or the application for the firearms purchaser identification card together with a fee of \$5, shall be delivered or forwarded to the licensing authority who shall investigate the same and, unless good cause for the denial thereof appears, shall grant the permit or the identification card, or both, if application has been made therefor, within 30 days from the date of receipt of the application for residents of this State and within 45 days for nonresident applicants. A permit to purchase a handgun shall be valid for a period

of 90 days from the date of issuance and may be renewed by the issuing authority for good cause for an additional 90 days. A firearms purchaser identification card shall be valid until such time as the holder becomes subject to any of the disabilities set forth in subsection c. of this section, whereupon the card shall be void and shall be returned within five days by the holder to the superintendent, who shall then advise the licensing authority. Failure of the holder to return the firearms purchaser identification card to the superintendent within the said five days shall be an offense under subsection a. of N.J.S.2C:39-10. Any firearms purchaser identification card may be revoked by the Superior Court of the county wherein the card was issued, after hearing upon notice, upon a finding that the holder thereof no longer qualifies for the issuance of such permit. The county prosecutor of any county, the chief police officer of any municipality or any citizen may apply to such court at any time for the revocation of such card.

There shall be no conditions or requirements added to the form or content of the application, or required by the licensing authority for the issuance of a permit or identification card, other than those that are specifically set forth in this chapter.

g. Disposition of fees. All fees for permits shall be paid to the State Treasury if the permit is issued by the superintendent, to the municipality if issued by the chief of police, and to the county treasurer if issued by the judge of the Superior Court.

h. Form of permit; quadruplicate; disposition of copies. The permit shall be in the form prescribed by the superintendent and shall be issued to the applicant in

quadruplicate. Prior to the time he receives the handgun from the seller, the applicant shall deliver to the seller the permit in quadruplicate and the seller shall complete all of the information required on the form. Within five days of the date of the sale, the seller shall forward the original copy to the superintendent and the second copy to the chief of police of the municipality in which the purchaser resides, except that in a municipality having no chief of police, such copy shall be forwarded to the superintendent. The third copy shall then be returned to the purchaser with the pistol or revolver and the fourth copy shall be kept by the seller as a permanent record.

i. Restriction on number of firearms person may purchase. Only one handgun shall be purchased or delivered on each permit and no more than one handgun shall be purchased within any 30-day period, but this limitation shall not apply to:

(1) a federal, State or local law enforcement officer or agency purchasing handguns for use by officers in the actual performance of their law enforcement duties;

(2) a collector of handguns as curios or relics as defined in Title 18, United States Code, section 921 (a) (13) who has in his possession a valid Collector of Curios and Relics License issued by the federal Bureau of Alcohol, Tobacco, Firearms and Explosives;

(3) transfers of handguns among licensed retail dealers, registered wholesale dealers and registered manufacturers;

(4) transfers of handguns from any person to a licensed retail dealer or a registered wholesale dealer or registered manufacturer.

(5) any transaction where the person has purchased a handgun from a licensed retail dealer and has returned that handgun to the dealer in exchange for another handgun within 30 days of the original transaction, provided the retail dealer reports the exchange transaction to the superintendent; or

(6) any transaction where the superintendent issues an exemption from the prohibition in this subsection pursuant to the provisions of section 4 of P.L.2009, c.186 (C.2C:58-3.4).

The provisions of this subsection shall not be construed to afford or authorize any other exemption from the regulatory provisions governing firearms set forth in chapter 39 and chapter 58 of Title 2C of the New Jersey Statutes;

A person shall not be restricted as to the number of rifles or shotguns he may purchase, provided he possesses a valid firearms purchaser identification card and provided further that he signs the certification required in subsection b. of this section for each transaction.

j. Firearms passing to heirs or legatees. Notwithstanding any other provision of this section concerning the transfer, receipt or acquisition of a firearm, a permit to purchase or a firearms purchaser identification card shall not be required for the passing of a firearm upon the death of an owner thereof to his heir or legatee, whether the same be by testamentary bequest or by the laws of intestacy. The person who shall so receive, or acquire said firearm shall, however, be subject to all other provisions of this chapter. If the heir or legatee of such firearm does not qualify to possess or carry it, he may retain ownership of the

firearm for the purpose of sale for a period not exceeding 180 days, or for such further limited period as may be approved by the chief law enforcement officer of the municipality in which the heir or legatee resides or the superintendent, provided that such firearm is in the custody of the chief law enforcement officer of the municipality or the superintendent during such period.

k. Sawed-off shotguns. Nothing in this section shall be construed to authorize the purchase or possession of any sawed-off shotgun.

l. Nothing in this section and in N.J.S.2C:58-2 shall apply to the sale or purchase of a visual distress signalling device approved by the United States Coast Guard, solely for possession on a private or commercial aircraft or any boat; provided, however, that no person under the age of 18 years shall purchase nor shall any person sell to a person under the age of 18 years such a visual distress signalling device.
(cf: P.L.2013, c.114, s.1)

5. (New Section)

a. The Department of Law and Public Safety, in collaboration with the Department of Human Services, shall adopt or endorse a training curriculum for law enforcement officers on police interactions with persons with behavior health issues, including persons who may have a mental illness, substance use disorder, or a co-occurring diagnosis of substance use disorder and mental illness.

b. The curriculum shall include information on the recognition of behavioral symptoms, as well as de-escalation and intervention techniques. The curriculum shall include but need not be limited to the following subjects:

(1) identification and recognition of different forms of behavioral health disorders or issues;

(2) techniques for law enforcement to intervene with, interview, de-escalate and assess a person who may have such a disorder;

(3) issues relating to suicide and prevention techniques;

(4) recognition, identification and understanding of the main effects of commonly prescribed prescription medications used to treat those who may have a behavioral health disorder;

(5) overview of community resources and options for treatment, including the identification of local resources;

(6) methods of determining such appropriate options and transfer to same in collaboration with behavioral health entities; and

(7) standards utilized in New Jersey for involuntary commitment to inpatient and outpatient treatment.

c. The Attorney General may issue guidelines or directives regarding the provision of this training to law enforcement officers."

Page 8, Section 6, Line 22:

Delete "immediately" and insert "on the first day of the thirteenth month following enactment"

Respectfully,

/s/ Chris Christie

Governor

[seal]

Attest:

/s/ Christopher S. Porrino

Chief Counsel to the Governor