



NAPNAP Official Statement on Firearm Injury Prevention

Approved May 9, 2018, NAPNAP Executive Board

The National Association of Pediatric Nurse Practitioners (NAPNAP) is a non-partisan professional society committed to the advocacy and promotion of optimal health and well-being for our nation's children and youth. Our members are the voice for children. One of NAPNAP's primary [advocacy goals](#) is to positively affect policies on "injury prevention and harm reduction activities that focus on the leading causes of childhood illness, injury and death, including gun safety." NAPNAP has always focused on pediatric illness and injury prevention as a core principle. NAPNAP believes that gun policy reform will greatly improve the safety of our children. According to the CDC, "Violence is a serious public health problem. Many more survive violence and suffer physical, mental and/or emotional health problems throughout the rest of their lives.¹" The number of children directly and indirectly affected by gun injuries, whether intentional or unintentional, makes this a public health issue. According to the Centers for Disease Control, 3,155 children under the age of 20 years were killed and 13,723 children were nonfatally injured by firearms in 2015 alone². The 2015 Youth Risk Behavior survey found that approximately 5 percent of youth in 9th through 12th grade had carried a gun in the 30 days before the sample. Annually, firearms injuries cost \$622 million in hospitalizations alone⁴. NAPNAP urges Congress and all states and territories to immediately undertake bi-partisan, comprehensive gun reform through legislation.

NAPNAP calls for strengthening laws that will significantly and permanently reduce the number of deaths, injuries and negative effects caused by gun injuries in our families and communities. Firearm legislative reform is needed to reduce harm and protect our nation's children, adolescents, and families. NAPNAP urges Congress, in particular, to immediately move forward with the following legislative reforms.

1. Remove barriers that prevent pediatric healthcare providers from providing injury prevention anticipatory guidance, including discussions about gun safety.
2. Repeal the Dickey Amendment and immediately fund research on the immediate and after-effects of gun violence by the Centers for Disease Control and Prevention (CDC) and expand the National Violent Death Reporting System to all 50 states so that evidence-based recommendations for firearms can be made.
3. Provide funding for violence prevention programs by the CDC and Department of Justice to determine best practice for minimizing violence risk factors of children and youth.
4. Strengthen background checks and close loopholes that prevent background checks for all firearm sales, including those at gun shows and private sales.
5. Enact a firearm purchase waiting period of 72 hours to allow time for background checks to occur.



6. Enact a federal minimum age to purchase a firearm of 21 years-old with exemptions for those in law enforcement or the military.
7. Enact a federal ban on the sale, importation, or transfer of modifiers that convert firearms to act like semi-automatic or automatic weapons.
8. Form a process to allow for gun violence restraining orders (GVROs) to allow temporary emergency restraining orders to prevent firearm possession and purchases of firearms by mentally ill or potentially violent individuals until they can be proven to be capable of responsible gun ownership.
9. Limit the sale and import of high capacity magazines.
10. Enact legislation and funding to address the significant issue of firearms trafficking and law enforcement capacity to enforce current gun laws.
11. Strengthen access to mental healthcare to incorporate trauma-informed care for children and families to improve and to ameliorate the effects on those who experience violence.

¹ Centers for Disease Control and Prevention. Violence Prevention available online at <https://www.cdc.gov/violenceprevention/index.html>. Last accessed April 16, 2018.

² Centers for Disease Control and Prevention. WISQARS fatal and nonfatal injury data available online at <https://www.cdc.gov/injury/wisqars/index.html>. Last accessed April 16, 2018.

³ Kann L, McManus Y, Harris WA, et al. Youth Risk behavior surveillance- United States, 2015. *MMWR Surveillance Sum* 65(6): 1-174, 2016.

⁴ Peek-Asa C, Butcher B, Cavanaugh JE. Cost of hospitalization for firearm injuries by firearm type, intent and payer in the United States, *Inj Epidemiol* 4(Dec): 20, 2017.