



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

February 24, 2026

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 561 – Maryland Medical Assistance Program - Community Violence Prevention Services - Reimbursement and Provision of Services – Letter of Opposition

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of opposition for Senate Bill (SB) 561 – Maryland Medical Assistance Program - Community Violence Prevention Services - Reimbursement and Provision of Services. SB 561 would expand the existing community violence prevention (CVP) Medicaid benefit to: allow service provision in any setting; allow telehealth services; and remove hospital affiliation requirements of CVP providers. Additionally, SB 561 would require the Department to identify three certification and training programs for certified violence prevention professionals.

The expansion to providers without a hospital affiliation is expected to have a significant fiscal impact, estimated at \$2.7 million total funds (TF) (\$1.6 million federal funds (FF), \$1.1 million general funds (GF) in FY27. In assessing the fiscal impact, the Department has identified three non-hospital affiliated programs eligible for the CVP program expansion established by SB 561, all three of which are based in Baltimore City. Based on published utilization numbers for 2025, Safe Streets¹ and Roca Baltimore², served a combined total of 1,083 individuals. Information for Living Classroom's Operation Respond Program is not publicly available. Assuming services delivered to these individuals were eligible for Medicaid reimbursement, there would be a fiscal impact of \$2.7 million TF (\$1.6M FF and \$1.1M GF) for FY27. However, actual costs may be higher.

As further background, the Department implemented coverage for CVP in 2023 as required by HB1005/SB350 (Chs. 504, 505, Acts of 2022). The Department designed the benefit to require that the initial contact take place in a hospital setting to ensure that recipients had been referred by a certified or licensed health care provider or social services provider as required by the bill and consistent with federal requirements for preventive and rehabilitative benefits authorized by the Medicaid State Plan. The hospital integration makes it possible for the state to oversee these services and ensure they are in compliance with federal requirements. The community based

¹ <https://cc-md.org/about/annual-reports/>

² <https://rocainc.org/how-we-do-it/outcomes/baltimore-young-men/>

providers would need to have a licensed medical professional in-house to support this referral or be tracking a referral from elsewhere. The Department identified the Health Alliance for Violence Intervention (HAVI) as the only program that met legislative requirements for an accredited training and certification program for certified violence prevention professionals. Removing hospital affiliation requirements and opening places of service to any community-based setting increases the risk of services being rendered in the absence of a required referral.

As of January 2026, two organizations have enrolled as CVP providers. The Department has been working closely with HAVI's Maryland Working Group to address challenges to CVP billing. The Department recently committed to taking the following steps to facilitate billing: investigating the possibility of allowing 15 minute units of service, expanding allowable places of service for follow-up encounters to include community-based places of service, expanding the program to include audio-only telehealth services, removing trauma center designation requirements for hospitals affiliated with CVP providers, and updating provider guidance to clarify existing requirements. The Department is currently working on implementing these changes, starting in Spring 2026 with allowing audio-only telehealth. The remaining updates require regulatory changes and an amendment to the State Plan and are anticipated to take effect in the second half of 2026, pending approval by the Centers for Medicare & Medicaid Services (CMS) and promulgation of regulations.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Government Affairs at meghan.lynch@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Meena Seshamani', is positioned above the typed name.

Meena Seshamani, M.D., Ph.D.
Secretary of Health