



Maryland
Hospital Association

March 5, 2020

To: The Honorable William C. Smith Jr., Chairman Senate Judicial Proceedings Committee

From: Erin Dorrien, Director, Policy, Maryland Hospital Association

Re: Letter of Information- Sente Bill 708 Maryland Violence Intervention and Prevention Program Fund and Advisory Council - Alterations

Dear Chairman Smith:

On behalf of the Maryland Hospital Association's (MHA) 61-member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 708. Maryland's hospitals care for millions of people each year, treating 2.3 million in emergency departments—many of whom, sadly, are victims of violence, abuse, and neglect. Hospitals are on the front lines, supporting people and communities affected by violence.

Interpersonal violence is a public health concern, and, unfortunately, its victims often require services beyond those traditionally offered in an acute care setting. These include social supports, such as safe housing and employment opportunities.ⁱ In 1998, Dr. Carnell Cooper started a first-of-its-kind hospital-based violence intervention program (HVIP) at R Adams Cowley Shock Trauma Center (Shock Trauma) in Maryland that is still in place today.ⁱⁱ This landmark program sought to stop the revolving door of patients coming to the emergency department (ED) for treatment and returning home with no additional support or intervention—only to return again to the ED for care.

There are now several HVIP programs operating in Maryland, and this successful model has been replicated in hospitals nationwide. These programs offer peer support groups, job readiness training, education, and other resources. Additionally, many also care for survivors of domestic violence and youth involved in juvenile services. Caregivers who work within HVIPs are often specially trained to work with patients impacted by trauma. This is critical since often victims of violence have adverse childhood experiences lead to distrust of the medical system and elevate risk for chronic adverse health outcomes.

Beyond the social benefits of caring for communities in this holistic manner, these programs are cost-effective and serve as a connector point for patients, who are uninsured, allowing access to health insurance or crime victim assistance programs.ⁱⁱⁱ

Maryland's hospitals invest in the health of the communities they serve, which includes violence prevention and support for those affected by violence. We thank the committee's careful consideration on this legislation.

For more information, please contact: Erin Dorrien, Edorrien@mhaonline.org

ⁱ National Network of Hospital-Based Violence Intervention Programs. (n.d.) “NNHVIP Policy White Paper: Hospital-based Violence Intervention: Practices and Policies to End the Cycle of Violence static1.squarespace.com/static/5d6f61730a2b610001135b79/t/5d83c0d9056f4d4cbdb9acd9/1568915699707/NNHVIP+White+Paper.pdf

ⁱⁱ R. Adams Cowley Shock Trauma Center, University of Maryland. (n.d.) “*Prevention matters: The Center for Injury Prevention and Policy.*” www.umms.org/ummc/-/media/files/ummc/health-services/shock-trauma/center-injury-prevention-policy/violence-prevention/center-for-injury-prevention-and-policy-violence-prevention-fact-sheet.pdf?upd=20180517192532&la=en&hash=0972CD6C6947AE0D744E0EB90F9D3102662EC0D1

ⁱⁱⁱ National Network of Hospital-Based Violence Intervention Programs. (n.d.) “NNHVIP Policy White Paper: Hospital-based Violence Intervention: Practices and Policies to End the Cycle of Violence static1.squarespace.com/static/5d6f61730a2b610001135b79/t/5d83c0d9056f4d4cbdb9acd9/1568915699707/NNHVIP+White+Paper.pdf