2A *Maryland*

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House Bill 0387
Sales and Use Tax - Firearms, Firearm Accessories, and Ammunition
Rate Alteration
Unfavorable

In concept House Bill 387 is a clone of California's Assembly Bill 28, which imposed an 11% tax that applies to gross receipts from retail sales of ammunition, firearms, accessories, and parts. HB 387 is also similar to firearms tax legislation passed in Seattle, which has not lived up to its proponents' predictions.

House Bill 387 would add an 11% excise tax on firearms in addition to the current 6% sales tax. Because the excise tax is based upon the gross receipts (page 6, lines 9-11), the 11% excise tax will be based upon the selling price plus the 6% sales tax for a total tax of 17.7%. This is in addition to the 11% Pittman-Robertson tax which is already in place supporting wildlife programs throughout Maryland.

The bill's proponents include groups who support any bill which discourages, restricts or bans the legal ownership of firearms. Their literature contains several false claims about the nature of the funding sources and touting the success of similar schemes on the west coast.

The increased costs will have a cascading negative impact on the State's economy. State income from sales tax, corporate income tax, and personal income tax will see a decline as consumers purchase out of state and by mail order to avoid the proposed punitive excise tax. Some businesses will close, others will move out of Maryland, jobs will be lost, businesses such as lodging, restaurants, clothing stores etc., which benefit from revenue relating to hunting and the shooting sports will see a decline in income.

The ultimate result will be across the board reduction in corporate and personal income tax revenue across the entire state. This tax is regressive in nature and will have a disproportionate impact on those of limited financial means.

Senate Bill 0387
Unfavorable

There is ample evidence that "gun tax" schemes do not produce the windfall of revenue the proponents claim. (See attachment.)

HB 387 provides for a staggered implementation which first targets so-called "large retailers" defined as having a footprint over 20,000 square feet. That a retailer might have only 100 square feet devoted to firearms sales seems not to matter. Exactly how and with what resources the Comptroller will determine the square footage is unknown.

No provisions are made in this bill regarding how and with what resources the Comptroller will monitor and police the over 760 federal firearm license holders in Maryland. Nor does the bill consider that it is legal to purchase a rifle or shotgun in any of the states contiguous to Maryland (Public Safety §5-204). Further, these contiguous states are home to 6,433 federal firearms license holders. How Maryland's Comptroller will monitor the sales receipts and/or number of sales, to then enforce HB 387's taxing scheme, on out of state sales by out of state dealers, is something the sponsors should be compelled to explain. Perhaps it is best described by the old adage "nothing is impossible for those who do not have to do it."

It should be noted that the majority of shock trauma cases are due to falls and automobile accidents. According to Shock Trauma's own literature, only 21% are violence-related and not all are firearms related injuries. (See attachment.)

Historically, Americans have not reacted well to taxes, especially tax increases. Recent reports indicate that California leads the nation in the number of citizens fleeing to states with more freedom and lower taxes. Businesses in Seattle relocated to areas where the governments are less tax hungry. Maryland legislators should be wary about following California and Seattle's misguided tax policies.

We strongly urge an unfavorable report on House Bill 0387.

Respectfully,

John H. Josselyn
2A Maryland
02/13/2025

Local Politics
The Seattle Times

Seattle's gun tax raised $93,000 last year

Originally published March 15, 2018 at 6:00 am | *Updated March 16, 2018 at 1:52 pm*

This 2012 photo shows a Seattle gun shop. Around the time the City Council passed the tax in 2015, there were two stores in Seattle dedicated to gun sales. Now there are none. (Elaine Thompson/AP) **Less** ^

The total for 2017 was less than in 2016, when the tax raised about $104,000. The City Council established the tax to fund gun-violence research at Harborview Medical Center.

By Daniel Beekman
Seattle Times staff reporter

Seattle collected $93,000 from its gun-and-ammunition tax in 2017, down from about $104,000 collected in 2016, when the tax took effect.

