

HOUSE BILL NO. 6046

November 07, 2024, Introduced by Rep. Morse and referred to the Committee on Health Policy.

A bill to amend 1939 PA 280, entitled
"The social welfare act,"
(MCL 400.1 to 400.119b) by adding sections 89 and 89a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 **Sec. 89. As used in this section and section 89a:**

2 **(a) "Community health worker" means an individual who meets**
3 **all of the following conditions:**

4 **(i) Is a frontline public health worker.**

5 **(ii) Is a trusted member of the community and has an unusually**
6 **close understanding of the community served that enables the**

1 individual to serve as an intermediary between health or social
2 services and the community to facilitate access to services and
3 improve the quality and cultural competence of service delivery.

4 (iii) Builds individual and community capacity by increasing
5 health knowledge and self-sufficiency through a range of
6 activities, including, but not limited to, outreach, community
7 education, informal counseling, social support, or advocacy.

8 (b) "Community violence" means an intentional act of
9 interpersonal violence committed by an individual who is not
10 intimately related to the victim.

11 (c) "Community violence prevention services" means evidence-
12 informed, trauma-informed, culturally responsive, supportive, and
13 nonpsychotherapeutic services provided by a violence prevention
14 professional, within or outside of a clinical setting.

15 (d) Community violence prevention services include, but are
16 not limited to, peer support and counseling, mentorship, conflict
17 mediation and crisis intervention, targeted case management,
18 referrals to certified or licensed health care or social services
19 providers, community and school support services, patient education
20 and screening services, group and individual health education and
21 health coaching, health navigation, transitions of care support,
22 and screening and assessment for nonclinical and social needs,
23 provided by a violence prevention professional to do all of the
24 following:

25 (i) Promote improved health outcomes and positive behavioral
26 change.

27 (ii) Prevent injury recidivism.

28 (iii) Reduce the likelihood that victims of acts of community
29 violence will commit or promote violence.

1 (e) "Health professional" means an individual who is licensed,
2 registered, or otherwise authorized to engage in a health
3 profession under article 15 of the public health code, 1978 PA 638,
4 MCL 333.16101 to 333.18838.

5 (f) "Prevention professional" means an individual who works in
6 a program that is aimed at addressing specific patient needs,
7 including, but not limited to, suicide prevention, violence
8 prevention, alcohol avoidance, drug avoidance, or tobacco
9 prevention, and reducing the risk of relapse, injury, or re-injury
10 to the patient.

11 (g) "Violence prevention professional" means a prevention
12 professional who meets all the requirements of section 89a(2).

13 Sec. 89a. (1) Beginning on the effective date of the
14 amendatory act that added this section, the department shall
15 provide coverage under the medical assistance program for an
16 eligible individual who was referred by a health professional to
17 receive community violence prevention services from a prevention
18 professional or community health worker, after the health
19 professional determines that the individual who has been violently
20 injured is at significant risk of experiencing violent injury or
21 has experienced chronic exposure to community violence. The
22 department shall seek any federal approvals necessary to implement
23 this section, including, but not limited to, any state plan
24 amendments or federal waivers by the federal Centers for Medicare
25 and Medicaid Services.

26 (2) To be eligible for reimbursement for services provided
27 under this section, a prevention professional or community health
28 worker must be certified as a qualified violence prevention
29 professional. A prevention professional or community health worker

1 seeking certification as a qualified violence prevention
2 professional shall do all of the following:

3 (a) Complete at least 6 months of full-time equivalent
4 experience in providing community violence prevention services or
5 youth development services through employment, volunteer work, or
6 as part of an internship experience.

7 (b) Complete a training and certification program for violence
8 prevention professionals, as approved by the department.

9 (c) Complete annually at least 4 hours of continuing education
10 in the field of community violence prevention services.

11 (d) Satisfy any other requirements established by the
12 department for certification as a violence prevention professional.

13 (3) To implement this section, the department shall do all of
14 the following:

15 (a) Establish a technical advisory group that consists of all
16 of the following individuals:

17 (i) Three members representing a community-based organization
18 that currently supports community violence programs, including, but
19 not limited to, street outreach, hospital-linked, and hospital-
20 based violence prevention programs.

21 (ii) One member representing a national organization that
22 provides technical assistance for emerging community violence
23 intervention programs.

24 (iii) One member representing a hospital that currently operates
25 a hospital-based violence prevention program in this state.

26 (iv) One member representing a hospital or hospitals in this
27 state that do not currently operate a hospital-based violence
28 prevention program.

29 (v) One member of an academic institution in this state with

1 knowledge of community violence intervention strategies.

2 (vi) Three members representing medical assistance managed care
3 organizations in geographically diverse areas of this state.

4 (vii) Two members representing health care clinicians with
5 experience in medical assistance billing and experience providing
6 trauma care as a result of community violence.

7 (viii) Two designees from the department, 1 of which is from the
8 office of community violence and the other of which works on
9 medical assistance related issues.

10 (ix) One designee from an agency that manages the registration
11 or certification of community health workers.

12 (b) Within 180 days after the effective date of the amendatory
13 act that added this section, approve at least 1 national training
14 and certification program for certified violence prevention
15 professionals and establish a process to approve at least 2
16 community-based training programs. A program approved under this
17 subdivision must include at least 35 hours of training that
18 addresses any of the following:

19 (i) The profound effects of trauma and violence and the basics
20 of trauma-informed care.

21 (ii) Community violence prevention strategies, including, but
22 not limited to, crisis intervention, de-escalation, conflict
23 mediation and retaliation prevention related to community violence,
24 case management, and advocacy practices.

25 (iii) The patient privacy and health insurance portability and
26 accountability act of 1996, Public Law 104-191.

27 (c) Ensure that an entity that employs or contracts with a
28 violence prevention professional to provide community violence
29 prevention services must do all of the following:

1 (i) Maintain documentation that the violence prevention
2 professional has met all of the conditions described in subsection
3 (2).

4 (ii) Ensure that the violence prevention professional provides
5 community violence prevention services in compliance with any
6 applicable standards of care, rules, regulations, and governing law
7 of this state or the United States.

8 (4) The department, in consultation with the technical
9 advisory group described under subsection (3), shall do all of the
10 following:

11 (a) Issue guidance on the use of community violence prevention
12 services for beneficiaries who access these services under the
13 medical assistance program.

14 (b) Determine allowable rates for community violence
15 prevention services based on the medical assistance program fee-
16 for-service outpatient rates for the same or similar services, or
17 any other data deemed reliable and relevant by the technical
18 advisory group. The technical advisory group shall recommend and
19 request that the department allocate funds for the purposes of
20 awarding grants to support community-based organizations' access to
21 training and qualified certification and other necessary capacity-
22 building expenses for the successful implementation and
23 accessibility of the violence prevention services benefit.

24 (5) This section does not alter the scope of practice for any
25 health professional or authorize the delivery of health care
26 services in a setting or in a manner that is not currently
27 authorized.

28 (6) This section must be implemented only to the extent that
29 federal financial participation is available, and any necessary

1 federal approvals have been obtained.