



# NORTH CAROLINA CHILD FATALITY TASK FORCE 2025 ACTION AGENDA\*

## LEGISLATIVE RECOMMENDATIONS

### Recommendations to prevent harm from tobacco, nicotine, and intoxicating cannabis products

- ▶ **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.**

More than one in five North Carolina high school students reports current use of vape products and for 12th graders it's one in three. Even among middle schoolers, one in 10 are vaping. Nicotine is highly addictive, and the harmful impacts of nicotine products and vaping can be significant for youth and can include death. While most states (43) align with the federal minimum age of 21 for sales of tobacco products, and all but nine states require tobacco retailers to obtain a license or permit, North Carolina does neither. Without licensing, enforcement of any age requirement is challenging since there's no way to know who these retailers are. The 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 legislation to prevent child and youth access to intoxicating cannabis by: prohibiting the sale or distribution of intoxicating cannabis or hemp products to those under 21; implementing regulations for the packaging of such products to require appropriate warnings, child-resistant packaging, and to prohibit packaging that is attractive to children and youth; requiring permitting for retailers who sell intoxicating cannabis or hemp products; and prohibiting those under 21 from entering vape shops.**

In 2018, the federal Farm Bill legalized hemp production and CBD that comes from hemp, and the wording of the bill, including the definition of hemp, resulted in a surge in the manufacture and sale of intoxicating cannabis products. These products are being sold by NC retailers, especially vape shops, in various forms like candy, baked goods, snack foods, beverages, and vape pens. Many cannabis edibles 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 2019 and following this surge in the availability of intoxicating cannabis, the rate of emergency department visits in North Carolina for ingestion of intoxicating cannabis products among children and youth ages 17 and under increased more than 600 percent; among older teens, the rate increased more than 1000 percent. Young children and youth can have severe reactions to ingesting intoxicating cannabis, and youth who use cannabis can experience multiple negative impacts such as: problems with memory, learning, school and social life; impaired driving; potential for addiction; and increased risk of mental health issues.

### Recommendations to promote healthy birth outcomes, prevent deaths of infants and young children, and promote infant and child well-being

- ▶ **Support recurring funding to enable Medicaid reimbursement of doula services throughout pregnancy and the postpartum period and to provide support services and technical assistance for the doula population.\*\***

Research has shown that doula care can reduce the risk of adverse birth outcomes, reduce infant mortality rates, and close disparity gaps. Doulas are non-clinical trained professionals who can provide emotional, physical, and informational support during pregnancy, delivery, and after childbirth. Doula

\*Expanded explanations of the recommendations in this Action Agenda, with citations and additional data, will be contained in the CFTF 2025 Annual Report and other materials to be available in early 2025. Find more information about the Child Fatality Task Force on the CFTF [website](#), where the 2025 annual report and other materials 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.



services are increasingly recognized as an important strategy to address the maternal and infant health crisis. The number of states that are either actively reimbursing for doula services via Medicaid or are taking steps to do so has increased significantly, even since 2022. North Carolina's infant mortality rate is among the highest dozen in the nation, and disparities persist with the infant mortality rate for Black babies around 3 times higher than the rate for white babies. [Funding estimates are pending; approximately \$1.5 million to implement Medicaid coverage of doula services and \$550,000 for training, promotions, doula engagement.]

- **Support Fetal and Infant Mortality Review (FIMR) legislation to include the following components: providing for the authority to implement a FIMR program and to access necessary medical records; to provide immunity (protections) for reviewers and review materials; and for FIMRs to include best practices of family interviews and community action teams.\*\***

Fetal and Infant Mortality Review (FIMR) teams examine de-identified cases of fetal and infant deaths to better understand them to facilitate the implementation of strategies to prevent future deaths. There are approximately 146 FIMR programs in the U.S. with just one FIMR program in North Carolina. There are laws in North Carolina for other types of death review teams that address information access and sharing and provide structure for operations, but there is no such law specifically addressing FIMRs. Without such a law, a FIMR team's ability to carry out its work effectively is limited. FIMR legislation in North Carolina would make it more likely that a community would establish a FIMR team and it would enable them to conduct their work effectively.