Sellers paid the tax this past year on 1,929 firearms and about 1.1 million rounds of ammo, according to the Department of Finance and Administrative Services.

The last quarter of 2017 was the busiest of the year, with sellers paying the tax on 576 guns and nearly 289,000 rounds of ammo.

Sellers covered by the tax include individuals, sporting-goods stores and pawnshops. Around the time the City Council passed the tax of $25 per firearm and 2 to 5 cents per round of ammunition in 2015, there were 40 federal firearms licensees in the city, including two brick-and-mortar stores dedicated to gun sales.

As of December, there were 32. The stores dedicated to guns have closed.

The council established the tax to fund gun-violence research at Harborview Medical Center, saying treatment of gunshot victims there costs taxpayers many millions of dollars each year.

The city waited to spend the revenue, because of a lawsuit by local gun owners and gun sellers, plus the National Rifle Association, the Bellevue-based Second Amendment Foundation and the National Shooting Sports Foundation.

While the lawsuit was active, city officials kept the tax money in a holding account. To support the Harborview program while there was no tax revenue, the council allocated money from the city's general fund.

After a study found that gunshot survivors were 21 times more likely than people hospitalized for other reasons to return with another gunshot wound, researchers now provide some gunshot survivors with services ranging from substance-abuse and mental-health treatment to job assistance.

In August, the state Supreme Court ruled for Seattle in the lawsuit, upholding a lower-court ruling and freeing the city to start spending the tax money.

Rather than use the 2016 and 2017 revenue to pay back the general fund for money already spent on the Harborview program, Mayor Jenny Durkan wants to use it to

sustain the program going forward and plans to present the council with a proposal to do that, spokeswoman Kamaria Hightower said.

"Research shows that those who survive gunshots are at a heightened risk of becoming a victim again, and the program is designed to end this cycle of violence," Hightower said in a statement.

"Over 100 gunshot-wound victims have been enrolled so far, and the program will enroll around 300 patients in total through the end of 2018."

The tax has raised far less than expected. When it was adopted in 2015, then-Councimember Tim Burgess said the city projected the tax would raise $300,000 to $500,000 a year.

The city initially withheld information on how much the tax had raised in 2016, citing concerns about taxpayer privacy.

Daniel Beekman: 206-464-2164 or dbeekman@seattletimes.com. Twitter @DBeekman

MYNORTHWEST NEWS

Seattle collected much less than predicted from gun tax

Aug 15, 2017, 9:32 AM

 (File, Associated Press)...

(File, Associated Press)

BY MYNORTHWEST STAFF
MyNorthwest.com

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Seattle's gun tax brought in much less than expected in its first year.

City leaders expected the tax to bring in between $300,000 and $500,000 a year when they approved it. But it brought in just over $100,000 in 2016.

RELATED: What has happened under Seattle's gun tax

The city had long refused to reveal the dollar amount, citing privacy concerns of people who pay the tax.

R Adams Cowley
Shock Trauma Center
University of Maryland

FACTS

For more than 50 years, the R Adams Cowley Shock Trauma Center has been a worldwide leader in trauma care. Shock Trauma is the heart of Maryland's exceptional Emergency Medical Services (EMS)—the first coordinated system in the country and a national model of excellence. To date, more than **200,000 people** have been cared for at Shock Trauma.

WHEN LIFE IS ON THE LINE…

"The R Adams Cowley Shock Trauma Center is Maryland's Primary Adult Resource Center (PARC) serving more than 6,000 critically ill and severely injured people each year. These are people who get up each day, leave their home for work or school and end up here at Shock Trauma. Our team is committed to giving every person a second chance." **THOMAS M. SCALEA, MD, FACS, MCCM**

WE HEAL At one of the **highest-volume trauma centers in the United States**, teams of providers are standing by 24/7 to receive, resuscitate, stabilize and treat those whose lives are threatened by time-sensitive injury, including: acute complex orthopaedic injury, spinal injuries, brain injury, facial trauma, multiple organ dysfunction, respiratory failure, soft-tissue infection and sepsis.

