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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 3834

02/15/2024 Authored by Frazier
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health; providing medical assistance coverage for violence prevention
1.3 services; requiring initial and final reports on violence prevention services;
1.4 amending Minnesota Statutes 2022, section 256B.0625, by adding a subdivision;
1.5 proposing coding for new law in Minnesota Statutes, chapter 256B.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. Minnesota Statutes 2022, section 256B.0625, is amended by adding a subdivision
1.8 to read:

1.9 Subd. 72. Violence prevention services. Medical assistance covers violence prevention
1.10 services, as provided in section 256B.0761.

1.11 EFFECTIVE DATE. This section is effective January 1, 2025.

1.12 Sec. 2. [256B.0761] VIOLENCE PREVENTION SERVICES.

1.13 Subdivision 1. Definitions. (a) For purposes of this section, the following definitions
1.14 apply.

1.15 (b) "Provider" means a violence prevention services provider that meets the standards
1.16 established by the Health Alliance for Violence Intervention or an equivalent accrediting
1.17 organization.

1.18 (c) "Violence prevention services" means services provided to promote improved health
1.19 outcomes and positive behavioral and environmental change, prevent injury and recidivism,
1.20 and reduce the likelihood that individuals who are victims of community violence will
1.21 commit or promote violence themselves.

2.1 (d) "Violence prevention professional" means an individual certified by the Health
2.2 Alliance for Violence Intervention or an equivalent accrediting organization to provide
2.3 violence prevention services.

2.4 Subd. 2. **Provider requirements.** To be eligible to receive reimbursement for the
2.5 provision of violence prevention services, a provider must:

2.6 (1) meet qualifications to bill as a medical assistance provider or to provide services
2.7 under contract with a medical assistance provider;

2.8 (2) ensure that all supervisors of violence prevention professionals have been certified
2.9 by the Health Alliance for Violence Intervention or an equivalent accrediting organization
2.10 as violence prevention professionals and have been providing violence prevention services
2.11 for a minimum of two years; and

2.12 (3) show and maintain evidence that all violence prevention professionals employed by
2.13 or under contract with the provider are certified by the Health Alliance for Violence
2.14 Intervention or an equivalent accrediting organization.

2.15 Subd. 3. **Settings.** Violence prevention services may be provided in any setting.

2.16 Subd. 4. **Recipient eligibility; criteria for coverage of services.** (a) To be eligible for
2.17 violence prevention services, a recipient must:

2.18 (1) have received medical treatment for an injury sustained due to an act of community
2.19 violence or be experiencing physical or mental illness symptoms due to exposure to
2.20 community violence;

2.21 (2) be referred for violence prevention services, as part of a determination of medical
2.22 necessity and coverage, by a physician or other qualified licensed health care practitioner
2.23 based on a determination that the recipient is at elevated risk of a violent injury or retaliation
2.24 resulting from another act of community violence; and

2.25 (3) meet the criteria in the Minnesota health care programs provider manual for enrollee
2.26 eligibility for violence prevention services.

2.27 (b) The services recommended through referral under paragraph (a), clause (2), must:

2.28 (1) meet the criteria for preventive services as specified in Code of Federal Regulations,
2.29 title 42, section 440.130(c);

2.30 (2) be within the practitioner's scope of practice under state law; and

3.1 (3) be designed to prevent further impacts of community violence, prevent future
3.2 community violence, prolong life, and promote the physical and mental health of the
3.3 individual.

3.4 Subd. 5. **Payment rate.** (a) Effective January 1, 2025, the violence prevention services
3.5 rate for services provided by a certified violence prevention professional must be at least
3.6 \$25 for each 15-minute unit of service. This rate must be adjusted annually for inflation as
3.7 provided in subdivision 6.

3.8 (b) Services eligible for coverage as violence prevention services include:

3.9 (1) screening;

3.10 (2) assessment of needs;

3.11 (3) development of an individualized service plan;

3.12 (4) peer support;

3.13 (5) counseling, including counseling to address and mitigate the impacts of trauma;

3.14 (6) mentorship;

3.15 (7) conflict mediation;

3.16 (8) crisis intervention;

3.17 (9) patient education;

3.18 (10) discharge planning;

3.19 (11) documentation;

3.20 (12) transportation necessary to access services;

3.21 (13) care coordination services meeting the criteria in paragraph (c); and

3.22 (14) any additional services listed as violence prevention services in the Minnesota
3.23 health care programs provider manual.

3.24 (c) Care coordination services must be part of community violence prevention services
3.25 and must facilitate the recipient's access to appropriate services, including medical, behavioral
3.26 health, social, and other necessary services. These services must be designed to prevent
3.27 further impacts of community violence, prevent future community violence, prolong life,
3.28 and promote the recipient's physical and mental health, in accordance with the individualized
3.29 service plan.

4.1 Subd. 6. Rate adjustments. Effective for rate years beginning on or after January 1,
4.2 2026, the commissioner shall adjust payment rates for violence prevention services annually
4.3 for inflation using the Centers for Medicare and Medicaid Services Medicare Economic
4.4 Index, as forecasted in the second quarter of the calendar year before the rate year. The
4.5 inflation adjustment must be based on the 12-month period from the midpoint of the previous
4.6 rate year to the midpoint of the rate year for which the rate is being determined.

4.7 EFFECTIVE DATE. This section is effective January 1, 2025.

4.8 Sec. 3. REPORT ON VIOLENCE PREVENTION SERVICES.

4.9 (a) The commissioner of human services shall report on medical assistance coverage of
4.10 violence prevention services to the chairs and ranking minority members of the legislative
4.11 committees with jurisdiction over health and human services finance and policy. The
4.12 commissioner shall submit an initial report by February 1, 2027, and a final report by
4.13 February 1, 2028.

4.14 (b) The reports must include but are not limited to:

4.15 (1) a list of the violence prevention service providers in Minnesota and the number of
4.16 service recipients;

4.17 (2) the estimated return on investment, including health care savings due to reduced
4.18 hospitalizations;

4.19 (3) the percentage of client goals met;

4.20 (4) follow-up information, if available, on whether repeat violent injuries decreased
4.21 since violence prevention services were provided, compared to the period before the services
4.22 were provided; and

4.23 (5) any other information that can be used to determine the effectiveness of violence
4.24 prevention services and their funding, including recommendations for improvements to
4.25 medical assistance coverage of violence prevention services.