

**STATE OF NEW YORK
DEPARTMENT OF STATE**

DETERMINATION

In the matter of a request that physician be designated as an eligible profession for the purchase, sale, and use of body armor.

Date of determination: November 7, 2025

Legal framework

To purchase or take possession of body armor in New York State, an individual or entity must be engaged or employed in an eligible profession.¹ Pursuant to Executive Law section 144-a, the Department of State (Department) has created a process whereby individuals and entities may request that the profession in which they engage be added to the Department’s list of eligible professions.² The Department has received requests that “physician” and “anesthesiologist” be designated as eligible professions. Prior to adding a profession to the list of eligible professions, the Department must first determine whether the duties of the profession may expose an individual engaged in such profession to serious physical injury that may be prevented or mitigated by the wearing of body armor, or whether the duties of the profession are necessary to facilitate the lawful purchase, sale, or use of body armor.

Requests

This recommendation relates to two requests that are deemed consolidated pursuant to 19 NYCRR 905.5(c) insofar as they relate to the same profession for the purpose of reviewing and determining the eligibility of such professions. The Department received a request to have the profession of physician designated as an eligible profession. After receiving the request that physician be designated as an eligible profession, notice of this eligible profession request was published on the Department’s website on October 1, 2024, whereby the public was invited to submit additional requests relating to this profession. No other requests relating to the physician request were received by the Department. Additionally, the Department received a request from a different requestor to have the profession of anesthesiologist designated as an eligible profession. After receiving the request that anesthesiologist be designated as an eligible profession, notice of this eligible profession request was published on the Department’s website on October 1, 2024, whereby the public was invited to submit additional requests relating to this profession. No other requests relating to the anesthesiologist request were received by the Department. Both requestors are licensed in New York State to practice as physicians in the State.

¹ New York Penal Law §270.21.

² See 19 NYCRR Chapter XIX, Part 905, generally.

The requestors state that they treat and provide medical care to patients in hospital and non-hospital settings, such as outpatient care centers. With respect to the hospital setting, the anesthesiologist requestor explains that the duties of their profession require management of patients in different settings, such as emergency rooms, intensive care units, and operating rooms. This involves managing the care of patients suffering from acute injuries related to Level 1 trauma and providing lifesaving medical intervention related to cardiopulmonary support, including intubation and massive transfusion. Anesthesiologist requestor indicates that because of the intervention they provide, they are required to handle, transport, and administer drugs and classes of drugs such as fentanyl, benzodiazepines, pressors like epinephrine, and ketamine. That requestor states that prior to the change in body armor law in 2022, individuals engaged in the anesthesiology profession did utilize body armor. The request states that they carried a bag with them at all times, including in the emergency room and parking lot of the hospital, that includes a “NIJ 3” rifle-rated insert.

The Anesthesiologist requestor provided several news and research articles to document occurrences of gun violence in the emergency department and in some generalized hospital settings. The news articles provided by the requestor include the following:

1. “Man who fatally shot five people including himself at an Oklahoma medical building, after buying an assault-style rifle on the same day, had gone there to kill a doctor who he blamed for back pain he felt after surgery...” Reuters, *Oklahoma gunman killed 4 people, including surgeon who treated him* (Jun. 3, 2022), at [Oklahoma gunman killed 4 people, including surgeon who treated him | Reuters](#).
2. Police found urologist dead from multiple gunshot wounds in an examination room of a Southern California medical office. The Spokesman-Review, *Doctor killed in office shooting* (Jan. 29, 2013), at [Doctor killed in office shooting](#).
3. Doctor targeted and fatally shot by former fiancé in hospital parking lot. The Washington Post, *The devastating loss of the doctor killed at a Chicago hospital by her former fiancé* (Nov. 20, 2018), at [Tamara O’Neal, doctor killed at Chicago’s Mercy Hospital, was devoted to her patients, church - The Washington Post](#)

