

**SUBSTITUTE FOR
HOUSE BILL NO. 6046**

A bill to amend 1939 PA 280, entitled
"The social welfare act,"
(MCL 400.1 to 400.119b) by adding sections 89 and 89a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 **Sec. 89. As used in this section and section 89a:**

2 **(a) "Community health worker" means an individual who meets**
3 **all of the following conditions:**

4 **(i) Is a frontline public health worker.**

5 **(ii) Is a trusted member of the community and has an unusually**
6 **close understanding of the community served that enables the**
7 **individual to serve as an intermediary between health or social**
8 **services and the community to facilitate access to services and**
9 **improve the quality and cultural competence of service delivery.**



1 (iii) Builds individual and community capacity by increasing
2 health knowledge and self-sufficiency through a range of
3 activities, including, but not limited to, outreach, community
4 education, informal counseling, social support, or advocacy.

5 (b) "Community violence" means an intentional act of
6 interpersonal violence committed by an individual who is not
7 intimately related to the victim.

8 (c) "Community violence prevention services" means evidence-
9 informed, trauma-informed, culturally responsive, supportive, and
10 nonpsychotherapeutic services provided by a violence prevention
11 professional, within or outside of a clinical setting.

12 (d) Community violence prevention services include, but are
13 not limited to, peer support and counseling, mentorship, conflict
14 mediation and crisis intervention, targeted case management,
15 referrals to certified or licensed health care or social services
16 providers, community and school support services, patient education
17 and screening services, group and individual health education and
18 health coaching, health navigation, transitions of care support,
19 and screening and assessment for nonclinical and social needs,
20 provided by a violence prevention professional to do all of the
21 following:

22 (i) Promote improved health outcomes and positive behavioral
23 change.

24 (ii) Prevent injury recidivism.

25 (iii) Reduce the likelihood that victims of acts of community
26 violence will commit or promote violence.

27 (e) "Health professional" means an individual who is licensed,
28 registered, or otherwise authorized to engage in a health
29 profession under article 15 of the public health code, 1978 PA 638,



1 MCL 333.16101 to 333.18838.

2 (f) "Prevention professional" means an individual who works in
3 a program that is aimed at addressing specific patient needs,
4 including, but not limited to, suicide prevention, violence
5 prevention, alcohol avoidance, drug avoidance, or tobacco
6 prevention, and reducing the risk of relapse, injury, or re-injury
7 to the patient.

8 (g) "Violence prevention professional" means a prevention
9 professional who meets all the requirements of section 89a(2).

10 Sec. 89a. (1) Beginning on the effective date of the
11 amendatory act that added this section, the department shall
12 provide coverage under the medical assistance program for an
13 eligible individual who was referred by a health professional to
14 receive community violence prevention services from a prevention
15 professional or community health worker, after the health
16 professional determines that the individual who has been violently
17 injured is at significant risk of experiencing violent reinjury or
18 has experienced chronic exposure to community violence. The
19 department shall seek any federal approvals necessary to implement
20 this section, including, but not limited to, any state plan
21 amendments or federal waivers by the federal Centers for Medicare
22 and Medicaid Services.

23 (2) To be eligible for reimbursement for services provided
24 under this section, a prevention professional or community health
25 worker must be certified as a qualified violence prevention
26 professional by the department.

27 (3) The department shall do all of the following:

28 (a) Issue guidance on the use of community violence prevention
29 services for beneficiaries who access these services under the



1 medical assistance program.

2 (b) Seek input from impacted stakeholders, including, but not
3 limited to, the department's community violence and intervention
4 program and division of victim services, other community violence
5 and intervention programs across this state that work with adults
6 and youth, community health workers or Michigan community health
7 worker alliance members, hospitals with established relationships
8 with community violence and intervention programs, and Medicaid
9 managed care, to determine allowable rates for community violence
10 prevention services based on the medical assistance program fee-
11 for-service outpatient rates for the same or similar services, or
12 any other data deemed reliable and relevant.

13 (c) Not later than 30 days after seeking federal approval,
14 approve training, credential, and certification programs that are
15 required to qualify individuals as violence prevention
16 professionals. A program approved under this subdivision must
17 include at least 35 hours of training in each of the following:

18 (i) The profound effects of trauma and violence and the basics
19 of trauma-informed care.

20 (ii) Community violence prevention strategies, including, but
21 not limited to, crisis intervention, de-escalation, conflict
22 mediation and retaliation prevention related to community violence,
23 case management, and advocacy practices.

24 (iii) The health insurance portability and accountability act of
25 1996, Public Law 104-191.

26 (4) The department may allocate funds for the purposes of
27 awarding grants to support access to community-based organizations
28 for training and services necessary to certify violence prevention
29 professionals and other necessary capacity-building expenses for



1 the successful implementation and accessibility of the violence
2 prevention services benefit.

3 (5) This section does not alter the scope of practice for any
4 health professional or authorize the delivery of health care
5 services in a setting or in a manner that is not currently
6 authorized.

7 (6) This section must be implemented only to the extent that
8 federal financial participation is available, and any necessary
9 federal approvals have been obtained.

10 Enacting section 1. This amendatory act takes effect October
11 1, 2025.