WE TEACH The **Shock Trauma/Surgical Critical Care Fellowship** is the largest and one of the most prestigious programs of its kind. The goal of the fellowship is to produce physician leaders in academic surgery who specialize in critical care and trauma.

WE DISCOVER The Shock Trauma research program aims to become the benchmark for **national and international trauma research** that addresses issues of injury prevention, patient care, delivery of care, public policy and financing of trauma care and systems of care. The program includes: clinical research trials, a place to test emergency technologies and a collaboration with the U.S. Air Force through the C-STARS-MD program.

WE CARE In keeping with the mission of preventing **severe injury and death**, teams from Shock Trauma conduct a variety of prevention programs in collaboration with schools, community groups and the court system. The programs target adolescents and adults on topics including seatbelt use, violence prevention and safe driving strategies focused on eliminating distracted or impaired driving. For more information, email prevention@umm.edu.

QUICK NUMBERS

PRIMARY TRAUMA ADMISSIONS

5,997 Patient Encounters

MECHANISM OF INJURY

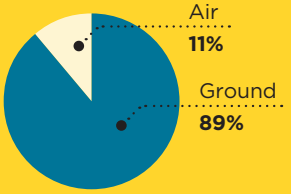
39% Motor Vehicle Collisions

37% Falls

21% Violence

2% Other

GROUND VS. AIR ADMISSIONS



MISSION

To serve as a multidisciplinary clinical, educational and research institution dedicated to world-class standards in the prevention and management of critical injury and illness and its consequences.

umm.edu/shocktrauma

Comprehensive Community Safety Funding Act

marylanders to prevent gun violence

This groundbreaking Maryland legislation aims to ensure the sustained funding of effective programs dedicated to gun violence prevention and victim support.

- **House Sponsor: Bernice Mireku-North**
- **House Committee: Ways and Means**
- **Senate Sponsor: TBD**
- **Senate Committee: Budget and Taxation**
- **Bill Numbers: HB387**
- **Prior Introductions: 2024 SB784/HB935**

KEY INITIATIVES:

Center for Firearm Violence Prevention & Intervention

This recently established office, now operating within the Maryland Department of Health, coordinates efforts to address, prevent, and intervene in gun violence. While still in its early stages, the Center is focused on implementing comprehensive strategies to reduce firearm-related harm and ensure resources are directed to impacted communities where they are needed most.

R Adams Cowley Shock Trauma Center

This is a world-renowned facility specializing in trauma care, including gunshot injuries. As Maryland's primary trauma center, it plays a critical role in treating victims of gun violence, offering lifesaving care to patients regardless of their ability to pay. The center is accessible to all Maryland residents, providing statewide access to top-tier trauma services.

Consortium on Coordinated Community Supports Partnership Fund

The Partnership Fund enhances student behavioral health by fostering community partnerships that provide holistic, non-stigmatized services and supports to address students' behavioral health needs and promote academic success.

Maryland Violence Intervention and Prevention Program (MD VIPP)

Maryland VIPP funds organizations that deliver violence intervention and prevention services in communities most impacted by gun violence. These programs often include violence interrupters, who work within communities to mediate conflicts, prevent retaliation, and address the root causes of violence, helping to break cycles of harm.

Maryland Trauma Physicians Services Fund

This provides funding to medical systems to cover trauma-related healthcare costs, a FALSE CONSUMERS, NOT THE FIREARMS INDUSTRY WILL PAY THE COST OF THE TAX *from gu vi in the fir*

Survivors of Homicide Victims Grant Program

This program provides victim assistance, advocacy, and support, helping survivors exercise their legal rights.

Funding Mechanism:

The bill proposes an 11% excise tax on gross receipts from firearm sales in Maryland, similar to the federal Pittman-Robertson tax. This tax targets industry profits, not consumers, and will be collected by the state.