Similarly, the Physician requestor explains that members of their profession often are required to work in emergency rooms, intensive care units, and hospital wards. The Physician requestor explains that physicians and medical workers are exposed to workplace violence “at levels that exceed even those of police officers.” They emphasize that hospitals have a public facing aspect and a duty to allow visitors, resulting in exposure of doctors to violence directed at them by family members, friends, and patients and through the interaction of patients and their families and visitors. The Physician requestor observes that most hospitals have weapons detection systems in place in the hospital, and armed guards, the presence of which exposes physicians to incidental gunplay and accidental discharges. The requestor indicates that prior to the change in body armor law in 2022, individuals engaged in the profession did utilize body armor, albeit rarely; physicians wore discreet vests under their physicians’ coats, cut-resistant, stab-resistant clothing. The requestor observes that even their laboratory coats were cut- and bullet-resistant.

The Physician requestor provided a summary of news reports regarding violence in hospital settings, some of which relate to firearms, and what the requestor characterizes as the increasing militarization of these settings because of that violence.³ The following is a description of that information.

1. “On May 24, 2022, Rochester police arrested a man who threatened Rochester General Hospital with a gun. The incident began when the suspect, reportedly upset over a family member's medical situation, made threats via phone. Police located him near the hospital, recovered a loaded handgun, and took him into custody without further violence. The hospital briefly went into lockdown, highlighting police involvement and a gun-related threat near hospital grounds.”
2. “June 1, 2022 (Tulsa, Oklahoma): Dr. Preston Phillips, an orthopedic surgeon, was shot and killed by a patient in a medical office, in a targeted attack (patient blamed the doctor for ongoing pain).”
3. “July 11, 2023 (Collierville, Tennessee): Dr. Benjamin Mauck, another orthopedic surgeon, was shot and killed by a patient at an outpatient clinic”
4. “2022 American College of Emergency Physicians (ACEP) survey found that 66% of assaulted emergency physicians reported incidents in the previous year 33% were injured”
5. “A study of U.S. acute care hospital shootings from 2012–2016 identified 88 incidents resulting in 121 firearms-related casualties, with emergency departments and patient rooms being common locations. Motives often included grudges (19.3%), which could involve patients or family members, but physician-specific data isn’t broken out.”
6. “According to a study of hospital-based shootings from 2000 to 2011, perpetrators were most often patients (45%) or their associates (e.g., family or partners), with only a small fraction linked to healthcare workers.”
7. “The only argument against physicians being allowed to wear armor would be if physicians commit mass shootings- I am aware of only one single case of this – so its amazingly rare. And even in this case body armor would have possibly saved innocent physicians lives: Dr. Henry Bello, a 45-year-old family medicine physician who had previously worked at Bronx-Lebanon Hospital Center. He resigned in 2015 amid allegations of sexual harassment, reportedly to avoid termination.” Event: On June 30, 2017, Bello entered the hospital armed with an AR-15-style rifle concealed under a white lab coat. He opened fire on the 16th and 17th floors, targeting staff in areas where he had previously worked. Casualties: **Bello killed one physician**, Dr. Tracy Sin-Yee Tam, a 32-year-old recent medical school graduate, and **wounded six others, including doctors**, a nurse, and a patient. He then fatally shot himself in the head after attempting to set himself on fire.”
8. “On July 12, 2024, WHEC reported that Rochester General Hospital, along with other local hospitals, began installing metal detectors at main entrances due to increased

³ The requestor provided links to many of the report. However, the Department was unable to access some of the media links provided by requestor and, therefore, was unable to verify the accuracy of some of the reports described.

