



AB 166 (MEDI-CAL COVERAGE FOR VIOLENCE PREVENTION SERVICES ACT)

BACKGROUND

While modern medicine has saved countless lives from violent injuries, most healthcare systems routinely fail to address violently injured patients’ risk of re-injury and retaliation after these patients exit the hospital. Typically, patients are treated with great skill and care, but are then discharged back into the same conditions that led to their violent victimization in the first place. This creates a revolving door of violent injury and trauma centers too often see the same victims repeatedly.

In their 2016 report, [Healing Communities in Crisis](#), the Giffords Law Center identified Hospital-based Violence Intervention Programs (HVIPs) as one of the most innovative and effective strategies for reducing rates of violent injury recidivism. Evaluations have repeatedly demonstrated that integrating HVIP services into hospital trauma centers corresponds with large reductions in rates of injury recidivism and long-term increases in patients’ wellbeing.

HVIPs embrace a public health approach to violence prevention and are grounded in data that indicates that victims of interpersonal violence are at elevated risk for re-injury and are susceptible to engaging in or being victim to retaliatory violence.

Positive outcomes have been documented in studies of HVIPs around the country with respect to lowered rates of re-injury for HVIP clients. An [evaluation of a program in Baltimore](#), for example, found an injury recidivism rate of 5% for participating patients, compared to 36% for non-participants, which represented estimated yearly savings of \$598,000 in health care costs for an intervention group of 56 patients.

Additionally, an examination of the Wrap-Around Project in San Francisco suggests that reductions in re-injury rates are likely to sustain

over time. [One evaluation](#) found that over a 10-year period, the 466 clients enrolled in the program experienced a re-injury rate of only 4%, a 50% reduction from the historical rate of 8%.

PROBLEM

Violent victimization is unfortunately often not a one-time event for victims. In urban settings, it is estimated that up to 41% of patients treated for violent injury, such as a shooting, are re-injured within five years.

In California, disproportionate shares of gunshot victims are insured by Medi-Cal. In 2010, researchers from the [Urban Institute reported](#) that in our state, 48% of the hospital costs associated with treating patients hospitalized for firearm assault injuries were borne by public health insurance programs, totaling roughly \$42 million annually.

These incidents are not just costly for the health care system; the average total medical cost of a single nonfatal shooting that requires hospitalization is [\\$63,289](#), but also for the victim, their family, and their community.

Unfortunately, funding for HVIPs has not always kept up with the need. In California, Violence Intervention Programs are losing access this year to pilot program funding with the Victims Compensation and Government Claims Board. This funding was limited in scope and HVIPs in California now require a steadier and more viable source to continue growing their operations and programs.

SOLUTION

Providing Medi-Cal coverage for violence prevention services for gunshot victims will help expand utilization of Hospital-based Violence Intervention Programs in California and would likely even result in cost savings to the state Medicaid program and to our justice system.

With AB 166, HVIPs can continue their preventative work and harness state and federal funding to reduce the cycle of violence that plagues many of our cities and destroys many of our communities.

SUPPORT

Giffords Law Center to Prevent Gun Violence
(Co-Sponsor)

FOR MORE INFORMATION

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