CHARLES E. SYDNOR III, ESQ.
Legislative District 44
Baltimore County

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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

James Senate Office Building
11 Bladen Street, Room 216
Annapolis, Maryland 21401
410-841-3612
800-492-7122 *Ext.* 3612
Charles.Sydnor@senate.maryland.gov

Testimony for Senate Bill 561
Maryland Medical Assistance Program – Community Violence Prevention Services – Reimbursement and Provision of Services
Before the Finance Committee
February 24, 2026

Good afternoon Chair Beidle, members of the committee.

In 2021, the Biden-Harris Administration announced support states reimbursing community violence prevention services via Medicaid.[1] In response, the Maryland General Assembly passed legislation I introduced in 2022 to require the Maryland Medical Assistance Program to provide and reimburse community violence prevention services.[2]

As a provider testified in 2022, community violence prevention is a "critical behavioral health service that changes behavior by giving [people] the skills to think, feel, and act differently."[3] Techniques like hospital-based intervention programs and street outreach reduce gun violence by offering alternatives to retributive practices that otherwise often lead to further contact with the criminal justice system. One Baltimore City program saw that the rate of re-incarceration for their participants was 19% lower than the re-incarceration rate of their peers.[4]

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[1] Off. of the President, *FACT SHEET: More Details on the Biden-Harris Administration's Investments in Community Violence Interventions*, April 7, 2021. (Currently unavailable on official website; see archived link such as https://web.archive.org/web/20240111192536/https://www.whitehouse.gov/briefing-room/statements-releases/2021/04/07/fact-sheet-more-details-on-the-biden-harris-administrations-investments-in-community-violence-interventions/).
[2] S.B. 350, 2022 Session. https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/sb0350?ys=2022RS
[3] James Timpson, ROCA Baltimore, Testimony on SB 350 (Feb. 22, 2022) https://mgaleg.maryland.gov/cmte_testimony/2022/fin/1_GyL8BewNfK8uupReMApH_sQlwvwf60l.pdf
[4] ROCA Baltimore, *6 Year Report*, https://rocainc.org/how-we-do-it/outcomes/baltimore-young-men/ (accessed Feb. 18, 2026).

Medicaid in particular is a vital part of increasing accessibility of these services. A study in 2018 indicated that two-thirds of victims of gunshot wounds who sought treatment were either covered by Medicaid or uninsured entirely.[5] Hospital-based violent intervention programs can engage these victims with cognitive behavioral support, community, and restorative justice solutions. With Medicaid funding, these programs can reach more of these victims who might not have other resources available.

Along with Connecticut, Maryland was a pioneer in creating policy to allow community violence prevention providers to be reimbursed from Medicaid. Unfortunately, being among the first to embrace a new solution also means that we're among the first to encounter growing pains. When testifying on Senate Bill 350 in 2022, I stated "SB 350 seeks to expand some services hospitals **and others** are currently providing to those affected by violence."

However, upon implementation of this legislation, the Maryland Department of Health required Community Violence Prevention provider affiliation with trauma-center hospitals, narrowing the impact. According to the Health Alliance for Violence Intervention (the HAVI), no program in Maryland has successfully received reimbursement for their services from Medicaid.

After discussions with members of the HAVI and with the Maryland Department of Health, we're trying to fix this access problem on two levels: the Department of Health is re-evaluating some of its internal policies, and I'm here today with Senate Bill 561 to clarify the intent of our prior legislation that was not intended to be this restrictive.

Senate Bill 561 does four things to accomplish this:

Firstly, it expands the number of recognized training and certifying organizations to at least three.[6] Currently, only one organization, the HAVI, is authorized to train and certify violence prevention professionals. The HAVI focuses exclusively on hospital-based violence intervention programs, causing other evidence-based models like street outreach and cognitive behavioral interventions to be excluded. Senate Bill 561 broadens certification pathways to reflect the full range of proven violence prevention strategies.

Secondly, SB561 clarifies that eligible programs do not need to be affiliated with a trauma center.[7] Maryland's violence intervention programs operate across trauma centers, community hospitals, and independent community-based settings. National best practices emphasize meeting patients where they are, particularly those who are hardest to reach. Removing this restriction ensures programs can operate in diverse settings that maximize engagement and impact.

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[5] Edouard Coupet et al., *Shift in U.S. payer responsibility for the acute care of violent injuries after the Affordable Care Act: Implications for prevention*, Am. J. Emergency Med. (Mar. 2018).
[6] See proposed § 15–141.3(d).
[7] See proposed § 15–141.3(e)(3).

Thirdly, it authorizes the delivery of services via telehealth, increasing accessibility and giving providers more flexibility in their efforts.[8] Violence intervention programs often serve patients in non-traditional settings.

Lastly, it expands the locations where patients can receive reimbursable services.[9] Current regulations limit reimbursement of hospital-based services, excluding community-based programs from eligibility. Additionally, they fail to reflect how hospital-based programs function. While care may begin in the hospital, most services are delivered over the following three months to a full year after discharge. Senate Bill 561 updates the policy to align reimbursement with the realities of effective violence intervention work.

In closing, Maryland has made real progress in reducing community violence. To sustain and build on this success, we must ensure our Medicaid violence prevention benefit is accessible and workable for the programs proven to be effective in saving lives every day. For these reasons, I ask for a favorable report on SB 561.

[8] See proposed § 15–141.3(a)(7)(9).
[9] See proposed § 15–141.3(a)(5).