

LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

# MODEL EXPANDING ACCESS TO PEER RECOVERY SUPPORT SERVICES ACT

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# MODEL EXPANDING ACCESS TO PEER RECOVERY SUPPORT SERVICES ACT

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## SECTION I. TITLE.

This Act may be cited as the Model Expanding Access to Peer Recovery Support Services Act (“Act”).

## SECTION II. LEGISLATIVE FINDINGS.

- (a) The drug overdose epidemic has dealt a catastrophic blow to [INSERT STATE NAME]<sup>1</sup> that continues to endanger the lives of our citizens and the financial security of our state. The [Legislature] finds that there is an urgent need to address the substance use disorder crisis through a variety of means, including peer recovery support services that assist individuals in improving their health and wellness, living self-directed lives, and building a sustainable life in recovery.<sup>2</sup>
- (b) Peer recovery support services are essential to our citizens’ recovery. Peers engage in direct work in engaging persons in recovery through advocacy, relationship building, socialization, self-esteem building, and connecting persons to recovery resources.<sup>3</sup>
- (c) Research shows that peer support is a viable, evidence-based approach to supporting persons in recovery from substance use disorder.<sup>4</sup>
- (d) It is the intent of the [Legislature] through this Act to promote peer support as a means of helping persons with a substance use disorder to achieve recovery through the creation of a peer support worker credentialing program throughout [STATE].
- (e) This Legislation is also drafted with the intent to promote engagement within and between the entire substance use recovery community including recovery community organizations and peer support programs governed under this Act.
- (f) Further, the [Legislature] intends to address the crucial lack of funding for peer recovery support services by streamlining the process of credentialing peer support workers and

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<sup>1</sup> This Act contains certain bracketed words and phrases (e.g., “[insert state name]”). Brackets indicate instances where state lawmakers may need to insert state-specific terminology or facts.

<sup>2</sup> "Recovery and Recovery Support". samhsa.gov, 2020. <https://www.samhsa.gov/find-help/recovery>.

<sup>3</sup> *What Is Peer Support* (Substance Abuse and Mental Health Services Administration), accessed 3 May 2020, [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tac/peer-support-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/peer-support-2017.pdf).

<sup>4</sup> Keris Myrick and Paolo del Vecchio, "Peer Support Services In The Behavioral Healthcare Workforce: State Of The Field." *Psychiatric Rehabilitation Journal* 39, no. 3 (2016): 197-203, doi:10.1037/prj0000188.

allowing for coverage of their services by Medicaid.

### **SECTION III. PURPOSE.**

This Act:

- (a) Promotes uniformity by providing consistent and non-partisan legislation that brings clarity and stability to the peer support credentialing process;
- (b) Creates a legislative framework for streamlining a responsive and cohesive peer support worker credentialing program;
- (c) Creates a multi-disciplinary Advisory Board under [a single state authority or designated authority] that addresses substance use disorders to make recommendations and provide advice related to the creation or expansion of the peer support credentialing program;
- (d) Tasks a [single state authority or designated authority] with contracting with a third-party organization or entity to oversee the credentialing of state peer support workers; and
- (e) Requires the state Medicaid program and private insurers to include coverage for peer support services provided by a credentialed peer support worker.

### **Commentary**

“Peer support is rooted in the idea that people who share similar experiences can offer help, empathy, validation, information, and hope for another person pursuing recovery.”<sup>5</sup> Thus, “peer recovery support services hold[s] promise as a vital link between systems that treat substance use disorders in a clinical setting and the larger communities in which people seeking to achieve and sustain recovery live.”<sup>6</sup>

The exact title used to describe peer support workers depends upon the setting in which they practice. Common titles include peer specialist, recovery coach, peer advocate, and peer recovery support specialist. Regardless of the title, peer support is a powerful tool in the addressing and overcoming substance use disorders.

Peer support provides a variety of benefits for persons struggling with substance use disorder. Studies show that individuals in recovery who receive peer support have decreased

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<sup>5</sup> Myrick and Vecchio, “Peer Support Services in the Behavioral Healthcare Workforce,” 197.