- violence in healthcare settings. The move followed regional trends of gun and knife threats, though no specific RGH incident was cited. This directly addresses the installation of metal detectors as a security enhancement.”
9. “In January 2025, Rochester police investigated a shooting in a parking area adjacent to RGH. The incident, reportedly stemming from a domestic dispute, involved gunfire but no injuries to staff. It reflects gun violence near hospital grounds and police involvement, consistent with ongoing safety concerns.”
 10. A man believed to be behind social media threats that prompted a lockdown at Rochester General Hospital (RGH) allegedly rigged a booby trap inside his home. 13WHAM ABC, *Man dead, rigged gun found, lockdown lifted at RGH after social media threat* (Sept. 14, 2022), at <https://13wham.com/news/local/man-dead-rigged-gun-found-lockdown-lifted-at-rgh-after-social-media-threat>.
 11. Two men arrested at Rochester General Hospital after police said they had loaded firearms inside the hospital. RochesterFirst.com, *Two men arrested on gun charges in Rochester General Hospital* (Oct. 9, 2023), at [Two men arrested on gun charges at Rochester General Hospital](#).
 12. Heavy police presence at Rochester General Hospital after a verbal altercation broke out inside the hospital. The altercation follows the arrival of two victims from a shooting at Mohawk and Portland Avenue. News 8 was told the verbal altercation was related to the shooting. RochesterFirst.com, *Altercation inside Rochester General Hospital* (Jun. 28, 2017), at <https://www.rochesterfirst.com/news/local-news/altercation-inside-rochester-general-hospital/>
 13. Rochester Regional Health (RRH) proudly announces the successful enactment of legislation granting peace officer status to select team members employed by the health system.⁴ This critical law enhances safety and security measures at RRH facilities, marking a significant milestone in protecting healthcare environments across the region. Rochester Regional Health, *Rochester Regional Health Celebrates Enactment of Peace Officer Designation Legislation* (Nov. 24, 2024), at [Rochester Regional Health Celebrates Enactment of Peace Officer Designation Legislation | Rochester Regional Health](#)
 14. New center at Rochester General Hospital will serve as a safe space for the community and for police. People can visit this security office to report crimes rather than having police come to their homes. The space also gives officers a place to work when answering calls that bring them to or near the hospital. WHAM13 ABC, *New RPD center opens at Rochester General Hospital* (Oct. 19, 2018), at [New RPD center opens at Rochester General Hospital](#)
 15. Rochester General Job posting for “Safety & Security Officer – Armed”, at https://www.tealhq.com/job/safety-security-officer-armed_3d87a46f-bd60-4e17-8b67-b1418ee6d723

This requestor also provided information from the Bureau of Labor Statistics of the U.S. Department of Labor (BLS) about on-the-job fatalities for healthcare workers. The BLS maintains a website that includes published reports called the Census of Fatal Occupational Injuries (CFOI), which is described as a count of all fatalities resulting from workplace injuries occurring in the U.S. during a calendar year. For example, the 2023 annual CFOI report identifies fatal

⁴ L.2024, ch.459 (enacted 11/22/24), adding a new subdivision 87 to section 2.10 of the Criminal Procedure Law.

occupational injuries by selected events or exposures within healthcare practitioners and technical occupations, which includes data for “violent acts.” The data does not specifically identify which violent acts are related to firearms.⁵

The Physician requestor also included the following research article covering gun violence in hospitals:

- Claire Wolters, *Increasing incidents of workplace gun violence spurs new initiatives to protect HCPs*, MDLinx (Apr. 8, 2024), available at [Increasing incidents of workplace gun violence spurs new initiatives to protect HCPs | MDLinx](#). The article reported that there’s been a significant uptick in the occurrence of violent crime incidents in hospitals since 2015, noting that that the rates of gun violence in particular have been exacerbated by the COVID-19 Emergency Pandemic. The article states that healthcare workers are calling for more legal action to address violence in the workplace, with many states drafting new legislation on this topic and some hospitals increasing security staff.

Additionally in response to the Department of State’s request for a position description, training material, or a description of the duties and responsibilities associated with their profession, including any emergency and/or contingency plans that might be applicable in the event an incidence of violence does occur, either in the field or at the place of their employment, the Physician requestor explained that they are required to undergo yearly active shooter training and violence in the workplace training because of the escalation in risk associated with reports of violence since 2014 in Rochester General Hospital.

