

NORTH CAROLINA CHILD FATALITY TASK FORCE 2026 ACTION AGENDA*



THE CHILD FATALITY TASK FORCE IS MAKING RECOMMENDATIONS FOR 2026 THAT CALL FOR THESE ACTIONS

STATE LAWS TO ADDRESS THE FOLLOWING:

Age restrictions, packaging requirements, and retail licensure requirements to protect children from harmful intoxicating hemp/cannabis products

Raising the age for sale of tobacco products to 21 to align with federal law and require licensing of tobacco product retailers to protect children from harmful impacts of tobacco/nicotine/vaping

Closing a gap in NC's child access prevention law to prevent firearm deaths and injuries to children

Protecting children from harmful, addictive social media algorithms by restricting data collection from minors

Strengthening the child passenger safety law to address best practices to prevent motor vehicle deaths and injuries to children

STATE FUNDING FOR THE FOLLOWING:

\$250K in annual funding for a statewide initiative to prevent infant deaths in unsafe sleep environments

Funding to increase the number of school nurses, social workers, counselors and psychologists toward meeting recommended ratios to effectively support youth mental and physical health

\$2.26 million in annual funding for a statewide firearm safe storage initiative that distributes gun locks and educates gun owners about the importance of storing guns safely

Expanded investments in the early child care system to support child well-being and prevent child maltreatment

\$905K in annual funding for a statewide program to ensure quality improvement initiatives in hospitals to improve maternal and infant health outcomes

- **Support legislation and/or other measures to ensure the protection of children from harmful intoxicating hemp/cannabis products to accomplish the following: prevent the sale or distribution of such products to those under 21; require the packaging of such products to contain appropriate warnings, be child-resistant and to prohibit packaging that is attractive to children and youth; require permitting for retailers who sell such products; and prohibit those under 21 from entering vape shops.****

Changes to federal and state law beginning in 2018 resulted in a surge in the manufacture and sale of intoxicating cannabis products construed to be “legal” under new laws. These products are being sold by NC retailers, especially vape shops, in various forms like candy, snack foods,

beverages, and vape pens. Many products have packaging that appeals to children or mimics other popular snacks. There is no minimum age for the purchase of these products in North Carolina, and no safety regulations are in place for packaging, presenting dangers to kids of all ages. Since 2018 and following this surge in the availability of intoxicating cannabis, the rate of emergency department visits in North Carolina for THC ingestion among children and youth ages 17 and under increased more than 470 percent; among children age 10 to 14, the rate increased nearly 800 percent. Children can have severe reactions to ingesting cannabis such as respiratory depression, and youth who use cannabis can experience multiple negative impacts such as problems with memory, learning, school and social life; impaired

*Expanded explanations of the recommendations in this Action Agenda, with citations and additional data, will be contained in the CFTF 2026 Annual Report expected to be available in late April 2026. Find more information about the Child Fatality Task Force on the [CFTF website](#), where the 2026 annual report and fact sheets will be posted when complete. Recommendations with (**) indicate that the recommendation (and some of the explanation) is being repeated from prior years as the Task Force continues to view it as an important strategy to prevent deaths and promote child well-being.

driving; potential for addiction; and increased risk of mental health issues including schizophrenia and suicidal behaviors. A new federal law that goes into effect in November 2026 is aimed at making many of these products illegal, but there is a great deal of uncertainty surrounding implementation and enforcement of the federal law. In the meantime, North Carolina children and youth are still at risk and may continue to be without state action, even after federal laws are in place.

- ▶ **Endorse legislation to raise the legal age for sale of tobacco products in NC from 18 to 21 to align with federal law; legislation to include licensing of tobacco product retailers and appropriate enforcement measures.****

Nicotine can disrupt brain development for young people, potentially causing problems with attention, impulse control, mood and reward sensitivity. Nicotine is highly addictive, even more so for young people and can worsen mental health issues. Vapes can also contain harmful chemicals that can cause lung damage and other health problems. A 2024 national survey showed that tobacco/nicotine use among youth is declining, but nicotine vapes and other products like nicotine pouches are commonly used by many high school and even middle school youth. NC is one of only six states that does not align with the federal minimum age of 21 for purchasing tobacco products, and one of only nine states that does not require tobacco retailers to obtain a license or permit. Without licensing, enforcement of any age requirement is challenging since there's no way to know who these retailers are. A U.S. Surgeon General, the National Academy of Medicine, and the CDC have identified the licensing of tobacco retailers as an evidence-based measure to reduce tobacco sales to youth.

