American Academy of Pediatrics Gun Violence Policy Recommendations

Firearm Safety

AAP's 2012 policy statement, *Preventing Firearm-Related Injuries in the Pediatric Population*, states that the absence of guns from children's homes and communities is the most reliable and effective measure to prevent firearm-related injuries in children and adolescents.

The AAP continues to support a number of specific measures to reduce the destructive effects of guns in the lives of children and adolescents through the implementation of the following recommendations.

- Enact a strong, effective assault weapon ban;
- Eliminate the gun show loophole and require mandatory background checks and waiting periods before all firearm purchases;
- Ban on high-capacity magazines;
- Enact strong handgun regulations; and
- Require safe firearm storage under federal law.

Reinstating the Assault Weapons Ban

The AAP supports regulation of the manufacture and importation of high-powered assault weapons. With the expiration of the 1994 federal Assault Weapons ban in 2004, some states have considered enacting their own assault weapons ban. An effective ban on assault weapons should a broad definition of an "assault weapon." It should ban possession, manufacture, transfer, sale, and import of assault weapons. Current assault weapons should not be excluded from the ban by "grandfathering" them. The ban should include stiff penalties for violating the statute. Civil and criminal sanctions should be included. The ban should also include a prohibition on the purchase, sale, or possession of detachable ammunition magazines with a capacity of greater than 10 rounds.

Eliminating the Gun Show Loophole

Other measures aimed at regulating access of guns should include legislative actions, such as mandatory waiting periods, closure of the gun show loophole, mental health restrictions for gun purchases, and background checks. In addition, the AAP continues to support law enforcement activities that trace the origins of firearms used in the commission of crimes and that these data be used to enforce regulations aimed at preventing illegal sales to minors.

Safe Gun Storage

Safe gun storage (guns unloaded and locked, ammunition locked separately) reduces unintentional injury and suicide risk for children and adolescents. In addition, a number of design options have been proposed to decrease the likelihood of unintentional injury by a firearm, as well as limiting access by unauthorized users.

The AAP urges that guns be subject to consumer product regulations regarding child access, safety, and design. These include trigger locks, lock boxes, personalized safety mechanisms, and trigger pressures that are too high for young children.

Child access prevention (CAP) laws establish criminal penalties for owners who do not store their firearms appropriately (e.g., unloaded, in a locked compartment). The best CAP laws make it a felony offense for a gun owner if an injury results from a child accessing an unsecured gun.

Prevention and Public Health

Our nation has made great strides in improving health outcomes related to maternal health, vaccine-preventable disease, motor vehicle safety and tobacco usage due to a commitment to long term public health strategies in these areas.[i] Effective gun violence efforts must embrace support for effective prevention activities and research. Furthermore, these initiatives must eliminate current barriers that restrict long term progress in addressing this issue such as those tied to program evaluation and data collection activities. The AAP recommendations are designed to ensure that comprehensive, long term firearm safety activities are in place to substantially and effectively address this issue over time.

Gun Safety Research, Surveillance and Data Collection

Research is an important component of long term prevention and public health strategy. The National Institute on Child Health and Development within the National Institutes of Health and the CDC National Center for Injury Prevention and Control have been instrumental in conducting important public health research related to firearm safety in the past, much as they do for other threats to the public health. Funding for firearms-related research within the Department of Health and Human Services (HHS) and related agencies has been subject to both budget cuts and legislative restrictions.[ii] Since 1996, the Centers for Disease Control and Prevention (CDC) have been prohibited from engaging in gun safety activities, including surveillance and research. Since 2003, the Bureau of Alcohol, Tobacco and Firearms and Explosives (ATF) has been restricted from releasing gun crime trace data. The *Consolidated Appropriations Act of 2012* also included language prohibiting to the entire Department of Health and Human Services from activities that advocate or promote gun control. This legislative language serves to prevent HHS from any worthwhile research regarding the public health effects of firearms for fear that they may be interpreted as advocating or promoting gun control. The AAP urges the removal of all federal restrictions and the renewal of gun safety research and prevention funding.

