



Maryland
Hospital Association

Senate Bill 350- Maryland Medical Assistance Program - Community Violence Prevention Services

Position: *Support*
February 22, 2022
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we are pleased to support Senate Bill 350, which requires the Maryland Medical Assistance Program to provide community violence prevention services.

Community violence, or intentional acts of interpersonal violence among individuals who are not intimately related, affects millions of Americans every year and causes deep physical, psychological, and psychosocial wounds. Interpersonal violence is a major public health problem in the United States—and hospitals play an important role in caring for victims of violence. Ending the cycle of violence is a priority hospitals share with community-based organizations that have engaged in this work for years. Hospital-based violence intervention programs (HVIP) and community violence intervention programs (CVI) are critical in this fight and must be adequately funded to meet the needs of the community.

Beyond individual well-being, community violence has an immense economic cost to the health system. Medicaid is the primary health insurer of predominantly young, low-income men who experience community violence, paying for almost 40% of the cost of violent injuries treated in emergency departments across the nation.¹ In short, Medicaid remains financially responsible for the nation's high levels of community violence. This is no different in Maryland. Gun deaths and injuries alone cost Maryland \$6 billion each year, of which, \$376 million is paid by taxpayers. Medicaid's unique federal-state partnership allows the program to provide state-specific, comprehensive coverage designed to meet the unique needs of the state's population. Medicaid can offer a predictable and reliable funding source that has not existed to date. This integration of violence prevention programming in the traditional health care and financing systems would represent a critical inflection point in how the United States responds to community violence.

The need for CVI funding cannot be overstated. Like any public health concern, community violence has modifiable risk factors amenable to health system interventions. One study found 58% of injured patients had histories of trauma, with risk factors for repeat injury including

¹ Coupet E Jr., Karp D, Wiebe DJ, Kit Delgado M. Shift in U.S. payer responsibility for the acute care of violent injuries after the Affordable Care Act: implications for prevention. *Am J Emerg Med.* 2018;36(12):2192–2196.

substance abuse, carrying weapons, previous fights, and prior incarceration.² Furthermore, exposure to community violence increases the likelihood of becoming both a victim and a perpetrator of violence later in life.³⁴

Now is the time to adopt sustainable, long-term solutions to address community violence. Though just a first step, SB 350 is an important step toward helping our communities heal and attempt to break the cycle of violence.

For these reasons, we strongly urge a *favorable* report on SB 350.

For more information, please contact:
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² Richardson JB, St Vil C, Sharpe T, Wagner M, Cooper C. Risk factors for recurrent violent injury among black men. *J Surg Res.* 2016;204(1):261–266

³ Gorman-Smith D, Feig L, Cosey-Gay F, Coeling M. Strengthening families and communities to prevent youth violence: a public health approach. *Child Legal Rts.* 2014;34(3):265–277.

⁴ Papachristos A, Meares T, Fagan J. Why do criminals obey the law? The influence of legitimacy and social networks on active gun offenders. *J Crim Law Criminology.* 2012;102(2):397–440.