- ▶ **Support recurring funding of \$250K for the infant safe sleep program to prevent sleep-related infant deaths.****

Each year an average of 123 infants in North Carolina lose their lives in unsafe sleep environments. Too many parents and caregivers have not received consistent, effective education on what constitutes a [safe sleep environment](#) or on the risk of death to an infant whose sleep environment is unsafe. This is a leading cause of infant death in North Carolina and is largely preventable. Prevention requires a multifaceted approach with a broad reach to connect not only with parents and caregivers, but

with those who can educate them and reinforce consistent, accurate messaging about safe sleep repeatedly, not just once at hospital discharge after birth. Teams that review child deaths in North Carolina continually identify the need to expand statewide safe sleep education efforts to prevent these deaths. Current funding of only \$97,000 via the MCH Block Grant has not been sufficient for a robust statewide initiative. More than 120,000 babies are born each year in North Carolina and sustained, adequate funding of \$250K annually is essential for an effective statewide initiative to ensure that these babies are not lost to unsafe sleep.

- ▶ **Support reinstatement of annual funding of \$905,000 for the Perinatal Quality Collaborative of North Carolina.**

An important prevention strategy identified by the Perinatal Health Committee of the Child Fatality Task Force beginning around 2011 was to support state funding for the work of the Perinatal Quality Collaborative of North Carolina (PQCNC). Perinatal Quality Collaboratives consist of networks of teams who work in hospitals to employ best practices to improve outcomes in maternal and infant health. PQCNC had been operating since 2009 until it lost funding in October of 2025. Operating in 40 to 60 NC hospitals in any given year, not only has PQCNC been able to improve maternal and infant health and save lives, but many of its initiatives have also resulted in significant cost savings. Examples of its initiatives include reducing different types of infections, reducing C-section deliveries, promoting exclusive human milk feeding in newborn nurseries and NICUs, lessening opioid use disorder impact, improved management of newborn hypoglycemia and maternal pre-eclampsia, etc. Without funding to support its work, North Carolina will be the only state in the nation without a Perinatal Quality Collaborative.

- ▶ **Support growth and expansion of investments in the early child care system, including increases for child care subsidies.****

Ensuring that families have access to affordable, quality early care is a recognized strategy in preventing child abuse, neglect, and even death, and supports overall child well-being. [The CDC Child Abuse and Neglect Prevention Resource for Action](#) highlights child care subsidies and quality early care among five main strategies to prevent abuse and neglect. But in North Carolina,

too many parents and caregivers lack access to affordable, quality child care. Meanwhile, the child care business model is in crisis and cannot be sustained without significant state investments combined with other creative solutions. Between January and October of 2025, 280 licensed child care providers closed. Child care subsidies help eligible families afford child care, but only a fraction of eligible North Carolina families are getting child care subsidies because there is not enough subsidy funding to meet the need and because North Carolina's subsidy reimbursement rates for child care providers do not cover their costs, exacerbating the challenges that providers face. There are economic impacts as well, as many parents lacking child care are not fully participating in the workforce; one in five North Carolina employers attribute hiring challenges to lack of accessible, affordable child care.

► **Support recurring funds to increase the numbers of school nurses, social workers, counselors and psychologists to support the physical and mental health of students and to move North Carolina toward achieving nationally recommended ratios for these professional positions in schools.****

Each week in North Carolina we lose another child to suicide. The latest data show that 18% of North Carolina high school students have seriously considered suicide, one in ten has made a suicide attempt, while 39% report feeling sad or hopeless. School nurses, social workers, counselors, and psychologists play a critical role in identifying a child who is struggling or at risk, whether the struggle is with mental health issues, suicide ideation, bullying, food or housing insecurity, abuse or neglect, or even at risk of harming others. These professionals are in the best position to directly address a child's needs or connect a child and their family to mental health and/or community resources to address individual or family needs. Yet North Carolina remains far below nationally recommended ratios for these professionals. For example, North Carolina would need about four times as many school social workers as it has now to meet national recommendations. The poor status of youth mental health and poor ratios for these school professionals led to an assigned grade of "F" in mental health and "F" in school health on the [2025 North Carolina Child Health Report Card](#), a joint project of the NC Institute of Medicine and NC Child.

► **Endorse legislation that addresses addictive algorithms in social media that harm children.****

The American Psychological Association and a U.S. Surgeon General have issued advisories on social media and youth mental health, and many other experts and organizations have formally raised concerns about the role social media is playing in the worsening status of youth mental health. A 2023 Gallup study showed that teens spend an average of 4.8 hours a day on social media. Yet frequent social media use may be associated with changes in the developing brain, and kids who spend more than three hours a day on social media face double the risk of poor mental health. A 2025 study found that kids with high or increasingly addictive use patterns with social media and mobile phones had a two to three times greater risk of suicidal behaviors and ideation, and worse mental health. The Task Force is endorsing the efforts of others to advance legislation that addresses addictive algorithms in social media by restricting a company's use of a minor's data, thereby making social media less targeted, a measure intended to make it less addictive and less likely to show the minor harmful content.