The AAP supports the funding of research related to the prevention of firearm injury, including surveillance through the CDC National Violent Death Reporting System (*NVDRS*); accurate evaluation of health care–based screening and intervention; and local, regional, and national efforts to identify and disseminate violence prevention resources.

Encourage and Support Physicians' Role in Gun Violence Prevention

Physician counseling of parents about firearm safety has been demonstrated to be an effective prevention measure. The AAP supports the education of physicians and other professionals interested in understanding the effects of firearms and how to reduce the morbidity and mortality associated with their use. HHS should establish a program to support gun safety training and counseling programs among physicians and other medical professionals. The program should also provide medical and community resources for families exposed to violence. Federal gun safety and violence initiatives must include members of the medical community, who are uniquely involved with families and communities.

AAP's practice guide, *Bright Futures*, urges pediatricians to counsel parents who possess guns that safe storage and preventing access to guns reduces injury by as much as 70%, and that the presence of a gun in the home increases the risk for suicide among adolescents. Physician counseling, when linked with the distribution of cable locks, has been demonstrated to increase safer home storage of firearms. The removal of guns or the restriction of access should be reinforced for children and adolescents with mood disorders, substance abuse (including alcohol), or history of suicide attempts.[iii]

In recent years, legal and legislative challenges have emerged challenging physicians' and other medical professionals' ability to provide guidance on firearms. For example, in 2011 the state of Florida enacted the *Firearm Owners' Privacy Act,* which prevented physicians from providing such counsel under threat of financial penalty and potential loss of licensure. The law has been blocked from implementation by a U.S. District court. Similar policies have been introduced in seven other states: Alabama, Minnesota, North Carolina, Oklahoma, Tennessee and West Virginia. The fundamental right of physicians to provide medical counsel to their patients must be protected to mitigate risk of injury to children in the environments in which they live and play.

Section 2717 (c) of the Affordable Care Act

The Affordable Care Act includes language barring the Secretary and health plans participating in the Exchanges from collecting and housing information regarding the presence of firearms in the home. Pediatric advocates have vehemently opposed this component of the Affordable Care Act and urge HHS to craft policy to improve the quality of care and overall health of infants, children, adolescents and young adults, including changes to limit the harmful impact of this section of the Act. The AAP recommends repeal of the Section 2717 (c) firearms provision.

As noted in a request for information (RFI) letter dated December 27, pediatricians should have no deterrents to ask whether a gun is in the home. In fact, Section 2713 of the ACA requires that insurers offer Bright Futures services for no copay in all non-grandfathered plans. The Bright Futures guidelines for well-child visits include anticipatory guidance regarding whether firearms are in the home. Given the importance of such a question to a child's health and their quality of care, we respectfully request HHS to issue clarification to ensure pediatricians do not interpret the 2717 (c) provision to mean they may not follow the Bright Futures guidelines. One way to accomplish this would be to explicitly exclude Bright Futures from the definition of a "wellness and health promotion activity" as set forth in sec. 2717(a)(1)(D).

Access to Mental Health Care

The AAP proposes improvements in access to mental health prevention and care as part of a comprehensive approach to gun violence. Vehicles for achieving these goals exist under current law, and AAP urges HHS to use its current authority to improve access to these critical services. Access to mental health care for children and adolescents is woefully inadequate. Currently, many families have few reliable resources to address their children's chronic mental health conditions. As a nation, we must improve the identification of mental illnesses through increased screening activities along with improved access to mental health services and services to prevent mental health conditions. In addition, inadequate insurance coverage and high out-of-pocket

costs that create barriers to access should also be addressed by enforcing the mental health provisions of the ACA.

Promote the Medicaid Health Home Demonstration Grant Program for Behavioral Health
The AAP recommends HHS allow flexibility within the Medicaid Health Home Demonstration Grant Program to allow for programs focused on children and young adults with mental health problems. HHS should undertake renewed efforts to promote the Medicaid Health Home Demonstration Grant program under the ACA to states as a medical home option for children with mental illness/substance use disorders.

Centers for Medicare and Medicaid Innovation (CMMI) Funding
The CMMI offers a vehicle for HHS to promote truly innovative financing and service provision models. The AAP recommends that HHS issue CMMI funding opportunities aimed at promoting the medical home model that includes mental health integration in the primary care setting. Such a model would enhance prevention and early identification of mental illness in the primary care setting.

