

HOUSE BILL REPORT

HB 2197

As Reported by House Committee On:

Health Care & Wellness
Appropriations

Title: An act relating to the availability of prevention services under medical assistance programs.

Brief Description: Concerning the availability of prevention services under medical assistance programs.

Sponsors: Representatives Orwall, Pollet, Berry, Fey, Reed, Fosse, Macri and Davis.

Brief History:

Committee Activity:

Health Care & Wellness: 1/19/24, 1/30/24 [DPS];
Appropriations: 2/3/24, 2/5/24 [DPS(HCW)].

Brief Summary of Substitute Bill

- Directs the Health Care Authority to seek federal Medicaid funding for the provision of hospital-based community violence prevention services.
- Requires the Department of Health to establish training program standards for programs that train and certify health care providers to provide community violence prevention services.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 17 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Hutchins, Assistant Ranking Minority Member; Bronoske, Caldier, Davis, Graham, Harris, Macri, Maycumber, Mosbrucker, Orwall, Simmons, Stonier, Thai and Tharinger.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Staff: Chris Blake (786-7392).

Background:

Medicaid is a program funded jointly by states and the federal government that provides health coverage to a variety of populations including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by states, according to federal requirements. Federal Medicaid law sets broad requirements for the program and mandates coverage of some populations and benefits, while leaving others optional. Within the federal limits, states make operational and policy decisions that determine who is eligible for enrollment, which services are covered, and how payments are set.

Each state specifies the nature and scope of its Medicaid program through a state plan that must be submitted and approved by the federal Centers for Medicare and Medicaid Services in order for the state to access federal Medicaid funds. The state plan can be amended as needed to reflect changes in state policy and federal law and regulation. In implementing a state's Medicaid program, states are required to comply with Medicaid requirements for statewideness, comparability, and freedom of choice unless the state has received a waiver of these provisions.

Summary of Substitute Bill:

The Health Care Authority (Authority) must seek approval from the federal Centers for Medicare and Medicaid Services for financial participation in the costs of providing hospital-based community violence prevention services through timely interventions to persons enrolled in medical assistance programs. The prevention services must be evidence-informed, trauma-informed, supportive, and nonpsychotherapeutic services for the purpose of promoting improved health outcomes, trauma recovery, and positive behavioral change. The Authority must adopt criteria for reimbursement of the services.

The Department of Health is directed to establish standards for programs that train and certify individuals to provide hospital-based community violence prevention services. At a minimum, training standards must include instruction on basic trauma-informed care, community-based prevention strategies, case management, referral practices, advocacy practices, and privacy requirements.

Substitute Bill Compared to Original Bill:

The substitute bill limits the prevention services to only hospital-based community violence prevention services. The specific criteria that a health care provider of hospital-based community violence prevention services must meet are removed. The requirement that the persons receiving the training approved by the Department of Health be licensed health care

providers is removed. The programs must both train and certify individuals in hospital-based community violence prevention services.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on January 31, 2024.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill is about saving lives and making communities safer. Harborview has a program that assists individuals injured by gun violence with access to services that facilitate physical and mental recovery from injury, build protective factors, and decrease risk factors. This program is evidence-informed and an approach to reducing gun violence through tailored community-centered initiatives. The program provides resources and services for the families, including relocation, rental assistance, food stability, utility assistance, and funeral costs to give the families some relief. The program puts safety and relocation plans in place to lower the levels of retaliation and make sure that people can heal from their wounds in a safe environment. Programs like this have been shown to improve outcomes for patients, by decreasing the risk that individuals will be injured again in the future, decreasing the risk that individuals injure other people, and improving mental health outcomes, particularly with treatment for post-traumatic stress. This is a grant-based program, but other states use Medicaid funding for this.

(Opposed) None.

(Other) There is a window of opportunity to engage individuals while in the hospital to improve health and chart a different course for the future. These interventions are typically performed by paraprofessionals with lived experience who are from the same or similar communities as the client, so noncredentialed or nonprofessional individuals should be allowed to perform them.

Persons Testifying: (In support) Representative Tina Orwall, prime sponsor; Dominique Davis, Community Passageways; Kyle Fischer, The Health Alliance for Violence Intervention; and Eleuthera Lisch, King County Regional Office of Gun Violence Prevention.

(Other) Christopher Chen, Health Care Authority.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The substitute bill by Committee on Health Care & Wellness be substituted therefor and the substitute bill do pass. Signed by 30 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Corry, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Connors, Assistant Ranking Minority Member; Couture, Assistant Ranking Minority Member; Berg, Callan, Chopp, Davis, Dye, Fitzgibbon, Harris, Lekanoff, Pollet, Riccelli, Rude, Ryu, Sandlin, Schmick, Senn, Simmons, Slatter, Springer, Stokesbary, Stonier, Tharinger and Wilcox.

Staff: Meghan Morris (786-7119).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:

No new changes were recommended.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on January 31, 2024.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) The gun violence epidemic is a reality for many families. This bill will help end the cycle of violence, which often repeats with devastating consequences. Effective interventions are a lifeline that can change the future for victims and families after a life-changing trauma. This bill ensures that survivors of gun violence immediately receive culturally sensitive trauma informed care through hospital-based violence intervention programs, offering a pathway from despair to healing and intervention.

Similar legislation has passed in seven other states. Despite many legislative successes to fight gun violence, the problem continues unabated. These incidences leave multiple physical, emotional, and mental health challenges for survivors and their families. Providing quality services is a critical step in addressing the public health effects of gun violence.

This bill would allow Medicaid to pay for prevention services. These intervention programs are an evidence-based approach aimed at reducing violence through tailored, community-centered initiatives. Securing Medicaid for these services will result in long-term cost savings by reducing the impacts of trauma, lessen retaliatory violence, and supporting

individuals in the aftermath of a violent injury.

(Opposed) None.

Persons Testifying: Lynniah Grayson, Resilient In Sustaining Empowerment; Jennifer Dolan Waldman, Grandmothers Against Gun Violence; Karyn Brownson, King County Public Health; and Jermaine Belcher, Health Alliance for Violence Intervention.

Persons Signed In To Testify But Not Testifying: None.