

Act No. 269  
Public Acts of 2024  
Approved by the Governor  
January 22, 2025  
Filed with the Secretary of State  
January 22, 2025  
EFFECTIVE DATE: October 1, 2025

**STATE OF MICHIGAN  
102ND LEGISLATURE  
REGULAR SESSION OF 2024**

Introduced by Rep. Morse

# ENROLLED HOUSE BILL No. 6046

AN ACT to amend 1939 PA 280, entitled “An act to protect the welfare of the people of this state; to provide general assistance, hospitalization, infirmary and medical care to poor or unfortunate persons; to provide for compliance by this state with the social security act; to provide protection, welfare and services to aged persons, dependent children, the blind, and the permanently and totally disabled; to administer programs and services for the prevention and treatment of delinquency, dependency and neglect of children; to create a state department of social services; to prescribe the powers and duties of the department; to provide for the interstate and intercounty transfer of dependents; to create county and district departments of social services; to create within certain county departments, bureaus of social aid and certain divisions and offices thereunder; to prescribe the powers and duties of the departments, bureaus and officers; to provide for appeals in certain cases; to prescribe the powers and duties of the state department with respect to county and district departments; to prescribe certain duties of certain other state departments, officers, and agencies; to make an appropriation; to prescribe penalties for the violation of the provisions of this act; and to repeal certain parts of this act on specific dates,” (MCL 400.1 to 400.119b) by adding sections 89 and 89a.

*The People of the State of Michigan enact:*

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

(a) “Community health worker” means an individual who meets all of the following conditions:

(i) Is a frontline public health worker.

(ii) Is a trusted member of the community and has an unusually close understanding of the community served that enables the individual to serve as an intermediary between health or social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

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

(b) “Community violence” means an intentional act of interpersonal violence committed by an individual who is not intimately related to the victim.

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

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

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

(ii) Prevent injury recidivism.

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

(e) “Health professional” means an individual who is licensed, registered, or otherwise authorized to engage in a health profession under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

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

(g) “Violence prevention professional” means a prevention professional who meets all the requirements of section 89a(2).

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

(2) To be eligible for reimbursement for services provided under this section, a prevention professional or community health worker must be certified as a qualified violence prevention professional by the department.

(3) The department shall do all of the following:

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

(b) Seek input from impacted stakeholders, including, but not limited to, the department’s community violence and intervention program and division of victim services, other community violence and intervention programs across this state that work with adults and youth, community health workers or Michigan community health worker alliance members, hospitals with established relationships with community violence and intervention programs, and Medicaid managed care, to determine allowable rates for community violence prevention services based on the medical assistance program fee-for-service outpatient rates for the same or similar services, or any other data deemed reliable and relevant.

(c) Not later than 30 days after seeking federal approval, approve training, credential, and certification programs that are required to qualify individuals as violence prevention professionals. A program approved under this subdivision must include at least 35 hours of training in each of the following:

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

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

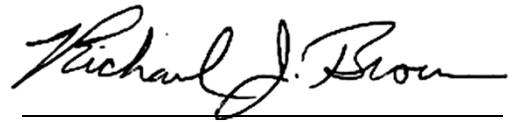
(iii) The health insurance portability and accountability act of 1996, Public Law 104-191.

(4) The department may allocate funds for the purposes of awarding grants to support access to community-based organizations for training and services necessary to certify violence prevention professionals and other necessary capacity-building expenses for the successful implementation and accessibility of the violence prevention services benefit.

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

(6) This section must be implemented only to the extent that federal financial participation is available, and any necessary federal approvals have been obtained.

Enacting section 1. This amendatory act takes effect October 1, 2025.



Clerk of the House of Representatives



Secretary of the Senate

Approved \_\_\_\_\_

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Governor