By redirecting firearm-related profits, the bill aims to address the public health and financial burdens of gun violence, providing a sustainable solution for improving community safety.

More Information

Constitutionality of a Tax on Guns

This bill imposes an excise tax on gun industry profits, which are not constitutionally protected. It is up to the industry to decide whether to pass this tax on to consumers. The tax targets the industry's significant earnings to address its role in public safety issues.

Aligning with the Bruen 'History and Tradition' Standard for Regulation"

The firearm industry has been subject to federal excise taxes for over a century, historically used to offset wildlife-related harms from hunting. Additionally, at least nine states, including MS, NC, GA, AL, HI, NE, FL, WY, and VA, have imposed taxes on firearms and dangerous weapons, some since the mid-1800s, demonstrating a long-standing tradition of such measures.

Addressing the Urgent Need for Gun Violence Prevention Funding

Gun violence costs Maryland $10.5 billion annually, inc[illegible]e by taxpayers—an av[illegible]t. Additional funding is cr[illegible]n, intervention, and su[illegible]educing both the economic and societal impact of gun violence.

Tax revenue has declined as businesses move and customers find other sources.

Expected Revenue

The proposed 11% tax rate aligns with the federal excise tax. In 2022, the National Shooting Sports Foundation reported $12,924,900 in excise taxes paid by the Maryland firearms industry, which included firearms, ammunition, and related parts. Since this bill focuses solely on firearms sales, the expected revenue would represent a substantial but proportionally smaller share of that total, offering significant funding to support gun violence prevention initiatives.

Other examples of firearm taxes and fees that offset harm

Federal

Statute: 26 U.S. Code § 4181

- *Imposes a 10% excise tax on pistols and revolvers and an 11% excise tax on other firearms and ammunition, with funds allocated to wildlife restoration under the Pittman-Robertson Act.*

California

Statute: Assembly Bill 28 (Effective July 1, 2024)

- *Imposes an 11% excise tax on firearms and ammunition sales, with revenue supporting gun violence prevention programs.*

Pennsylvania

Statute: 18 Pa. C.S. § 6111(b)(3)

- Imposes a $2 fee on firearm sellers for purchaser background check requested *funding the state's background check system.*

Cook County, Illinois

Ordinance: Cook County Code of Ordinances, Sec. 74-665

- *Imposes a sales tax on firearm purchases ($25 per firearm) and ammunition purchases ($0.01 or $0.05 per cartridge) to fund public safety initiatives.*

Washington

Statutes: Seattle Municipal Code, Chapter 5.50.030; Tacoma Municipal Code, Chapter 6A.120

- *Both cities impose an excise tax on firearm sales ($25 per firearm) and ammunition sales ($0.02 or $0.05 per round), directing revenue to preventing gun violence and offsetting its impact on the city.*

7 of the most common childhood injuries and accidents (and when specialized emergency care may be needed)

8 min read

by HealthPartners

Whether your kiddo is a little daredevil or just a bit klutzy, accidents *happen*.

The good news is that most mishaps result in minor injuries that can be treated with a dab of antibacterial ointment, a little rest, and lots of hugs and kisses. But the reality is that every tumble has the potential to be "the big one" – an injury that has you speeding toward the nearest hospital.

But it's a fine line. What kinds of child injuries really raise the boo-boo bar? When is a trip to urgent care enough? And when might you need to seek highly-specialized emergency care at a pediatric trauma center?

Below we break down the most common childhood injuries and accidents that our team at Regions Hospital Level 1 Pediatric Trauma Center sees every day, and what you should do if the

time comes to head to the hospital.

1. Falls: The most common cause of injury for kids of all ages

Falls are the leading cause of injury among children. In fact, the Centers for Disease Control and Prevention (CDC) says that roughly 8,000 children are treated in U.S. emergency rooms for fall-related injuries *every* day .

