



January 28, 2024

To: Virginia House of Delegates
House Rules Committee – Studies Subcommittee

From: The Health Alliance for Violence Intervention

Re: House Bill 622 (Price) - **SUPPORT**

The Health Alliance for Violence Intervention (HAVI) is proud to support House Bill 622 to provide medical assistance services through the creation of a violence prevention benefit. This bill would promote the physical and psychological recovery for survivors of community violence and create a safer Virginia.

The HAVI represents over 50 hospital-based violence intervention programs across the United States. We are proud to support programs throughout the commonwealth as partners of the Virginia Hospital-based Violence Intervention Program Collaborative.

HAVI member programs provide services to violently injured patients in both health care and community settings. 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.

Without intervention, these patients are at high risk for future repeat injuries, retaliatory violence, and mental health consequences such as post-traumatic stress disorder. Research shows HVIPs are effective in reducing patients' risk of repeat injury, as well as addressing critical needs such as mental health, alcohol and substance misuse, and a variety of other patient-centered outcomes. One randomized control published in the *Journal of Trauma* found that participants were 84% less likely to return to the hospital with a repeat injury and four times less likely to be convicted of a violent crime.

HVIPs serve violently injured victims who may be disconnected from traditional institutions and are thus difficult to reach. A distinguishing feature of the model is the role of violence prevention professionals, specially trained and certified intervention workers. These individuals, who often come from the communities they serve, provide trauma-informed crisis intervention, links to community-based services, mentoring, home visits, and long-term case management. They are a critical component of any comprehensive system to break the cycle of violence in our communities.



Unfortunately, funding for HVIPs has not kept up with the need. The result is that this approach is understaffed and underutilized, allowing violence to continue in our communities. Beyond the personal tragedy of each injury, community violence places a significant burden on the commonwealth's budget. For health care costs, Medicaid covers approximately two-thirds of expenditures for firearm-related injuries: a significant amount given that the median cost of a single hospitalization is \$27,820.

Since Medicaid bears the financial responsibility for caring for the medical costs associated with violent injuries, HB 622 offers a smart and proactive approach to address community violence. Given the narrow scope of the bill and the commonwealth's 50% federal match for Medicaid services, the fiscal investment is modest.

With that in mind, HB 622 is likely to result in net savings for Virginia's Medicaid program. Given the high medical costs of treating firearm injuries, this bill would save the commonwealth money if just a small number of shootings are prevented. With or without action, Virginia's Medicaid program is expected to remain the single largest payer for health care expenses following firearm injuries, highlighting the importance of implementing a preventive strategy.

For these reasons, the HAVI respectfully asks for your support of HB 622.

Sincerely,

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