

HOUSE No. 1199

The Commonwealth of Massachusetts

PRESENTED BY:

Christopher Hendricks

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to using Medicaid for violence prevention and intervention.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Christopher Hendricks</i>	<i>11th Bristol</i>	<i>1/19/2023</i>
<i>William M. Straus</i>	<i>10th Bristol</i>	<i>2/1/2023</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>2/8/2023</i>

HOUSE No. 1199

By Representative Hendricks of New Bedford, a petition (accompanied by bill, House, No. 1199) of Christopher Hendricks, William M. Straus and Lindsay N. Sabadosa relative to hospital-based violence intervention and prevention services. Health Care Financing.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Third General Court
(2023-2024)**

An Act relative to using Medicaid for violence prevention and intervention.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. (a) As used in this section:

2 (1) "Community violence" means intentional acts of interpersonal violence
3 committed in public areas by individuals who are not family members or intimate partners of the
4 victim;

5 (2) "Community violence prevention and intervention services" means evidence-
6 based and/or evidence-informed, trauma-informed, supportive and psychotherapeutic services
7 provided by a prevention professional and/or a certified violence prevention professional, within
8 or outside of a clinical setting, for the purpose of promoting improved health outcomes and
9 positive behavioral change, preventing injury recidivism and reducing the likelihood that
10 individuals who are victims of community violence will commit or promote violence themselves.

11 "Community violence prevention services" may include, but are not limited to, the provision of
12 a community-based mobile team, outreach by violence prevention professionals who are certified

13 or seeking certification as defined in subsection (c) serving as primary case manager or other
14 team member outreach, comprehensive assessment and treatment planning, in-home or
15 community-based trauma-specific therapy, specifically cognitive behavior strategies, integrated
16 access to educational, employment and housing services, integrated access to MAT and
17 psychopharmacology, stakeholder engagement and education. Community violence prevention
18 and intervention services are person-centered, team-based interventions that may also include
19 peer support and counseling, mentorship, conflict mediation, crisis intervention, targeted case
20 management, referrals to certified or licensed health care professionals or social services
21 providers, patient education or screening services to victims of community violence, and
22 collaboration or integration with transitional employment, housing or other rehabilitative
23 services. “Community violence prevention and intervention services” are intensive, longitudinal
24 interventions responsive to individual risks and needs. “Community violence prevention and
25 intervention services” are not care navigation, case management, or bridging services.

26 (3) "Interpersonal violence" means the intentional use of physical force or power
27 against other persons by an individual or small group of individuals;

28 (4) "Prevention professional" has the same meaning as described by the National
29 Uniform Claim Committee (NUCC), or its successor, under NUCC Code Number 405300000X;
30 and

31 (5) "Certified violence prevention professional" means a prevention professional who
32 meets all of the conditions specified in subsection (c) of this section.

33 (b) (1) On or before passage, the Secretary of the Executive Office of Health and
34 Human Services, shall amend the Medicaid state plan to make community violence prevention

35 services available, to the extent permitted by federal law, to any Medicaid beneficiary who has:
36 (A) Received medical treatment for an injury sustained as a result of an act of community
37 violence, or (B) been referred by local and/or state police as being at proven risk for engagement
38 in violence or to be a victim of violence; and (C) been referred by a certified or licensed health
39 care provider, correctional institution, school or school officer, social services provider or state
40 agency to receive community violence prevention services from a certified violence prevention
41 professional, after such provider determines such beneficiary to be at elevated risk of a violent
42 injury or retaliation resulting from another act of community violence.

43 (2) Secretary of the Executive Office of Health and Human Services shall seek any
44 federal approvals necessary to implement this section, including, but not limited to, state plan
45 amendment by the federal Centers for Medicare and Medicaid Services. This subsection shall be
46 implemented only to the extent that federal financial participation is available, and any necessary
47 federal approvals have been obtained.

48 (3) The Secretary of the Executive Office of Health and Human Services shall utilize
49 the Violence Prevention Federal Reinvestment Trust Fund to expand the purchase of community
50 violence and intervention services, as defined above.

51 (4) The Secretary of the Executive Office of Health and Human Services shall treat
52 existing violence prevention expenditures, including, but not limited to, expenditures for the Safe
53 and Successful Youth Initiative, as certified public expenditures and ensure that all federal
54 matching reserves are directed into the Violence Prevention Federal Reinvestment Trust.

55 (5) Massachusetts Medicaid will claim Federal Financial Participation on all annual
56 expenditures from the Violence Prevention Federal Reinvestment Trust and will ensure that all
57 federal revenues are directed into the Trust.

58 (6) The provisions of this subsection shall be implemented only to the extent
59 permitted by federal law.

60 (c) Any prevention professional seeking certification as a certified violence
61 prevention professional shall complete six months of full-time experience in community violence
62 prevention, complete a training and certification program for certified violence prevention
63 professionals, approved in accordance with subsection (d) of this section and maintain such
64 certification, and annually complete at least six hours of continuing education.

65 (d) On or before passage, the Executive Office of Health and Human Services shall
66 approve at least three training and certification programs for certified violence prevention
67 professionals. Such programs shall be aligned with national best practices regarding violence
68 prevention and intervention work including but not exclusive to outreach practices, tools to
69 support long term behavior change and tools to address and manage trauma, including but not
70 limited to cognitive behavioral interventions. Training should include at least thirty-five hours of
71 initial training and at least six hours of continuing education every two years.