When and where are falls most likely to happen?

Playgrounds, especially slides and monkey bars, are some of the most common causes of injury. Other common fall hazards include:

- Stairs
- Beds without railings
- Windows
- Elevated landings
- Baby walkers
- Slippery bathtubs
- Cluttered pathways

Also, while falls are the most common injury for kids of all ages, babies and toddlers are especially fall-prone. Little humans simply don't have the same movement control and balance that older kids and adults do. Of course, there are numerous child fall prevention best practices that can help reduce the chances of a serious injury. But falls can still happen in a flash.

What types of fall injuries may need specialized trauma care?

Head, neck, back or spine injuries, and broken bones top the list. More specifically, these injuries can often need the highest level of trauma care – or what's often called Level 1 trauma care. Why? These kinds of injuries can be more complex, which may require expert care from a range of specialists.

In addition, we suggest that you bring your child to a trauma center right away if they're experiencing any of the following symptoms after a fall:

- Difficulty breathing

- Possible broken bones – especially if the potential fracture is located in areas like the head, face, neck, back or pelvis, or if a bone has pierced through the skin – ligament tears or a spinal cord injury
- New or worsening bleeding or swelling, headache, nausea or vomiting
- Loss of consciousness or memory loss surrounding the accident

Learn more about what to do if your child falls and hurts themselves.

2. Being struck by or against an object: Accidental impacts

Most kids get bumped into on a regular basis – especially if they play sports (or have older siblings). Usually these run-ins are minor accidents caused by playing a little too hard or getting distracted.

But according to CDC and NEISS All Injury Program data from 2000-2018, the frequency of emergency department visits after being struck by or against an object is second only to falls , especially for kids aged 0-14.

When and where are kids most likely to get struck by or against an object?

These types of childhood injuries can happen anytime and anywhere. Here's just a sampling of some of the accidents that fall into this category:

- Walking into a wall, door or piece of furniture
- Being hit by an object such as a baseball or a falling storage box
- Getting hit and hurt by another player during a football, soccer, lacrosse, softball, baseball or other sports game
- Being pinned under a piece of furniture or an appliance that tipped over

What types of "struck by or against" injuries may need trauma care?

Head, neck, back or spine injuries, and broken bones are often top trauma priorities for these types of accidents, too. Also, if your child is injured after being pinned under or against something, internal injuries can be a concern.

We suggest heading to a pediatric trauma center if your child is experiencing any of the following symptoms:

- Difficulty breathing
- Possible broken bones – especially if the potential fracture is located in areas like the head, face, neck, back or pelvis, or if a bone has pierced through the skin – ligament tears or a spinal cord injury
- New or worsening bleeding or swelling, headache, nausea or vomiting
- Loss of consciousness or memory loss surrounding the accident

3. Motor vehicle accidents: The most common injury for teen drivers and riders

There are millions of motor vehicle accidents every year. Next to falls, these accidents are the most common causes of nonfatal injuries among teenagers.

When and where are motor vehicle accidents most likely to happen?

Whether your child is cruising in your family car or riding an ATV at the cabin up north, motor vehicle accidents can happen anytime. And teens between 16 and 19 are at a higher motor vehicle crash risk than any other age group , according to the CDC.

Why? One reason is because teens are less experienced drivers or they're riding with less experienced drivers.

The CDC says that the crash risk for teen drivers is especially high during their first few months of licensure. In addition, the presence of other teen passengers increases crash risks.

When may trauma care be needed after a motor vehicle accident?

Motor vehicle accidents can cause a range of injuries – some obvious and some subtle. And even low-speed accidents can leave kids with an injury.

After any motor vehicle accident, we suggest getting your child checked out. Some injuries may or may not present themselves right away. Urgent care can be a good choice for minor bumps, scrapes or bruises.

If an ambulance arrives and paramedics say a trip to the ER is recommended, we suggest you follow their advice and ask to be taken to the nearest pediatric trauma center.

