



CARE BRAVELY

HB1005 Maryland Medical Assistance Program – Community Violence Prevention Services

House Health and Government Operations Committee – February 23, 2022

Testimony of Martha Nathanson, Vice President, Government Relations and Community Development

Position: **SUPPORT**

I am pleased to **SUPPORT** HB1005 which requires the Maryland Medical Assistance Program to provide community violence prevention services to victims of violent crime. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County, and; Grace Medical Center in Baltimore (formerly Bon Secours Hospital).

Meeting Community Health Needs. Enabling organizations throughout the community to provide these necessary and life-changing services to victims is critical not only to the health outcomes of victims but also to breaking the cycle of violence. Every three years, hospitals conduct Community Health Needs Assessments to glean their communities' priorities for health care. Beginning in 2015, feedback from our communities indicated that violence was a key concern and that exposure to violence challenged their ability to achieve optimum health outcomes. Through its network of hospitals, clinics, physician offices and other provider settings, LifeBridge Health already treated victims of violence, but as a result of this feedback, LifeBridge Health expanded existing programs addressing violence and established new programs, growing from 36 employees to 85 employees preventing and responding to violence.

Violence Is A Health Care Issue. Center for Hope, our violence intervention and prevention "center of excellence," operates Hospital Violence Interrupter programs and two Safe Streets sites that work together to provide wraparound support to violent injury patients. Hospital Responders approach patients arriving in a hospital's emergency department, provide case management, and assist community violence prevention professionals in preventing retaliation and reinjury upon discharge. These teams coordinate with hospital care management for referrals to resources. Responding to the public health threat that is community violence employs the same strategies as health responses in the hospital for more traditional disease and illness. Yet, while traditional conditions are reimbursed via Medical Assistance, analogous services to help heal from a shooting or stabbing and improve a patient's outcome are not. Medical Assistance funding for community violence prevention services through medical assistance will enable these programs to sustain and grow in their response.

Community violence prevention services save lives and reduces health care costs through avoidance of emergency room, intensive care, rehabilitation, behavioral health and other types of care currently provided to victims. Funding and professional standards are necessary to continue this work to treat and cure violence in our communities. For all of the above reasons, we urge a **FAVORABLE** report on HB1005.

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