HOUSE BILL 1005

J1, J2

By: Delegate Smith
Introduced and read first time: February 10, 2022
Assigned to: Health and Government Operations

A BILL ENTITLED

AN ACT concerning

Maryland Medical Assistance Program – Community Violence Prevention Services

FOR the purpose of requiring the Maryland Medical Assistance Program to provide community violence prevention services; establishing requirements for prevention professionals seeking certification as a certified violence prevention professional and entities that employ or contract with certified violence prevention professionals; requiring the Maryland Department of Health to approve a training and certification program for violence prevention professionals; requiring the Department to obtain a waiver from the Centers for Medicare and Medicaid Services to provide community violence prevention services under the Program; and generally relating to the Maryland Medical Assistance Program and community violence prevention services.

BY repealing and reenacting, without amendments,
Article – Health – General
Section 15–103(a)(1)
Annotated Code of Maryland
(2019 Replacement Volume and 2021 Supplement)

BY repealing and reenacting, with amendments,
Article – Health – General
Section 15–103(a)(2)(xvi) and (xvii)
Annotated Code of Maryland
(2019 Replacement Volume and 2021 Supplement)

BY adding to
Article – Health – General
Section 15–103(a)(2)(xviii) and 15–141.3
Annotated Code of Maryland
(2019 Replacement Volume and 2021 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.
SEC 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Health – General

15–103.

(a) (1) The Secretary shall administer the Maryland Medical Assistance Program.

(2) The Program:

(xvi) Beginning on January 1, 2021, shall provide, subject to the limitations of the State budget and § 15–855(b)(2) of the Insurance Article, and as permitted by federal law, services for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome, including the use of intravenous immunoglobulin therapy, for eligible Program recipients, if pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome are coded for billing and diagnosis purposes in accordance with § 15–855(d) of the Insurance Article; [and]

(xvii) Beginning on January 1, 2022, may not include, subject to federal approval and limitations of the State budget, a frequency limitation on covered dental prophylaxis care or oral health exams that requires the dental prophylaxis care or oral health exams to be provided at an interval greater than 120 days within a plan year; AND

(XVIII) BEGINNING ON JULY 1, 2023, SHALL PROVIDE, SUBJECT TO FEDERAL APPROVAL AND LIMITATIONS OF THE STATE BUDGET, COMMUNITY VIOLENCE PREVENTION SERVICES IN ACCORDANCE WITH § 15–141.3 OF THIS SUBTITLE.

15–141.3.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “CERTIFIED VIOLENCE PREVENTION PROFESSIONAL” MEANS A PREVENTION PROFESSIONAL WHO MEETS THE REQUIREMENTS OF SUBSECTION (C) OF THIS SECTION.

(3) “COMMUNITY VIOLENCE” MEANS INTENTIONAL ACTS OF INTERPERSONAL VIOLENCE COMMITTED IN PUBLIC AREAS BY INDIVIDUALS WHO ARE NOT FAMILY MEMBERS OR INTIMATE PARTNERS OF THE VICTIM.

(4) (I) “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.

(II) “COMMUNITY VIOLENCE PREVENTION SERVICES” INCLUDES 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.

(5) “INTERPERSONAL VIOLENCE” MEANS THE INTENTIONAL USE OF PHYSICAL FORCE OR POWER AGAINST ANOTHER INDIVIDUAL BY AN INDIVIDUAL OR A SMALL GROUP OF INDIVIDUALS.

(6) “PREVENTION PROFESSIONAL” HAS THE MEANING PROVIDED BY THE NATIONAL UNIFORM CLAIM COMMITTEE, OR ITS SUCCESSOR, UNDER CODE NUMBER 405300000X.

(B) THE PROGRAM SHALL PROVIDE COMMUNITY VIOLENCE PREVENTION SERVICES TO PROGRAM RECIPIENTS WHO HAVE:

(1) (I) BEEN EXPOSED TO COMMUNITY VIOLENCE; OR

(II) A PERSONAL HISTORY OF INJURY SUSTAINED AS A RESULT OF AN ACT OF COMMUNITY VIOLENCE; AND

(2) BEEN REFERRED BY A CERTIFIED OR LICENSED HEALTH CARE PROVIDER OR SOCIAL SERVICES PROVIDER TO A CERTIFIED VIOLENCE PREVENTION PROFESSIONAL TO RECEIVE COMMUNITY VIOLENCE PREVENTION SERVICES AFTER THE PROVIDER MAKES A DETERMINATION THAT THE PROGRAM RECIPIENT IS AT AN ELEVATED RISK OF VIOLENT INJURY OR RETALIATION RESULTING FROM ANOTHER ACT OF COMMUNITY VIOLENCE.

(C) A PREVENTION PROFESSIONAL SEEKING CERTIFICATION AS A CERTIFIED VIOLENCE PREVENTION PROFESSIONAL SHALL:

(1) COMPLETE AN ACCREDITED TRAINING AND CERTIFICATION PROGRAM FOR CERTIFIED VIOLENCE PREVENTION PROFESSIONALS, APPROVED IN ACCORDANCE WITH SUBSECTION (D) OF THIS SECTION; AND
(2) Maintain the certification completed under item (1) of this subsection.

(D) On or before January 1, 2023, the Department shall approve at least one accredited training and certification program for certified violence prevention professionals, which shall include:

(1) At least 35 hours of initial training, addressing the following:

(i) The profound effects of trauma and violence and the basics of trauma-informed care;

(ii) Community violence prevention strategies, including conflict mediation and retaliation prevention related to community violence;

(iii) Case management and advocacy practices; and

(iv) Patient privacy and the federal Health Insurance Portability and Accountability Act of 1996; and

(2) At least 6 hours of continuing education every 2 years.

(E) An entity that employs or contracts with a certified violence prevention professional to provide community violence prevention services shall:

(1) Maintain documentation that the certified violence prevention professional has met the requirements of subsection (C) of this section; and

(2) Ensure that the certified violence prevention professional is providing community violence prevention services in compliance with any applicable standard of care, rule, regulation, and state or federal law.

(F) This section may not be construed to alter the scope of practice for any health care professional.

SECTION 2. AND BE IT FURTHER ENACTED, That on or before October 1, 2022, the Maryland Department of Health shall apply to the Centers for Medicare and Medicaid Services for a waiver to provide community violence program services under the Maryland
Medical Assistance Program.

SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take effect on the date that the waiver applied for in accordance with Section 2 of this Act is approved. If the waiver is not approved, Section 1 of this Act shall be null and void without the necessity of further action by the General Assembly. The Maryland Department of Health, within 5 days after receiving approval or denial of the waiver, shall forward a copy of the notice to the Department of Legislative Services.

SECTION 4. AND BE IT FURTHER ENACTED, That, subject to Section 3 of this Act, this Act shall take effect July 1, 2022.