In addition, we recommend seeking pediatric emergency care if your child has any of the following injuries or symptoms:

- Difficulty breathing
- Visible or possible head, neck or back injuries
- Possible broken bones – especially if the potential fracture is located in areas like the head, face, neck, back or pelvis, or if a bone has pierced through the skin – ligament tears or a spinal cord injury
- New or worsening bleeding or swelling, headache, nausea or vomiting
- Loss of consciousness or has memory loss surrounding the accident

4. Cuts and puncture wounds: Injuries that are more than a little scratch

Whether they're playing with friends or helping you in the yard, a lot of kids accidently cut or poke themselves with something sharp. Most wounds will sting and throb, but once they're cleaned and patched up they typically heal pretty quickly.

But more serious lacerations or piercings are relatively common, especially for kids between 5 and 14 years old.

When are cuts and piercings most likely to happen?

Usually, most deep cuts or piercings occur after another common kid injury occurs – namely a bad fall or being hit by something. But other household accidents involving machinery like yard tools, kitchen appliances or cutlery can be the culprits, too.

When may trauma care be needed for cuts and piercings?

If your child has any lacerations or puncture wounds that occurred after a fall, being hit by an object, or may involve a broken bone, head to the nearest trauma center. Multiple injuries will likely require care from multiple specialists.

If a cut or puncture is the primary injury, get emergency pediatric trauma care if your child's injury is:

- Bleeding heavily or the bleeding hasn't decreased after five to 10 minutes of direct pressure

- Causing numbness or inability to move fingers, toes, arms, legs, joints or other parts of their body
- Deeper or longer than ½ inch
- Located on your child's head or face, or close to an eye
- Caused by a dirty or rusty object
- Embedded with dirt, gravel or other debris
- Has ragged or separated edges
- Caused by an animal or human bite
- Extremely painful
- Showing signs of infection (e.g. increased warmth, redness, swelling or drainage, or foul odor)

5. Bites and stings: Wounds caused by animals, insects *and* humans

From tick bites bee stings the vast majority of bites and stings are minor – requiring little to no medical treatment. But according to the previously mentioned CDC and NEISS All Injury Program data, bites and stings are the third most common reason for ER visits for kids aged 0-9.

When and where are bites and stings most likely to happen?

Like any injury, bites and stings can happen anytime, anywhere. Among children, dog bites are some of the most common injuries we see.

When may trauma care be needed after a bite or sting?

After any bite or sting, seek emergency pediatric trauma care if:

- The wound (or wounds) is bleeding heavily or the bleeding hasn't decreased after five to 10 minutes of direct pressure
- The wound (or wounds) is showing signs of infection (e.g. increased warmth, redness, swelling or drainage, or foul odor)
- Your child is having difficulty breathing or showing other signs of an allergic reaction such as swell hives, wheezing or trouble swallowing, rapid pulse or dizziness

Specifically for animal bites, seek emergency care if:

- The animal that bit your child is wild
- The bite or bites are deeper or longer than ½ inch – especially if they're located on your child's face and/or near an eye
- The bite is from a venomous snake or spider
    - Venomous snake and spider bites are rare in the Midwest, and Minnesota and Wisconsin have just two species of poisonous snakes
- The bite is from a bat (which is uncommon in Minnesota and beyond, but requires fast care)

6. Foreign bodies: When something is where it shouldn't be

It's safe to say that every kid experiences a "foreign body" at some point during their childhood. Whether it be a splinter in their finger or a sweet pea in their nose, curious kiddos get things stuck.

But more serious cases happen. In fact, it's the fourth most common reason for an ER trip for kids between 1 and 4 years old.

When and where are foreign body injuries most likely to happen?

Most of the time, the child will inhale or ingest something on their own. This can happen during a mealtime or during playtime, when there are a lot of choking hazards around.

When may trauma care be needed for removing a foreign body?

