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Legislative District 44
Baltimore City and Baltimore County

Judicial Proceedings Committee

Joint Committees

Children, Youth, and Families

Ending Homelessness



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**Senator Charles E. Sydnor III Testimony Regarding SB 350:
Maryland Medical Assistance Program – Community Violence Prevention Services
Before the Finance Committee
February 22, 2022**

Good afternoon Chair Kelley, members of the Finance Committee,

Homicides in major American cities increased in the year 2021 and Baltimore unfortunately, was one of those cities. There were 337 homicides and more than 726 shootings in total last year. It was the seventh consecutive year that homicides surpassed the 300 mark.¹ Being exposed to this level of violence is traumatic not only for the victims, but for their families, friends and communities as well. Some may cower in fear, never feeling safe again in their environs, while others may feel the need to retaliate. Neither is an ideal scenario.

In April 2021, the Biden administration announced several investments in community violence intervention through the 2021 American Jobs Plan, Medicaid, and existing agency funds to develop local programs led by mediators who work with those most at risk of violence and connect them to wraparound services.² Community violence interventions are proven strategies for reducing gun violence in urban communities through tools other than incarceration. Because cities across the country are experiencing a historic spike in homicides, the Biden-Harris Administration is taking a number of steps to prioritize investment in community violence interventions. SB 350 aims to establish a permanent and reliable funding mechanism for violence prevention services, training and certification for violence professionals (“VP”) using Medicaid funding.

Financial support for services focused on preventing violence, rather than treating its outcomes has not always been reliable; however modifications in policy, like what is contemplated under SB 350 intend to make funding more reliable. SB 350 seeks to expand some services hospitals and others are currently providing to those affected by violence. If this bill passes, Maryland would not be the first state to take advantage of the Federal government’s call to move in this direction; last year both Connecticut and Illinois committed Medicaid funding to violence prevention by directing their states’ Medicaid agencies to cover the costs of hospital-based violence intervention programs for beneficiaries. Additionally, the Center for Medicare and

¹ Residents call for action as Baltimore again records more than 300 homicides. WBAL-TV11, Dec. 31, 2021.

² US Department of Housing and Urban Development, PD&R Edge. “Fostering Positive Outcomes Through Community Violence Intervention.” Aug. 9, 2021.

Medicaid is ready to provide technical assistance to states who want to strengthen their violence prevention strategies.

Violence prevention programs have proven that they cannot only successfully prevent violence but can also save money. When a certified VP is expeditiously connected to someone who has experienced trauma, he or she becomes available to the victim to assist with a wide range of resources that play a key role in helping that person achieve their desires to stay safe.³ It is not just the physical wounds that need to heal, but psychological wounds need to be addressed as well. Being the victim of a violent act increases the odds of that person becoming a perpetrator himself,⁴ as hurt people hurt people. Certified VPs can address retribution to help prevent that from happening, which would result in crime reduction as well as a lower hospital recidivism rate.

Per the Centers for Disease Control and Prevention, homicide is the leading cause of death among Black males aged 10-19 and 20-44 and it is the second and third leading cause of death for Latino men aged 10-19 and 20-44, respectively.⁵ Gunshot injuries are said to be some of the most expensive to treat, costing the healthcare system over \$1 billion a year, according to a GAO report,⁶ and more than \$2.8 billion in emergency department and inpatient charges according to another.⁷ However, a recent systematic review demonstrated benefits ranging from increased service utilization to decreases in violent victimization for these programs. One cost-effectiveness study found these programs could potentially save the Medicaid program \$69 million annually in violent re-injury costs alone.⁸ For the aforementioned reasons, I ask that SB 350 be reported out favorably.

³ Chip Brownlee. The Trace. Hospital-Based Intervention Can Save Lives. A Growing Movement Is Betting On Medicaid To Fund IT. Aug. 19, 2021.

⁴ Bingenheimer JB, Brennan RT, Earls FJ. Firearm violence exposure and serious violent behavior. *Science*. 2005; 308: 1323-1326.

⁵ Centers for Disease Control and Prevention. Leading Causes of Death – Males – United States, 2017. 2020 <https://www.cdc.gov/healthequity/lcod/men/2017/index.html>

⁶ [GAO-21-515. FIREARM INJURIES: Health Care Service Needs and Costs.](#)

⁷ [Emergency Department Visits For Firearm-Related Injuries In The United States, 2006–14 \(healthaffairs.org\).](#)

⁸ Claudia Zavala, BA, Shani Buggs, PhD, MPH, Kyle R. Fischer, MD, MPH. States Should use Medicaid to Support Violence Intervention Efforts. (*Journal of Trauma and Acute Care Surgery*, Publish Ahead of Print)