

STATE OF NEW YORK

2893--A

2023-2024 Regular Sessions

IN ASSEMBLY

January 31, 2023

Introduced by M. of A. GONZALEZ-ROJAS, ANDERSON, CUNNINGHAM, DE LOS SANTOS, ZINERMAN, SEAWRIGHT, SHIMSKY, BURDICK, CLARK, ARDILA, AUBRY, LAVINE, EPSTEIN, HEVESI, SILLITTI, SIMON, CARROLL, TAPIA, THIELE, DARLING, CHANDLER-WATERMAN, FORREST, CRUZ, JEAN-PIERRE -- read once and referred to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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 professional
11 for the purpose of promoting improved health outcomes, trauma recovery,
12 and positive behavioral change, preventing injury recidivism and reduc-
13 ing the likelihood that individuals who are victims of community
14 violence will commit or promote violence themselves. "Community violence
15 prevention services" may include the provision of peer support and coun-
16 seling, mentorship, conflict mediation, crisis intervention, targeted
17 case management, referrals to certified or licensed health care profes-
18 sionals or social services providers, case management, community and
19 school support services, patient education or screening services to
20 victims of community violence.

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

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1 (c) "Prevention professional" means an individual who works in
2 programs aimed to address specific patient needs, such as suicide
3 prevention, violence prevention, alcohol avoidance, drug avoidance, and
4 tobacco prevention. The goal of such individual's work is to reduce the
5 risk of relapse, injury, or re-injury of the patient.

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

9 2. Within thirty days of the effective date of this section, the
10 commissioner shall apply to the federal government for approval of an
11 amendment to the Medicaid state plan to make community violence
12 prevention services available, to the extent permitted by federal law,
13 to any Medicaid beneficiary who has:

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

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

21 3. The commissioner shall seek any federal approvals necessary to
22 implement this section, including, but not limited to, any state plan
23 amendments or federal waivers by the federal Centers for Medicare and
24 Medicaid Services.

25 4. Once federal approval has been applied for, the commissioner,
26 shall, in consultation with violence intervention organizations and
27 local community-based and hospital-based violence prevention programs:

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

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

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

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

41 (b) complete a training and certification program approved by the
42 department of health for qualified violence prevention professionals,
43 approved in accordance with subdivision six of this section, by a
44 provider approved by the commissioner;

45 (c) complete annually at least four hours of continuing education, by
46 a provider approved by the commissioner, in the field of community
47 violence prevention services;

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

50 (e) satisfy any other requirements established by the commissioner,
51 for certification as a qualified violence prevention professional.

52 6. Within ninety days of the effective date of this section, the
53 department of health shall approve at least one governmental or nongov-
54 ernmental accrediting body with expertise in community violence
55 prevention services to review and approve training and certification
56 programs for qualified violence prevention professionals. The accredit-

1 ing body shall approve programs that such body determines, in its
2 discretion, will adequately prepare individuals to provide community
3 violence prevention services to individuals who are victims of community
4 violence. Such programs shall include at least thirty-five hours of
5 training, collectively addressing all of the following:

6 (a) the profound effects of trauma and violence and the basics of
7 trauma-informed care; and

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

13 7. Any entity that employs or contracts with a qualified violence
14 prevention professional to provide community violence prevention
15 services shall:

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

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

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

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

29 § 2. This act shall take effect immediately.