

Department of Legislative Services
Maryland General Assembly
2022 Session

FISCAL AND POLICY NOTE
Third Reader

Senate Bill 350

(Senator Sydnor)

Finance

Health and Government Operations

Maryland Medical Assistance Program – Community Violence Prevention
Services

This bill requires Medicaid, subject to federal approval and the limitations of the State budget, to provide “community violence prevention services” beginning July 1, 2023. Uncodified language requires the Maryland Department of Health (MDH), by October 1, 2022, to apply for a federal waiver to provide these services under Medicaid. **The bill takes effect July 1, 2022; the requirement to provide community violence prevention services takes effect on the date the waiver is approved and terminates if the waiver is denied.**

Fiscal Summary

State Effect: Should a federal waiver be granted, Medicaid expenditures (60% federal funds, 40% general funds) increase by an indeterminate amount beginning in FY 2023, as discussed below. Federal funds revenues increase accordingly. **This bill increases the cost of an entitlement program beginning in FY 2023.**

Local Effect: None.

Small Business Effect: Potential meaningful.

Analysis

Bill Summary: “Community violence” means intentional acts of interpersonal violence (defined as the intentional use of physical force or power against another individual by an individual or a small group of individuals) committed in public areas by individuals who are not family members or intimate partners of the victim.

“Community violence prevention services” means evidence-based, trauma-informed, supportive, and nonpsychotherapeutic services provided by a “certified violence prevention professional”, within or outside a clinical setting, for the purpose of promoting improved health outcomes and positive behavioral change, preventing injury recidivism, and reducing the likelihood that an individual who is the victim of community violence will commit or promote violence. Community violence prevention services include peer support and counseling, mentorship, conflict mediation, crisis intervention, targeted case management referrals to certified or licensed health care professionals or social services providers, patient education, and screening services to victims of violence.

“Certified violence professional” means a prevention professional who has completed (and maintains the certification from) an accredited training and certification program for certified violence prevention professionals approved by MDH.

Community violence prevention services must be provided to Medicaid recipients who have (1) been exposed to community violence or have a personal history of injury sustained as a result of an act of community violence and (2) have been referred by a health care provider or social services provider to a certified violence prevention professional. The referral must come after the provider determines that the recipient is at an elevated risk of violent injury or retaliation resulting from another act of community violence.

By January 1, 2023, MDH must approve at least one accredited training and certification program for certified violence prevention professionals. An approved program must include (1) at least 35 hours of initial training addressing specified topics and (2) at least six hours of continuing education every two years.

An entity that employs or contracts with a certified violence professional must maintain documentation that the individual has completed and maintains certification from an accredited program and must also ensure that the individual is providing community violence prevention services in compliance with any applicable standard of care, rule, regulation, and State or federal law.

Current Law: Medicaid generally covers children, pregnant women, elderly or disabled individuals, low-income parents, and childless adults. To qualify for Medicaid, applicants must pass certain income and asset tests. Effective January 1, 2014, Medicaid coverage was expanded to persons with household incomes up to 138% of federal poverty guidelines (FPG), as authorized under the federal Patient Protection and Affordable Care Act.

State Fiscal Effect: The bill requires MDH, by October 1, 2022, to apply for a federal waiver to provide community violence prevention services under Medicaid. This analysis assumes that MDH can apply for the waiver using existing budgeted resources. Given the

bill's July 1, 2022 effective date, MDH advises that, should the waiver be granted, service delivery would begin on October 1, 2022.

Medicaid expenditures (60% federal funds, 40% general funds) increase by an indeterminate amount beginning in fiscal 2023. The number of individuals who may qualify for services under the bill (specifically those who have been exposed to community violence or who have a personal history of injury sustained from an act of community violence *and* who are referred by a provider after being deemed at an elevated risk of violent injury or retaliation from another act of community violence) cannot be reliably estimated at this time.

For illustrative purposes only, the number of Medicaid enrollees who were treated in hospitals for intentional interpersonal injury can be used to approximate the number of individuals who *may* receive services under the bill, as discussed below.

Between October 2015 and October 2017, 11,113 Medicaid enrollees were treated in hospitals for intentional interpersonal injury (an average of 5,557 per year). Thus, as many as 5,557 individuals may be eligible for services under the bill annually based on having a personal history of injury sustained from an act of community violence. The number of these injuries sustained in public areas by individuals who were not family members or intimate partners of the victim (per the bill's definition of community violence) is unknown, nor is the proportion of these individuals who will be determined at elevated risk of violent injury or retaliation from another act of community violence and referred for services.

MDH advises that, based on a similar program proposed in California, services would be reimbursed at a rate of \$750 per person (which assumes a rate of \$15 per hour for 50 hours of services). Thus, for every 500 individuals who are referred for and receive community violence prevention services, Medicaid expenditures increase by \$375,000 (60% federal funds, 40% general funds) annually. To the extent that 5,557 individuals receive services, Medicaid expenditures increase by \$4.2 million (60% federal funds, 40% general funds) annually.

This does not include any costs that may be incurred for MDH to approve at least one accredited training and certification program for certified violence prevention professionals as required under the bill.

According to a recent article in the *Journal of Trauma and Acute Care Surgery*, Medicaid is the largest payor (39%) of violence-related care both nationwide and in Maryland. Violence prevention programs have been shown to be effective at reducing subsequent violent injuries. To the extent that the provision of community violence prevention services

reduces subsequent injuries among Medicaid enrollees, Medicaid expenditures may also decrease by an indeterminate amount.

Small Business Effect: Small businesses that provide community violence prevention services may receive Medicaid reimbursement under the bill. However, most violence prevention services currently available are provided by hospitals and nonprofit organizations.

Additional Information

Prior Introductions: None.

Designated Cross File: HB 1005 (Delegate Smith) - Health and Government Operations.

Information Source(s): *The Actual, Long-Term Cost of Intentional Injury Care Among a Cohort of Maryland Medicaid Recipients*, Journal of Trauma and Acute Care Surgery (October 4, 2021); California Health Benefits Review Program; Maryland Department of Health; Department of Legislative Services

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