72 (1) Any entity that employs or contracts with a certified violence prevention
73 professional to provide community violence prevention services shall:

74 (a) Maintain documentation that each certified violence prevention professional has met
75 all of the conditions described in subsection (c) of this section; and

76 (b) Ensure that each certified violence prevention professional is providing community
77 violence prevention services in compliance with any applicable standards of care, rules,
78 regulations and governing law of the state or federal government.

79 (2) No person, unless certified as a violence prevention professional pursuant to this
80 section, may use the title "certified violence prevention professional" or make use of any title,
81 words, letters, abbreviations or insignia indicating or implying that he or she is a certified
82 violence prevention professional.

83 (3) Nothing in this section shall alter the scope of practice for any health care
84 professional.

85 SECTION 2. (a) As used in this section:

86 (1) "Community violence" means intentional acts of interpersonal violence
87 committed in public areas by individuals who are not family members or intimate partners of the
88 victim;

89 (2) "Hospital-based violence prevention and intervention services" are
90 multidisciplinary programs that combine the efforts of medical staff with trusted community-
91 based partners to provide safety planning, services, and trauma-informed care to violently injured
92 people. Hospital-based violence prevention and intervention services means evidence- based
93 and/or evidence-informed, trauma-informed, supportive and psychotherapeutic services provided
94 by a prevention professional and/or a certified violence prevention professional in a hospital
95 setting for the purpose of reducing the likelihood that individuals who are victims of community
96 violence will be reinjured, commit, or promote violence themselves. "Hospital-based violence
97 intervention and prevention services" may include, but are not limited to, crisis evaluation and

98 stabilization, brief intervention in the hospital setting, including at the bedside, by a violence
99 prevention professional who is certified or seeking certification as defined in subsection (c),
100 safety planning, referral and transition to a community-based violence prevention and
101 intervention services provider prior to leaving the hospital setting. Hospital-based violence
102 intervention and prevention services may be delivered directly by hospital-employed staff or
103 through partnership with community-based violence prevention and intervention service
104 providers. Hospital-based violence intervention and prevention services must establish formal
105 documented referral relationships with community-based violence prevention and intervention
106 services to ensure longitudinal intervention in the community following the hospital encounter.

107 (3) "Interpersonal violence" means the intentional use of physical force or power
108 against other persons by an individual or small group of individuals;

109 (4) "Prevention professional" has the same meaning as described by the National
110 Uniform Claim Committee (NUCC), or its successor, under NUCC Code Number 405300000X;
111 and

112 (5) "Certified violence prevention professional" means a prevention professional who
113 meets all of the conditions specified in subsection (c) of Section 1.

114 (b) (1) On or before passage, the Secretary of the Executive Office of Health and
115 Human Services shall amend Department of Public Health (DPH) hospital licensure regulations
116 for Trauma Center Designation (105 CMR 130.850-.854) to include the requirement that
117 hospitals provide access to hospital-based violence prevention and intervention services on
118 premises to be designated and approved as a Level One Trauma Center by DPH. The regulatory
119 requirement shall stipulate that the hospital-based violence prevention and intervention services

120 operated by the Level One Trauma Center must include formal, documented referral partnership
121 with community-based violence prevention and intervention services as defined in Section 1 (2)
122 to ensure continuity of violence intervention and prevention outside of the hospital-based setting.

123 (c) (1) On or before passage, the Secretary of the Executive Office of Health and
124 Human Services, shall amend the Medicaid state plan to make hospital-based violence
125 prevention and intervention services available, to the extent permitted by federal law, to any
126 Medicaid beneficiary who is receiving medical treatment for an injury sustained as a result of an
127 act of community violence, is seen in a hospital based emergency department or admitted to
128 acute hospital setting following an act of community violence, or presents for care at a hospital-
129 based outpatient hospital clinic, and is determined upon evaluation by a qualified healthcare
130 professional to be in need of hospital-based violence intervention and prevention services.

131 (7) Secretary of the Executive Office of Health and Human Services shall seek any
132 federal approvals necessary to implement this section, including, but not limited to, state plan
133 amendment by the federal Centers for Medicare and Medicaid Services. This subsection shall be
134 implemented only to the extent that federal financial participation is available, and any necessary
135 federal approvals have been obtained.

136 (8) The Secretary of the Executive Office of Health and Human Services shall utilize
137 the Violence Prevention Federal Reinvestment Trust Fund to expand the purchase of hospital-
138 based violence prevention and intervention services, as defined above.

139 (9) The Secretary of the Executive Office of Health and Human Services shall
140 establish rates of payment for hospital-based violence prevention and intervention services and
141 shall ensure that Managed Care Entities contracted to provide covered services to Medicaid

142 beneficiaries reimburse for hospital-based violence prevention and intervention services at rates
143 of payment no less than those established by the secretary.

144 (10) The Secretary of the Executive Office of Health and Human Services shall ensure
145 that all funds appropriated for the purposes of funding hospital-based violence prevention and
146 intervention services, including funds passed to Managed Care Entities, will be fully expended
147 each year. The secretary shall provide a report accounting for the expenditure of funds for
148 hospital-based violence prevention and intervention services to the legislature on or before [set
149 date] of each year.

150 (11) The Secretary of the Executive Office of Health and Human services shall ensure
151 that all federal matching reserves associated with expenditures on hospital-based violence
152 intervention and prevention services are directed into the Violence Prevention Federal
153 Reinvestment Trust.

154 (12) Massachusetts Medicaid will claim Federal Financial Participation on all annual
155 expenditures from the Violence Prevention Federal Reinvestment Trust and will ensure that all
156 federal revenues are directed into the Trust.

157 (13) The provisions of this subsection shall be implemented only to the extent
158 permitted by federal law.