- **Support the extension of additional funding to prevent sleep-related infant deaths by continuing the \$250K appropriated for fiscal years 23-24 and 24-25 for this purpose to be appropriated in 2025 as recurring.\*\***

Each year more than 100 infants in North Carolina lose their lives in unsafe sleep environments. This is a leading cause of infant death in North Carolina and these deaths are largely preventable. Teams that review child deaths repeatedly identify the need to prioritize statewide efforts to educate parents, caregivers, health care providers, and others to prevent these deaths. Current funding of \$347,000 for statewide safe sleep initiatives will end May 31, 2025 (\$97K from MCH Block Grant; \$250 nonrecurring state funding). More than 120,000 babies are born each year in North Carolina and sustained, adequate funding is essential for an effective statewide initiative to ensure that these babies are not lost to unsafe sleep.

- **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 is important for supporting overall child and family well-being. But North Carolina has a child care crisis, and the child care business model cannot sustain itself without significant state investments. Teachers cannot afford to stay in the profession; parents struggle to find and pay for quality care; child care programs struggle to stay open; and employers are losing workers. From January and August of 2024, 191 child care programs closed in North Carolina.



Child care subsidies help eligible families afford child care, but only a fraction of eligible North Carolina families are actually getting child care subsidies, because there is not enough subsidy funding to meet the need. Quality early care positively impacts the brain development of young children, setting them up for better outcomes later in life. Investments in early care and learning have a high rate of economic return.

### **Recommendations to prevent youth suicide, promote youth mental health, and prevent firearm deaths and injuries**

- ▶ **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.\*\***

Youth mental health and youth suicide remain a serious concern for the Task Force. The latest data shows that 18% of North Carolina high school students have seriously considered suicide, one in 10 has made a suicide attempt, while 39% report feeling sad or hopeless. The importance of school-based strategies, including having sufficient numbers of school nurses, social workers, counselors, and psychologists, has been emphasized by state and national experts such as the U.S. Surgeon General. Yet, North Carolina remains far below nationally recommended ratios for these professionals. For example, North Carolina would need almost 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 last North Carolina Child Health Report Card in 2023, a joint project of the NC Institute of Medicine and NC Child. The data driving these grades has not changed significantly since then.

- ▶ **Endorse legislation that addresses addictive algorithms in social media that harm children.\*\***

The American Psychological Association and the 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. Teens spend an average of 3.5 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. The Task Force is endorsing the efforts of others for legislation that addresses the 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 \$2.16 million for the NC S.A.F.E. Campaign that educates about firearm safe storage.\*\***

Rates of firearm deaths to North Carolina kids reached horrific heights in recent years. In North Carolina, firearms are the lethal means used in most youth suicides and homicides, and guns are now the leading cause of injury death for kids 17 and under. In the five year-period from 2019 through 2023, nearly 500 North Carolina children ages 17 and younger died from firearm injuries, which is double the number of firearm deaths from the prior five-year period. Evidence is clear that safe storage of firearms saves lives, yet many guns are not stored safely. 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 is operating through temporary federal funds, yet the need to educate gun owners is ongoing.

- ▶ **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, rates of firearm deaths and injuries to kids have increased significantly, and safe storage of guns saves lives. 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.]

### Recommendation to prevent deaths and injuries from motor vehicle accidents

- ▶ Support legislation to strengthen NC's child passenger safety law to address best practices by making the following changes: 1) to address the importance of younger children riding in rear seat, require children under age 8 to be properly restrained in the rear seat of a vehicle when the vehicle has a passenger side front air bag and has an available rear seat; 2) to clarify the need for infants and toddlers to ride in rear-facing seats, modify law to say that a child must be properly



secured in a weight and height-appropriate child passenger restraint system according to manufacturer instructions, including instructions for the use of rear-facing restraint systems for infants and toddlers; 3) to clarify safe transition from booster seat to adult seat belt, require a child to be properly secured in a weight-appropriate child passenger restraint system until the child is four feet nine inches tall (57 inches) and the adult seat belt fits properly without a booster seat (law to describe proper fitting of seat belt).\*\*

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 kids' lives.

## ADMINISTRATIVE ITEMS

The Task Force also approved three administrative (non-legislative) items signifying its interest in continuing to study and/or promote collaboration on the following topics (detailed in the 2025 CFTF Annual Report):

- Licensing of Certified Professional Midwives
- Paid Family and Medical Leave Insurance
- Prevention of fentanyl deaths among children and youth

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