



Testimony in Support of LC 106  
House Committee on Health Care

Speaker of the House Tina Kotek  
January 13, 2022

Chair Prusak and members of the committee, thank you for the opportunity to present LC 106 to you this morning.

Like much of the country, Oregon has seen a rise in community violence since the start of the pandemic. This legislative concept seeks to provide more certainty for intervention programs that are demonstrated to be effective in breaking the ongoing cycle of violence in our communities.

Violence is not inevitable. Oregonians exposed to social and environmental stressors are most at risk, and this disproportionately affects communities of color. Studies have shown that 40% of victims of community violence will be violently reinjured, and for 20%, a second injury will prove fatal. Survivors of violent injury are more likely to carry a weapon to establish safety. Without a plan to reduce risk factors, survivors of community violence will return to an environment where there is pressure to retaliate.<sup>1</sup> For youth, exposure to gun violence increases the likelihood of perpetrating violence against others.<sup>2</sup>

Right now, there are more than 30 hospital-based violence prevention programs across the country working to break this cycle. This model is successful because it treats the problems that create the instability that normalizes community violence in the first place.<sup>3</sup>

In Oregon, two health systems are served by the Healing Hurt People program through the Portland Opportunities Industrialization Center (POIC). In a moment, program representatives will share how underfunding and unpredictable grant cycles create a missed opportunity to reduce violence in our communities.

LC 106 directs the Oregon Health Authority to seek federal approval for Medicaid reimbursement for community specialists who work within this hospital-based intervention.

This intervention aligns with Oregon's "triple aim" of better health, better care, and lower costs in three ways. Evidence demonstrates that this targeted intervention:

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<sup>1</sup> Purtle, J., & Dickle, R., et al. (2013). Hospital-based violence intervention programs save lives and money. *The Journal of Trauma and Acute Care Surgery*, 75(2), 331–333.

<sup>2</sup> Purtle, J., Carter, P. M., Cunningham, R., & Fein, J. A. (2016). Treating Youth Violence in Hospital and Emergency Department Settings. *Adolescent medicine: state of the art reviews*, 27(2), 351–363.

<sup>3</sup> Cunningham, R., Knox, L., et al. (2008). Before and After the Trauma Bay: The Prevention of Violent Injury Among Youth. *Annals of Emergency Medicine: An International Journal*. 53(4):490-500.

- Improves population health and improves attitudes about safety.<sup>4</sup>
- Increases use of preventive care, including behavioral health care.
- Reduces the likelihood a survivor of community violence will be reinjured or arrested for a violent crime. For example, a randomized control study found injured persons who did not receive this intervention were four times more likely to be convicted of a violent crime than those who did.<sup>5 6</sup>

These results are why multiple states have passed bipartisan legislation to utilize Medicaid match funds for these critical community interventions.

I hope you find value in this concept and will support it wholeheartedly. Thank you.

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<sup>4</sup> Moreland A.(2018). Healing Hurt People: Breaking the Cycle of Violence through Golden Moment Trauma-Informed Interventions. *SM Prev Med Public Health*. 2018; 2(3): 1023.

<sup>5</sup> Cooper, C., Eslinger, D.M., Stolley, P. (2006). Hospital-Based Violence Intervention Programs Work. *Journal of Trauma*. 61(3):534-7; 537-40

<sup>6</sup> Strong, B., Shipper, A., Downton, K., Lane, W. (2016). The Effects of Health Care-Based Violence Intervention Programs on Injury Recidivism and Costs: A Systemic Review. *Journal of Trauma and Acute Care Surgery*. 81(5): 961-970.