

STATE OF NEW YORK

2893

2023-2024 Regular Sessions

IN ASSEMBLY

January 31, 2023

Introduced by M. of A. GONZALEZ-ROJAS, ANDERSON, CUNNINGHAM -- read once and referred to the Committee on Health

AN ACT to amend the social services law, in relation to the provision of and payment for violence prevention programs

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. The social services law is amended by adding a new section
2 367-x to read as follows:

3 § 367-x. Payment for violence prevention programs. 1. As used in this
4 section, the following terms shall have the following definitions:

5 (a) "Community violence" means intentional acts of interpersonal
6 violence committed by individuals who are not intimately related to the
7 victim.

8 (b) "Community violence prevention services" means evidence-informed,
9 trauma-informed, culturally responsive, supportive and non-psychothera-
10 peutic services provided by a qualified violence prevention profes-
11 sional, within or outside of a clinical setting, for the purpose of
12 promoting improved health outcomes, trauma recovery, and positive behav-
13 ioral change, preventing injury recidivism and reducing the likelihood
14 that individuals who are victims of community violence will commit or
15 promote violence themselves. "Community violence prevention services"
16 may include the provision of peer support and counseling, mentorship,
17 conflict mediation, crisis intervention, targeted case management,
18 referrals to certified or licensed health care professionals or social
19 services providers, case management, community and school support
20 services, patient education or screening services to victims of communi-
21 ty violence.

22 (c) "Prevention professional" means an individual who works in
23 programs aimed to address specific patient needs, such as suicide
24 prevention, violence prevention, alcohol avoidance, drug avoidance, and
25 tobacco prevention. The goal of such individual's work is to reduce the

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

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1 risk of relapse, injury, or re-injury of the patient. Prevention profes-
2 sionals work in a variety of settings and provide appropriate case
3 management, mediation, referral, and mentorship services.

4 (d) "Qualified violence prevention professional" means a prevention
5 professional who meets all of the conditions specified in subdivision
6 five of this section.

7 2. Within thirty days of the effective date of this section, the
8 commissioner, in conjunction with the commissioner of health, shall
9 amend the Medicaid state plan to make community violence prevention
10 services available, to the extent permitted by federal law, to any Medi-
11 caid beneficiary who has:

12 (a) been exposed to community violence, or has a personal history of
13 injury sustained as a result of an act of community violence; and

14 (b) been referred by a certified or licensed health care provider or
15 social services provider to receive community violence prevention
16 services from a qualified violence prevention professional, after such
17 provider determines such beneficiary to be at elevated risk of a violent
18 injury or retaliation resulting from another act of community violence.

19 3. The commissioner, in conjunction with the commissioner of health,
20 shall seek any federal approvals necessary to implement this section,
21 including, but not limited to, any state plan amendments or federal
22 waivers by the federal Centers for Medicare and Medicaid Services.

23 4. The commissioner, in conjunction with the commissioner of health,
24 shall, in consultation with the Health Alliance for Violence Inter-
25 vention (HAVI) and local community-based and hospital-based violence
26 prevention programs:

27 (a) issue guidance on the use of community violence prevention
28 services for beneficiaries who access these services under the medical
29 assistance program; and

30 (b) determine maximum allowable rates for community violence
31 prevention services based upon the medical assistance program fee-for-
32 service outpatient rates for the same or similar services, or any other
33 data deemed reliable and relevant by the commissioner.

34 5. Any prevention professional seeking certification as a qualified
35 violence prevention professional shall:

36 (a) complete at least six months of full-time equivalent experience in
37 providing community violence prevention services or youth development
38 services through employment, volunteer work or as part of an internship
39 experience;

40 (b) complete a training and certification program approved by the
41 department of health for qualified violence prevention professionals,
42 approved in accordance with subdivision six of this section, or be
43 certified as a violence prevention professional by the Health Alliance
44 for Violence Intervention prior to the effective date of this section;

45 (c) complete annually at least four hours of continuing education,
46 offered by the Health Alliance for Violence Intervention or any other
47 provider approved by the commissioner, in conjunction with the commis-
48 sioner of health, in the field of community violence prevention
49 services;

50 (d) complete prevention professionals training for the population of
51 patients with whom they work; and

52 (e) satisfy any other requirements established by the commissioner, in
53 conjunction with the commissioner of health, for certification as a
54 qualified violence prevention professional.

55 6. Within ninety days of the effective date of this section, the
56 department of health shall approve at least one governmental or nongov-

1 ernmental accrediting body with expertise in community violence
2 prevention services to review and approve training and certification
3 programs for qualified violence prevention professionals. The accredit-
4 ing body shall approve programs that such body determines, in its
5 discretion, will adequately prepare individuals to provide community
6 violence prevention services to individuals who are victims of community
7 violence. Such programs shall include at least thirty-five hours of
8 training, collectively addressing all of the following:

9 (a) the profound effects of trauma and violence and the basics of
10 trauma-informed care; and

11 (b) community violence prevention strategies, including, but not
12 limited to, conflict mediation and retaliation prevention related to
13 community violence; case management and advocacy practices; and patient
14 privacy and the federal Health Insurance Portability and Accountability
15 Act of 1996, P.L. 104-191, as amended from time to time, (HIPAA).

16 7. Any entity that employs or contracts with a qualified violence
17 prevention professional to provide community violence prevention
18 services shall:

19 (a) maintain documentation that the qualified violence prevention
20 professional has met all of the conditions described in subdivision six
21 of this section; and

22 (b) ensure that the qualified violence prevention professional is
23 providing community violence prevention services in compliance with any
24 applicable standards of care, rules, regulations and governing law of
25 the state or federal government.

26 8. Nothing in this section shall alter the scope of practice for any
27 health care professional or authorize the delivery of health care
28 services in a setting or in a manner that is not currently authorized.

29 9. This section shall be implemented only to the extent that federal
30 financial participation is available, and any necessary federal
31 approvals have been obtained.

32 § 2. This act shall take effect immediately.