Furthermore, HHS should re-issue its July 17, 2012, State Medicaid Director Letters to encourage Integrated Care models that will allow states to better link medical homes to mental health/behavioral health specialists.

Use the Medicaid Payment Increase to Improve Access to Mental Health Services
The Medicaid payment increase could be an important mechanism for improving access to needed health services, particularly for children. The AAP recommends that HHS add CPT code 96110 to the list of services that will qualify for the Medicaid payment increase (96110 is the developmental/behavioral screen). CPT codes 99242 (behavioral health screening) and 99420 (perinatal/post-partum depression screening) should already be included as codes that qualify for the Medicaid payment increase. HHS should also include child and adolescent psychiatrists and pediatric neurologists as eligible for the Medicaid payment increase. Although there are is an overall shortage of high quality mental health providers for children, the Medicaid payment increase could be an important mechanism for improving mental health care access.

Ensure Essential Health Benefits under the ACA Guarantee Access to Mental Health Services
HHS should provide greater clarification on the list of included services in the essential health benefit (EHB) category of mental health/substance use disorders (MH/SUD). AAP proposes a broad array of MH/SUD services for children and adolescents consistent with the AAP scope of benefits policy statement. In particular for adolescents, HHS should include in the Final Rule on EHBs a comprehensive set of mental health preventive and treatment services consistent with AAP recommendations. AAP's Bright Futures guidelines offer an excellent outline for preventive benefits, and are guaranteed in all non-grandfathered plans. To complement the Bright Futures preventive model, included essential benefits must include treatment of mental and behavioral health issues for child and adolescent populations.

Many mental health care providers no longer take insurance, limiting their inclusion in health plans and networks. Unless a network can provide evidence of adequate numbers of enrolled mental health professionals, HHS should make out-of-network mental and behavioral health a

requirement for meeting insurers' network adequacy standards. Out of network care provided by subspecialists/mental health professionals should also be required to be covered at the same level of cost sharing as in-network providers. In addition, the EHB Proposed Rule allows for substitution within a category, so that a plan might list in the Exchange and comply even if only behavioral health services are offered or only mental health services are offered. HHS should disallow substitution within the behavioral/mental health category so that plans are not without necessary mental health service coverage.

Quality Measurement and Health Insurance Quality Rating
The AAP urges the administration to encourage states to more broadly apply the core set of pediatric quality measures to strengthen the focus on mental health access/success of referral. In the HHS annual CHIPRA child health quality report in Medicaid/CHIP, only 18 states reported on mental health measures and only 5 states reported on behavioral health.

Section 2717(c) of the ACA also calls for no insurance rating related to guns in the home. How this statutory requirement will be implemented in any Final Rule on insurance market requirements is critical. We would urge HHS to provide clarity on how "home" is defined for children in complex family environments.

Issue the Final Rule on the Mental Health Parity and Addiction Equity Act
HHS should issue final regulatory guidance to clarify many of the issues addressed in the interim final rule on the *Mental Health Parity and Addiction Equity Act* (MHPAEA) of 2008. These issues include the scope of mental health services a plan governed by MHPAEA must include, as well as when and how an exception to MHPAEA may apply (e.g., the "recognized and clinically appropriate standard of care" exception), rules regarding disclosures insurers must make to consumers regarding the medical necessity criteria they apply to medical/surgical services and mental health/substance use services covered in their health plans, and what authority HHS and states have to enforce MHPAEA, as well as standards to be used to assess health plans' compliance with MHPAEA. In the final EHB rule, HHS should address how non-quantitative treatment limitations on MH/SUD would violate the federal parity law. As part of the data collection standards, HHS should require states to collect and assess the non-quantitative treatment limitations used by insurers selling plans in the exchange.

HHS National Advisory Committee on Children and Disasters
The Pandemic and All-Hazards Preparedness Reauthorization Act could bring together federal and non-federal partners to provide guidance and recommendations on our nation's preparedness to meet the needs of children before, during and after all-hazards emergencies such as the one that occurred in Newtown, CT. The creation of the National Advisory Committee on Children and Disasters, which is required in the legislation, would be an important mechanism for addressing children's safety issues. If enacted into law, this policy should be fully funded and implemented.