Findings of fact and analysis

On August 2, 2024, the Department designated the profession of emergency medicine physician as an eligible profession. An emergency medicine physician is defined as a physician licensed in the State of New York, a physician holding a limited permit, a physician exempt from state licensing, or a board-eligible physician, who is (1) affiliated with: a local, state, or federal law enforcement agency; a fire department; or an emergency medical service agency certified under Article 30 of the Public Health Law; (2) exempt from licensing pursuant to Education Law § 6526(6),⁶ or a civilian equivalent hired by a military service for the United States, who provides emergency medical treatment; or (3) assigned to a hospital-based emergency department providing services pursuant to 10 NYCRR 405.19.⁷ Therefore, to the extent that the requestors’ duties meet the requirements of the profession of emergency medicine physician, requestors are in an eligible profession.

⁵ BLS News Release, “National Census of Fatal Occupational Injuries in 2023”, release date December 19, 2024, USDL-24-2564.

⁶ “Any commissioned medical officer who is serving in the United States armed forces or public health service or any physician who is employed in the United States Veterans Administration, provided such practice is limited to such service or employment.”

⁷ See, August 2, 2024 Department Determination “In the matter of the request that Emergency Medicine Physicians be designated as an eligible profession for the purchase, sale, and use of body armor.”

Based on the scope of the current requests, the Department will now consider whether the broader profession of “Physicians” is an eligible profession.

“Physicians” are listed as a broad occupation in the SOC Manual under code 29-1210 and includes thirteen detailed occupations: Anesthesiologists, Cardiologists, Dermatologists, Emergency Medicine Physicians, Family Medicine Physicians, General Internal Medicine Physicians, Neurologists, Obstetricians and Gynecologists, Pediatricians, General, Physicians, Pathologists, Psychiatrists, Radiologists, and Physicians, All Other.

“Anesthesiologists” are listed as belonging to a detailed occupation in the SOC Manual under code 29-1211 and includes the following duties:

Administer anesthetics and analgesics for pain management prior to, during, or after surgery.

Illustrative examples: Ambulatory Anesthesiologist, Obstetrical Anesthesiologist

The practice of medicine in New York State requires a physician’s license from the State, which is regulated by the New York State Education Department, pursuant to Education Law section 6524. In addition, search results of the license numbers provided by both requestors returned by the Office of the Professions webpage of the New York State Education Department⁸ identifies each requestor as licensed under the profession “medicine” and “physician.” Accordingly, for purposes of this determination, the profession of “physician” also covers the request for designation of the profession of “anesthesiologist.” To qualify for licensure, an applicant must be of good moral character, be at least 21 years of age, and meet education, examination, and experience requirements. For purposes of this determination, the profession of “physician” is defined as set forth within section 6522 of the New York State Education Law. Thus, physicians meet the definition of “profession” in 19 NYCRR §905.1(f).

For a profession to be deemed eligible, the duties of the profession must sometimes require individuals engaged or employed in that profession to be exposed to serious physical injury that may be prevented or mitigated by the wearing of body armor, or if the duties of the profession are necessary to facilitate the lawful purchase, sale, or use of body armor. Because the profession of physician does not involve facilitation of the lawful purchase, sale, or use of body armor, the relevant inquiry for this request is the question of whether the duties of the physician must sometimes require individuals engaged or employed in that profession to be exposed to serious physical injury that may be prevented or mitigated by the wearing of body armor.

Neither of the requestors have specifically set forth that as part of their duties they are assigned to a hospital-based emergency department providing services pursuant to 10 NYCRR §405.19.⁹ Here, as described by the requestors, they are not assigned to an emergency department

⁸ <https://eservices.nysed.gov/professions/verification-search>

⁹ Again, if a physician meets any of the requirements of an emergency medicine physician, which includes physicians assigned to a hospital-based emergency department providing services pursuant to 10 NYCRR §405.19, they would be employed in an eligible profession.

full time, but rather are required, at times, to provide care in the emergency room or hospital setting. As discussed below, such distinction does not change how the facts presented apply to the legal standard.