<sup>6</sup> *What Are Peer Recovery Support Services?* (Rockville: Substance Abuse and Mental Health Services Administration, 2009), 10, <https://store.samhsa.gov/product/What-Are-Peer-Recovery-Support-Services-/SMA09-4454>.

substance use and depression,<sup>7</sup> increased self-esteem and confidence,<sup>8</sup> and increased empathy and acceptance.<sup>9</sup>

In addition to the substantive benefits to the state provided by implementing a uniform peer support credentialing program, there are fiscal benefits. First, there is evidence that involvement with peer support services can reduce hospital admission rates of persons suffering from substance use disorder versus individuals who do not receive peer support services while in recovery<sup>10</sup> Second, “[a] systematic review evaluating the use of peer support workers reported significant decreases in substance use and improved recovery capital (e.g., housing stability, self-care, independence, and health management) for individuals who used peer support services.”<sup>11</sup> Both of these factors reduce medical costs for citizens within the state.

#### SECTION IV. DEFINITIONS.

As used in this Act, unless the context clearly indicates otherwise, the words and phrases listed below have the meanings given to them in this section:

- (a) Board.— “Board” means the advisory board created in Section V of this Act;
- (b) Credentialed peer support worker.— “Credentialed peer support worker” means a person who is credentialed by the state or by a credentialing organization contracted by or working in collaboration with the state;
- (c) Co-occurring disorder.— “Co-occurring disorder” means the coexistence of both a mental health and a substance use disorder;

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<sup>7</sup> Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatry*, 11(2), 123-128 cited in “What is Peer Support” Substance Abuse and Mental Health Services Administration, accessed May 3, 2020,

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tacs/peer-support-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf).

<sup>8</sup> Davidson, L., Chainman, M., Kloos, B., Weingarten, R., Stayner, D., & Tebes, J. K. (1999). Peer support among individuals with severe mental illness: A review of the evidence. *Clinical psychology: Science and practice*, 6(2), 165-187. quoted in Secondary Source “What is Peer Support” Substance Abuse and Mental Health Services Administration, accessed May 3, 2020, [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tacs/peer-support-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf).

<sup>9</sup> Coatsworth-Puspoky, R., Forchuk, C., & Ward-Griffin, C. (2006). Peer support relationships: an unexplored interpersonal process in mental health. *Journal of psychiatric and mental health nursing*, 13(5), 490-497., cited in “What is Peer Support” Substance Abuse and Mental Health Services Administration, accessed May 3, 2020, [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tacs/peer-support-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf).

<sup>10</sup> “What Is Peer Support,” Substance Abuse and Mental Health Services Administration.

<sup>11</sup> *Peer Support Workers In Emergency Departments: Engaging Individuals Surviving Opioid Overdoses – Qualitative Assessment*, (National Council for Behavioral Health, 2020), 2, <https://www.thenationalcouncil.org/wp-content/uploads/2018/12/Peer-Support-Workers-in-EDs-Issue-Brief.pdf?dof=375ateTbd56>, citing to Ellen L. Bassuk et al., "Peer-Delivered Recovery Support Services For Addictions In The United States: A Systematic Review", *Journal Of Substance Abuse Treatment* 63 (2016): 1-9, doi:10.1016/j.jsat.2016.01.003.



- (d) Peer support.— “Peer support” means non-clinical care and assistance that encompasses a range of activities and interactions between people who share similar experiences of navigating substance use disorder in an effort to aid persons in long-term recovery. These activities include but are not limited to:
- (1) Supporting persons in seeking recovery;
  - (2) Sharing resources and building skills; and
  - (3) Building community and relationships.
- (e) Recovery.— “Recovery” means a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential;<sup>12</sup>
- (f) Recovery community-based provider.— “Recovery community-based provider” means an entity or organization that provides services, including, but not limited to, housing support and connections to therapists, in the community to persons with substance use disorder or co-occurring disorder;
- (g) Single state authority.— “Single state authority” means the state agency or department authorized by this Act to work with in conjunction with the multi-disciplinary board established in Section V;
- (h) Substance use disorder.— “Substance use disorder” means the recurrent use of alcohol and/or drugs that causes clinically significant impairment, including health or medical problems, and inability to meet major responsibilities at work, school, or home;<sup>13</sup>
- (i) Telehealth.— “Telehealth” means the delivery of health care services, including tech-assisted peer support services, through interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or peer recovery services; and
- (j) Technology-assisted peer support.— “Technology-assisted peer support” means the use of technology or other remote or distance service for the delivery of peer support

<sup>12</sup> “Recovery and Recovery Support,” U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration, accessed March 18, 2020, <https://www.samhsa.gov/find-help/recovery>. See also “Recovery | National Institute On Drug Abuse”, National Institute On Drug Abuse, 2020, <https://www.drugabuse.gov/drugtopics/recovery#:~:text=Recovery%20is%20a%20process%20of,regain%20health%20and%20social%20function>.

