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To: The Honorable Pamela Beidle, Chair  
Members, Senate Finance Committee  
The Honorable Charles E. Sydnor, III

From: The Health Alliance for Violence Intervention

RE: **SUPPORT** – Senate Bill 561 – *Maryland Medical Assistance Program – Community Violence Prevention Services – Reimbursement and Provision of Services*

February 20, 2026

The Health Alliance for Violence Intervention (HAVI) is proud to support Senate Bill 561 to enhance Medicaid coverage for violence prevention services. The HAVI represents 70 hospital-based and hospital-linked member programs across the United States. We are proud to represent eight Maryland programs, including a founding member of the HAVI, the Shock Trauma Violence Intervention Program.

HAVI member programs provide services to violently injured patients in both traditional health care settings 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. Research shows HVIPs are effective in reducing patients' risk of repeat injuries, addressing critical needs such as mental health, alcohol and substance misuse, and a variety of other patient-centered outcomes.

In 2022, the Maryland General Assembly wisely elected to create a Medicaid benefit for violence prevention services to expand access to these life-saving interventions. However, in the four years since passage, *the benefit has not been successfully utilized by any community violence intervention program to date.*

Given the lack of implementation progress, the HAVI assembled a working group in 2025 with the goal of providing technical assistance to programs to enroll as Medicaid providers and navigate technical aspects of the reimbursement process, including documentation, billing and coding practices, and compliance. Members of the working group included community violence intervention programs, hospitals, national experts, and were attended by staff from the Maryland Department of Health.

After 10 months of work, the group concluded that the current benefit design is unintentionally restrictive, having the practical effect of leaving large swaths of violence intervention programs



ineligible. In fact, many of the same programs the General Assembly highlighted to benefit from the the 2022 legislation have no pathway to utilization. This legislation would fix the majority of these barriers, which are summarized below:

Key reforms in SB561:

- Increases number of training and certifying organizations to at least 3
  - Currently, only one organization (The HAVI) is recognized to train and certify violence prevention professionals. Given that the HAVI only conducts trainings for hospital-based violence intervention programs, this functionally excludes evidence-based violence intervention programs such as street outreach and cognitive behavioral interventions.
- Removes requirement that eligible programs be affiliated with a trauma center
  - Maryland has a variety of community violence intervention programs out of both trauma centers and community hospitals, as well community-based programs. National best practices recommend that to enroll difficult-to-reach patients, violence intervention programs should operate in a variety of settings.
- Improves telehealth access
  - Violence intervention programs engage difficult-to-reach patients in a variety of settings. This amendment will allow delivery of services via telehealth.
- Expands locations patients are eligible to receive services
  - Current regulations only offer reimbursement for services conducted at hospital-based locations. This effectively excludes all community-based violence intervention programs from eligibility. In addition, the current regulations misunderstand the work of hospital-based violence intervention programs, which begin care with patients in the hospital, but continue to deliver most services for 3-12 months after the patient is discharged.

For these reasons, the HAVI respectfully asks the Senate Finance Committee to provide a favorable report on SB561 – Maryland Medical Assistance Program – Community Violence Prevention Services - Reimbursement and Provision of Services.

Sincerely,

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