► **Support recurring funding of \$2.26 million for the NC S.A.F.E. Campaign that educates about firearm safe storage.****

In the five-year-period between 2020 and 2024, over 525 North Carolina children ages 17 and younger died from firearm injuries. Each year in North Carolina, there are around five times as many emergency department visits for firearm injuries as there are deaths of children from firearms. In North Carolina, firearms are the lethal means used in most youth suicides and homicides. Evidence is clear that safe storage of firearms saves lives, yet many guns are not stored safely. In fact, about 30% of North Carolina high school and middle school students report that it would take them less than an hour to get and be ready to fire a loaded gun without a parent or other adult's permission. The [NC S.A.F.E.](#) (Secure All Firearms Effectively) statewide initiative to educate about the importance of safe storage has been operating through temporary funds since May of 2023. This initiative has roots in a Child Fatality Task Force recommendation and evaluations of the initiative show that it's working. But the need for education is ongoing and sustained funding is needed for this initiative to continue.

- ▶ **Support legislation changing the current law addressing safe storage of firearms to protect minors to remove language from N.C.G.S. 14-315.1(a) that says, “resides in the same premises as a minor.”****

As noted above, the numbers of firearm deaths and injuries among North Carolina children are shockingly high, and we know that safe storage of guns saves lives. Laws that address access to guns by children and hold gun owners accountable for unsafe storage are proven to be an effective prevention tool. North Carolina’s law addressing safe storage of firearms to protect minors applies only to a gun owner or one who possesses a gun who “resides in the same premises as a minor.” The recommended change from the Task Force would no longer limit application of the law to those who reside with a minor. A person who owns or possesses a gun who does not reside in the same premises as a minor may nevertheless be in situations where, for example, a child or teen is visiting their home or riding in their car, and if their gun is not safely stored, the risks of what can happen when a child or teen accesses that gun are no different than they are for someone who resides with a child. [Note: the law only applies under specific circumstances as stated in [N.C.G.S. § 14-315.1](#) where the person knew or should have known that an unsupervised minor would be able to gain access to the firearm and under other specific circumstances.]

- ▶ **Support legislation to strengthen NC’s child passenger safety law to address best practices to 1) address the importance of younger children riding in rear seat; 2) clarify the need for infants and toddlers to ride in rear-facing seats; 3) clarify safe transition from booster seat to adult seat belt (actual recommendation is more detailed).****

Motor vehicle injuries are a leading cause of death among children. Proper use and placement of the right kind of child passenger safety seat (car seats and booster seats) to suit various stages of child growth and development can impact

whether a child suffers injury or death in the event of a motor vehicle crash. North Carolina’s child passenger safety law ([G.S. 20-137.1](#)) differs from the best practice recommendations of the American Academy of Pediatrics and the National Highway Traffic Safety Administration. In consultation with experts, the Child Fatality Task Force identified three areas of North Carolina’s child passenger safety law that could be strengthened to better address best practice recommendations for safety to save children’s lives, and recommended the types of changes needed which are summarized in [this fact sheet](#). In 2025, a bill addressing these recommendations, HB 368, passed the House unanimously and was sent to the Senate; it did not receive a hearing in the Senate in 2025 but remains eligible for consideration in the 2026 session.

ADMINISTRATIVE ITEMS

The Task Force also approved four administrative (non-legislative) items signifying its interest in continuing to study and/or promote other efforts on the following topics, which are explained in the 2026 CFTF Annual Report:

- **Continue to study maternity care deserts and strategies to improve maternal and infant care** with continued study of licensure for certified professional midwives, expanded use of doulas, further workforce expansion and support, and the impact of funding shifts and changes on this population.
- **Continue to gather information on Paid Family and Medical Leave Insurance** including the employer and business perspective.
- **Continue to study the impact of AI (Artificial Intelligence) chatbots and companions on youth**, including the study of design features.
- **Educate about the Graduated Driver License (GDL), the importance of the science behind the GDL, and continue to get updates on the science** surrounding the GDL to inform future work.

Our Children Our Future **Our RESPONSIBILITY**

For more information on the Child Fatality Task Force visit:
www.ncleg.gov/DocumentSites/Committees/NCCFTF/Homepage/index.html