Most foreign bodies can pass through their gastrointestinal track without issue, but sometimes they become lodged in the throat, stomach or soft tissues. Choking and bowel obstructions are the biggest concerns, and require emergency medical care.

If your child appears to be choking, take action by using choking first aid techniques like back blows or the Heimlich maneuver to dislodge the object. If you don't know how or your efforts aren't working, call 911.

If your child has swallowed something and you're unsure if it can be passed naturally, call your doctor. Go to a pediatric trauma center if you notice any of the following symptoms of a possible bowel obstruction:

- Severe abdominal pain, cramping or swelling

- Vomiting
- Bloating
- Loud bowel sounds
- Inability to pass gas
- Constipation

7. Burns: Injuries that aren't only caused by fire

Whether a curious hand grabs for a hot pan or repeated sunscreen applications didn't get the job done, mild burns are pretty common for kids.

But only a little amount of time – sometimes just seconds – is needed for burn injuries to worsen.

When and where are burns most likely to happen?

Thermal burns – burns caused by coming into contact with flames, or hot metals, liquids or steam – are the most common among children. In the summer, burns from fireworks are also common. But other types of burns include:

- Chemical burns caused by acids or solvent cleaners (e.g. bleach, ammonia, paint thinner)
- Electrical burns after coming into contact with an electrical current
- Radiation burns (aka sunburn)
- Friction burns such as road rash or carpet burn
- Cold burns such as frostbite

When may trauma care be needed for burn injuries?

If a burn has caused any damage below the epidermis – the outer layer of the skin – some degree of specialty care may be needed. Blisters signal a second-degree burn that's gone deeper, and any charring or whitish marks are a sign of the most severe third- or fourth-degree burns.

The more severe or widespread the burn, the higher degree of specialty care that is needed. Our Regions Hospital Burn Center specialists – who are an integral part of our Level 1 trauma center care team – suggest that kids get specialized burn care if:

- Burns are located on the face, ears, hands, feet or genital area where permanent damage is a risk if not treated properly
- Burns appear deeper than first-degree and/or cover a large area of the body (e.g. larger than the size of your palm)
- There are signs of infection (e.g. increased warmth, redness, swelling or drainage, or foul odor)
- Pain, irritation or discoloration worsens

For the worst kid injuries, get the best possible trauma care

Accidents happen. And the worst ones can result in injuries that need highly-specialized care from pediatric trauma experts.

Level 1 trauma centers like ours at Regions Hospital have the staffing, resources and expertise to provide the highest level of care possible 24 hours a day, 7 days a week, and 365 days a year. In fact, our pediatric trauma program includes an ongoing partnership with Gillette Children's Specialty Healthcare – an internationally renowned children's health care provider that's located just steps away from the Regions Hospital emergency wing.

Learn more about Regions Hospital Level 1 Pediatric Trauma Center – the east metro's *only* Level 1 pediatric trauma center – located in downtown St. Paul.

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Related posts

National Center for Health Statistics

Maryland

Key Health Indicators

Fertility Rate	56.9 (births per 1,000 women 15-44 years of age)
Teen Birth Rate	10.9 (births per 1,000 females 15-19 years of age)
Infant Mortality Rate	6.03 (infant deaths per 1,000 live births)[2]
Life Expectancy (at Birth)	77.2 years (2021)
Marriage Rate	5.0 (marriages per 1,000)
Divorce Rate	2.6 (divorces per 1,000)
Leading Cause of Death	Heart Disease
Drug Overdose Death Rate	40.3 (per 100,000)[1]
Firearm Injury Death Rate	13.6 (per 100,000)[1]
Homicide Rate	11.4 (per 100,000)[1]

Other Birth Data

Maryland Birth Data 2022	State
Percent of Births to Unmarried Mothers	40.7
Cesarean Delivery Rate	34.3
Preterm Birth Rate	10.29
Low Birthweight Rate	8.70

Leading Causes of Death

1. Heart Disease
2. Cancer
3. Stroke
4. Accidents
5. COVID-19
6. Chronic Lower Respiratory Diseases
7. Diabetes
8. Alzheimer's Disease
9. Septicemia
10. Kidney Disease

[1]Death rates are age-adjusted. Refer to source notes below for more detail.