Promote the Home Visitation Program within the Maternal and Child Health Bureau (MCHB)
The AAP supports evidence-based, high quality home visitation as an important program for supporting families and helping to promote positive maternal and child health outcomes. Several state programs have integrated mental health into home visitation programs.[iv] HHS should

promote the MCHB home visitation program as an additional avenue of access to mental health services. Screening for maternal depression and integration of mental health may occur at nurse home visits and then be coordinated through the medical home.

Support and Expand the National Child Traumatic Stress Network (NCTSN)
The National Child Traumatic Stress Network, originally established by Congress in 2000 and administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), is tasked with raising the standard of care and improving access to services for traumatized children, their families, and communities throughout the country. The NCTSN provides valuable services to children and is funded at $45.7 million. Expanding this program would improve trauma-informed care services, including mental health services. Furthermore, the AAP recommends that the administration highlight this program as an important federal priority.

Support Juvenile Mental Health Courts
Mental illness in the juvenile justice system has become an increasing problem. A report from the National Center for Mental Health and Juvenile Justice found that 70 percent of youths in the juvenile justice system have a mental health disorder, and 27 percent suffer from a disorder so severe it significantly impairs their ability to function. HHS should work with the Department of Justice (DOJ) to strengthen and expand the juvenile mental health court system to ensure that juvenile offenders with MH/SUDs receive appropriate treatment in lieu of repeated contact with the criminal justice system.

Reducing Gun Violence in Media and Educating Children
As a nation, we must also address the culture of violence within the United States. A number of factors may be important in reducing exposure to violence and the results of that exposure in children and adolescents such as early education, community support and other prevention efforts. In addition, we must reevaluate as a society how media influences our children and take action to promote content that supports, rather than hinders, healthy social development. The AAP recommends support for evidence-based programs targeting children at early ages, investments in research and cooperation in supporting violence-free programming.

Early Education and Prevention Efforts
Some violence prevention curricula targeting younger children and those at low risk of violence have been evaluated and have shown positive results. Resiliency-based violence prevention strategies in preschool children have shown improvement in teacher interactional skills supporting children's resiliency and improvement in children's prosocial behaviors.[v]

Media Violence
Exposure to violence in media, including television, movies, music, and video games, represents a significant risk to the health of children and adolescents. Extensive research evidence indicates that media violence can contribute to aggressive behavior, desensitization to violence, nightmares, and fear of being harmed. Media violence is often characterized in the public domain as a values issue rather than what it truly is: a public health issue and an environmental issue.[vi]

The AAP policy statement on media violence recommends the development of quality, violence-free programming and constructive dialogue among child health and education advocates, the

Federal Communications Commission, and the television and motion picture industries, as well as toy, video game, and other software manufactures and designers, in an effort to reduce the romanticization of guns in the popular media as a means of resolving conflict.[vii]

Promote Research

More research in the area of violence in the media and its impact on children and adolescents is needed and federal funding should be allocated for this purpose. The AAP supports the commission of a National Academy of Sciences study to further examine the impact of violence in media on aggressive behavior in children and develop recommendations for change.

Establish an Initiative on Nonviolent Media Content

The AAP supports the establishment of an initiative to examine and to promote nonviolent media. This effort should be led by HHS in cooperation with members of the entertainment industry.

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[i] Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, 2010, 10 Greatest Public Health Achievements, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6019a5.htm

[ii] Slate Magazine, NRA's War On Gun Science, June 2012, http://www.salon.com/2012/07/25/the_nras_war_on_gun_science/

[iii] Pediatrics 2012;130(5):e1416-e1423.

[iv] National Center for Children in Poverty, State-based Home Visiting, 2009, p. 16., *www.nccp.org/publications/pdf/text_862.pdf*

[v] Pediatrics 2012;130(5):e1416-e1423.

[vi] American Academy of Pediatrics, Council on Communications and Media, Media Violence, *Pediatrics* 2009;124;1495-1503.

[vii] Pediatrics 2012;130(5):e1416-e1423