

GAO@100 Highlights

Highlights of [GAO-21-515](#), a report to congressional requesters.

Why GAO Did This Study

In 2019, close to 40,000 people died from a firearm injury in the U.S., and around twice that number sustained non-fatal injuries. Over 100 organizations representing health care providers consider the number of firearm injuries that occur each day to be a public health epidemic. Health care costs associated with firearm injuries—both those for services provided during initial hospital treatment and those for services provided long-term—are paid for, at least in part, by public payers, such as Medicaid and Medicare.

GAO was asked to review the health care costs of firearm injuries. This report describes the initial hospital costs of firearm injuries in the U.S. and what is known about the costs of subsequent care, as well as the post-discharge services that may be needed to treat these injuries.

GAO analyzed hospital data for 2016 and 2017 collected by the Agency for Healthcare Research and Quality related to the initial costs of treating firearm injuries, and conducted a literature review on the health care costs of these injuries following discharge. In addition, GAO moderated meetings with 12 experts, representing clinicians, economists, and others—selected with assistance from the National Academies of Sciences, Engineering, and Medicine—to discuss the post-discharge health care service needs and costs of firearm injuries.

The Department of Health and Human Services provided technical comments on a draft of this report, which GAO incorporated as appropriate.

View [GAO-21-515](#). For more information, contact Carolyn L. Yocom at (202) 512-7114 or yocomc@gao.gov.

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FIREARM INJURIES

Health Care Service Needs and Costs

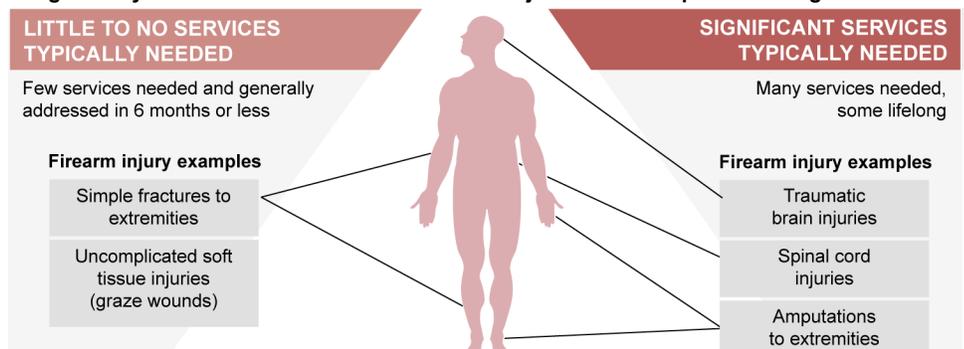
What GAO Found

There is no complete information on the health care costs of firearm injuries. National data allow for estimates of the costs of initial hospital treatment and some first-year costs, but less is known about costs the more time passes from the injury. Examining available data and information, GAO found the following:

- Initial hospital costs:** Using hospital data from 2016 and 2017—the most recent that were available—GAO estimated that the initial hospital costs of firearm injuries were just over \$1 billion annually. However, physician costs not captured in the data could add around 20 percent to that total. GAO also found that each year there were about 30,000 inpatient stays and about 50,000 emergency department visits to initially treat firearm injuries, and that patients with Medicaid and other public coverage accounted for over 60 percent of the costs of this care.
- First-year costs:** Findings from studies on health care costs within the first year of hospital discharge after a firearm injury suggest that those costs can be significant. For example, studies estimating first-year hospital readmissions costs found that up to 16 percent of firearm injury survivors with an initial inpatient stay were readmitted at least once for their injury, with average costs of \$8,000 to \$11,000 per patient.
- Long-term costs:** Less is known about the costs of health care for firearm injuries beyond the first year after hospital discharge. GAO identified studies that estimated lifetime costs of these injuries, but the estimates relied on data from over 20 years ago, making them no longer a reliable indicator of costs.

Clinical experts GAO met with described a wide range in both physical and behavioral health care needs for firearm injury survivors after hospital discharge, with some survivors needing lifelong care. These experts also told GAO that survivors often face barriers to receiving needed care, such as being denied care when it is not covered by their insurance. While not receiving needed services may minimize costs initially, the consequences of unmet health needs for firearm injury survivors may ultimately result in greater costs.

Range of Physical Health Care Needs for Firearm Injuries after Hospital Discharge



Source: GAO summary of expert input. | GAO-21-515