[2]Data are provisional and subject to change.

Sources

All 2022 data are final. 2022 birth data come from the National Vital Statistics System (NVSS) via CDC WONDER; 2022 death data, including leading causes of death, firearm mortality, homicide, drug overdose mortality, and infant mortality, come from the NVSS via CDC WONDER and rankings and rates are based on 2022 age-adjusted death rates. For more information on age-adjustment, refer to this report . Where ranked, states are categorized from highest rate to lowest rate. Although adjusted for variations in age-distribution and population size, differences by state do not take into account other state specific population characteristics that may affect the level of the birth characteristic or mortality. When the number of deaths or births events is small, differences by state may be unreliable due to instability in rates. When the number of deaths is small, rankings by state may be unreliable due to instability in death rates. Marriage and divorce data come from published tables from the Division of Vital Statistics, National Center for Health Statistics, CDC.

Last Reviewed: October 3, 2024

What causes pediatric injury?

En Español

NICHD research related to pediatric injury and trauma includes both fatal and non-fatal childhood injuries.

These studies include the type of care the child receives at the scene, in emergency departments, and in the pediatric intensive care unit (PICU) at children's hospitals; how parents and families receive information about the injury; common medical and care practices within the PICU; and the processes of treatment and recovery.

The Centers for Disease Control and Prevention (CDC) is the federal government resource for statistics about common causes of pediatric injury. Visit CDC's Visit the CDC Injury Prevention and Control Center webpage and its *Vital Signs: Child Injury* issue for more details. NICHD does not collect national statistics and should not be cited as the source for statistical information.

Some common causes of non-fatal pediatric injury, as reported by CDC, include[1,2]:

- **Motor vehicle crashes**[3]: According to CDC, nearly 150 children ages 0 to 19 are treated every hour in U.S. emergency departments for crash-related injuries.
- **Suffocation** (being unable to breathe): This category includes strangulation and choking on food and other objects.
  - Accidental suffocation or strangulation in bed (ASSB) is a leading cause of sudden unexpected infant death (SUID), a category of causes of death that includes previously called sudden infant death syndrome (SIDS). CDC notes that about 26% of all SUID in in 2017 resulted from ASSB.[4] You can learn more about SIDS and SUID from the NICHD-led Safe to Sleep® campaign.
  - Injuries have also been reported from improper use of infant sitting devices, such as car seats, swings, and bouncers—especially when they are used for routine sleep.[5]
- **Drowning:** CDC notes that about one-half of children treated for drowning in emergency departments require hospitalization or transfer for further care, and many are left with permanent disabilities from brain injuries.[6]
- **Poisoning:** Common sources of poisoning include household cleaners and medicines.[7]
- **Burns**[8]: According to CDC:
  - Younger children are more likely to be burned by hot liquids or steam.
  - Older children are more likely to be burned from direct contact with fire.
- **Falls:** CDC reports that falls are the most common cause of nonfatal injuries for children ages 0 to 19.[9]
- **Violence:** According to CDC, about 1,300 young people are treated in emergency departments each day for nonfatal assault injuries.[10]

Please note that causes of nonfatal pediatric injury are not necessarily the same as causes of fatal pediatric injuries. Injuries resulting from the causes listed here can be fatal, but they are not necessarily the most common causes of pediatric death. CDC has information on pediatric death.

The Consumer Product Safety Commission website also offers product safety information, recommendations and warnings, and recalls of unsafe products.

The National Highway Traffic Safety Administration website provides information on child safety, pedestrian safety, teen driving, and other resources related to traffic-related injuries and injury prevention.

Citations

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