



Date: February 24, 2026

SB 561-Maryland Medical Assistance Program – Community Violence Prevention Services –  
Reimbursement and Provision of Services  
Senate Finance Committee

**Position: Support**

Dear Chair, Beidle, and Members of the Senate Finance Committee:

On behalf of Center for Hope, Safe Streets Baltimore Programs, and allied community violence intervention organizations, we respectfully submit this testimony in support of Senate Bill 561. This legislation meaningfully advances the sustainability and effectiveness of community-based violence prevention services by modernizing Maryland’s Maryland Medical Assistance Program reimbursement structure and aligning it with real-world service delivery needs.

SB 561 appropriately requires Maryland Medicaid to reimburse for community violence prevention services provided in person regardless of location — ensuring that community-based programs are compensated for the services they already deliver in homes, neighborhoods, and other non-clinical settings.

The bill authorizes the Maryland Medical Assistance Program to provide and reimburse community violence prevention services delivered through telehealth, including both synchronous (e.g., live video or audio interactions) and asynchronous formats where appropriate, which expands access and flexibility for participants. This inclusion of telehealth reflects how programs have innovated their engagement strategies and allows trusted professionals to maintain continuity of care in contexts where in-person contact may be challenging. Importantly, the legislation specifically prohibits the exclusion of coverage solely because services delivered via telehealth, ensuring that telehealth becomes a viable reimbursement pathway rather than a barrier to funding.

Current Medicaid regulations can discourage community organizations from participating in the program unless they have formal ties with hospitals or trauma centers. SB 561 eliminates this requirement, ensuring that trusted community-based entities employing certified violence prevention professionals can participate directly in Medicaid reimbursement after becoming an approved provider. This change will help expand the network of providers capable of delivering services tailored to the unique needs of victims and individuals at risk of community violence.

The bill maintains important training and certification standards for certified violence prevention professionals — including initial training and ongoing continuing education — which ensures high-quality service delivery while facilitating a broader pool of qualified providers.

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Community violence intervention is a proven public health strategy rooted in outreach, trauma-informed support, mentoring, advocacy, and conflict mediation. By improving Medicaid reimbursement mechanisms and modernizing delivery standards, SB 561 strengthens program sustainability and expands equitable access to services for communities disproportionately impacted by violence. There are still issues to address regarding federal rules inconsistent with Medicaid reimbursement and a provider still must be approved by Maryland Medicaid, so we will need to continue to make reforms to ensure the success of this benefit.

For these reasons, we urge the Committee to favorably report Senate Bill 561. This bill will strengthen the infrastructure that supports community-based violence prevention, broaden access to essential services through telehealth, and ensure that experienced, local programs are reimbursed effectively for the lifesaving work they perform every day.

Thank you for your attention and consideration.

Respectfully submitted,  
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