The duties of the profession of Physician in the hospital emergency department setting include diagnosis and provision of life-saving medical care to patients arriving from outside of the hospital and who are experiencing a medical emergency. Such patients can include individuals who have been or continue to be targeted in violent activity (gang-related or otherwise), patients who have histories of exhibiting inappropriate, abusive and/or threatening behavior towards medical staff, as well as patients who are experiencing heightened emotion or pain due to the trauma of a recent event. The several news and research articles provided by the requestors supports the assertion that the hospital setting is an environment with a specific and heightened risk of exposure to gunfire. One article notes that medical buildings should employ security and metal detectors given the increasing prevalence of incidences and risk of exposure to violence and gunfire in the hospital setting.

The Physician requestor states that they are required to visit high-risk areas of hospitals such as emergency departments, intensive care units, and hospital wards approximately one week each month, in the context of treating critically ill patients receiving dialysis and who may be exhibiting violent and/or offensive behavior. Anesthesiologist requestor states that they have to provide care in similar areas of a hospital that relates specifically to keeping patients free from pain before, during, and after medical procedures and surgeries. Physician requestor states that members of the hospital staff are required to participate in active shooter and workplace prevention violence training, which suggests that members of their profession do work in a setting with a heightened risk of violence, and in particular, gun violence.

Further, the requestors have also provided information as to specific instances of exposure of physicians to gunfire that did not occur in emergency rooms. For example, in June 2022, a doctor was shot and killed in an exam room of a medical office; in January 2013, a doctor was killed in a medical office; in July 2023 a doctor was shot at an outpatient clinic, and in June 2025 a doctor was shot in his home.

Requestors have also provided information to show that physicians who are required to provide care to patients are often targeted by patients, or even family members, when such care does not lead to positive medical outcomes, regardless of the setting of such treatment. As the point of contact for a patient, the treating physician has a high profile and as such may be exposed to gun violence when a patient or family member believes the Physician has failed to render effective medical treatment. For example, in May 2022, an armed man threatened a hospital because he was reportedly upset over a family member's medical situation. That man was located with a loaded gun near the hospital and arrested. In June 2022, an orthopedic surgeon, was shot and killed by a patient in a medical office, in a targeted attack, because the patient blamed the doctor for ongoing pain. In a recent supplemental submission, the requestor Physician cited to news story about a June 2025 non-fatal shooting of an Indiana kidney doctor in his home by another doctor. Based on the report, the shooter was motivated by his "fixation" on his concerns with how kidney dialysis treatment is provided.

Determination

The duties of the Physician require that, at times, they perform their duties in a hospital setting as that is the location of their patients and the medical facilities necessary for such patient care. Such hospital settings have emergency rooms whose operations, as relevant to this determination, include the care of victims of violence as well as the perpetrators of such violence, the presence of concerned and distraught individuals associated with such patients, the presence of armed law enforcement officers and the presence of a hospital's own armed security staff. Such a tense and unpredictable situation with the known presence of firearms, and potential presence of other concealed firearms, may expose the Physician and Anesthesiologist to gunfire. Further, the requestors have provided information showing numerous instances of gun violence at similar hospital and emergency room settings. Requestors have also provided examples of instances where their duties as physicians may expose them to gunfire outside the emergency room setting by their patients, and their families, who specifically target them for perceived deficiencies in treatment.

Additionally, and although not a required or controlling factor for the determination, but a persuasive factor, both requestors have stated that individuals in their professions have previously used body armor.

The facts support a determination that the duties of the profession of Physician may expose a member of that profession to serious physical injury that may be prevented or mitigated by the wearing of body armor. Based on the foregoing facts and the requirements of Executive Law §144-a and 19 NYCRR Part 905, the Department has designated the profession of Physician as an eligible profession for the purchase, sale, and use of body armor and adds such profession to the list of eligible professions.