



To: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Charles E. Sydnor, III

From: The Health Alliance for Violence Intervention

RE: **SUPPORT** – Senate Bill 350 – *Maryland Medical Assistance Program – Community Violence Prevention Services*

February 22, 2022

The Health Alliance for Violence Intervention (HAVI) is proud to support Senate Bill 350 to provide Medicaid coverage for violence prevention services. The HAVI represents 40 hospital-based and hospital-linked member programs and over 38 emerging violence intervention programs across the United States. We are proud to have the Shock Trauma Violence Intervention Program as one of our organization's founding members.

HAVI member programs provide services to violently injured patients in both the traditional health care setting as well as the community. Hospital-based violence intervention programs (HVIPs) vary in the specifics of their design and scope, but typically include immediate intervention in the hospital or emergency department after an injury, followed by intensive, community-based care for approximately one year after discharge.

Without intervention, these patients are at high risk for future repeat injuries, retaliatory violence, and mental health consequences, such as post-traumatic stress disorder. Research shows HVIPs are effective in reducing patients' risk of repeat injury, as well as addressing critical needs such as mental health, alcohol and substance misuse, and a variety of other patient-centered outcomes. A randomized control trial of patients in the Shock Trauma program found that participants were 84% less likely to return to the hospital with a repeat injury and four times less likely to be convicted of a violent crime.

HVIPs serve violently injured victims who may be disconnected from traditional institutions and are thus difficult to reach. A distinguishing feature of the model is the role of violence prevention professionals, specially trained and certified intervention workers. These individuals, who often come from the communities they serve, provide trauma-informed crisis intervention, links to community-based services, mentoring,



home visits, and long-term case management. They are a critical component of any comprehensive system to break the cycle of violence in our communities.

Unfortunately, funding for HVIPs has not kept up with the need. The result is that this approach is understaffed and underutilized, allowing violence to continue in our communities. Beyond the personal tragedy of each injury, community violence places a significant burden on the state's budget. It is estimated that Maryland taxpayers spend \$376 million annually on gun violence. For health care costs, Medicaid is the largest payer.

Since Medicaid bears the financial responsibility for caring for the medical costs associated with violent injuries, SB0350 offers a smart and proactive approach to address community violence. Given the narrow scope of the bill and the state's 56% federal match for Medicaid services, the fiscal investment is modest.

With that in mind, SB350 is likely to result in net savings for the state Medicaid program. With the cost of treating a critically ill gunshot wound patient estimated at \$43,200, this bill would save the state money if just a small number of shootings are prevented. With or without action, Maryland's Medicaid program is expected to remain the single largest payer for emergency department charges following violent injuries, highlighting the importance of implementing a preventive strategy.

For these reasons, the HAVI respectfully asks for your support of SB350 – Maryland Medical Assistance Program – Community Violence Prevention Services.

Sincerely,

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