<sup>13</sup> “Mental Health and Substance Use Disorders | SAMHSA - Substance Abuse and Mental Health Services Administration”. Samhsa.Gov, 2020. <https://www.samhsa.gov/find-help/disorders>.

services.

## Commentary

Peer support workers practice in a range of settings including, but not limited to, emergency rooms, child welfare agencies, recovery community centers, homeless shelters, correctional settings, “drug courts and other criminal justice settings,”<sup>14</sup> and behavioral health and primary care settings.<sup>15</sup>

The peer support activities listed in subsection (d) of Section IV are just a small portion of the wide range of activities in which a peer support worker might engage to help persons in recovery from a substance use disorder.<sup>16</sup> Other activities may include leading recovery groups, helping to find housing, supervising other peer workers, developing resources, or educating the public and policymakers.<sup>17</sup> Thus, peer support workers may work in a variety of areas, from correctional settings to recovery community centers,<sup>18</sup> and state policymakers should feel free to make additions or revisions to this list in the model definition.

The definition of “substance use disorder” is nuanced. The current definition provided in subsection (h) is adapted from the Substance Abuse and Mental Health Service Administration’s (“SAMHSA”) working explanation of the disorder.<sup>19</sup> In addition, there is another, more complex definition of “substance use disorder” provided in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). For brevity’s sake, and because this Model Act does not focus on the clinical aspect of substance use disorders, SAMHSA’s definition will be used throughout the model.

This Act allows for the credentialing of a person as a peer support worker if they meet certain requirements, including living with a substance use disorder *or* a co-occurring disorder. The interconnection between substance use disorder and co-occurring disorders is pervasive; about half of those with substance use disorder also have a co-occurring disorder.<sup>20</sup> While some of the subject matter studied during the credentialing process for the two may be different,

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<sup>14</sup> SAMHSA “What is Peer Support (last accessed June 16, 2020)([https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tac/peer-support-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/peer-support-2017.pdf)).

<sup>15</sup> *Id.*

<sup>16</sup> “Peer Support Role” SAMHSA.gov, 2020. <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>.

<sup>17</sup> *Id.*

<sup>18</sup> *Id.*

<sup>19</sup> “Mental Health and Substance Use Disorders” SAMHSA – Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/find-help/disorders>.

<sup>20</sup> NIDA. “Part 1: The Connection Between Substance Use Disorders and Mental Illness,” *National Institute on Drug Abuse*, 28 May 2020, <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness> Accessed 31 Aug. 2020.

individuals with a co-occurring disorder who wish to become credentialed SUD peer support workers can become credentialed under this Act if they meet the requirements.<sup>21</sup>

Because peer support is premised on the idea that a peer has his or her own lived experience and, as a result, offers his or her own acceptance and understanding, peer support workers can reach persons in recovery in ways in which others may not be able to through engagement, reciprocity, and relationship-building. Essentially, peer support workers “act as empowerment catalysts, precipitating changes such as increased hope, articulation of dreams and goals, and identification of needed action steps that help program participants take charge of their own lives.”<sup>22</sup>

## **SECTION V. CREATION OF A PEER SUPPORT WORKER ADVISORY BOARD.**

- (a) In general.— Pursuant to this Act, there is established in, but not of, the single state authority, a multi-disciplinary advisory board which shall function to oversee policy related to the credentialing of peer support workers, state-run or state-funded peer support programs, and issues impacting credentialed peer support workers.
- (b) Advisory board powers.— The advisory board shall have the following powers, duties, and functions:
  - (1) Provide guidance to the single state authority, peer support workers, the third-party private organization referenced in Section VII of this Act, persons receiving peer support, and employers of credentialed peer support workers on issues related to peer support;
  - (2) Pursuant to Section VIII, issue reports on the status of the peer support program to the [Legislature] on the operation of the peer support program, with such recommendations concerning the program as are deemed necessary;
  - (3) Work with the single state authority to approve the private organization to contract with to oversee the credentialing process as provided in Section VII of this Act;

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<sup>21</sup>“Part 1: The Connection Between Substance Use Disorders and Mental Illness”, Drugabuse.gov, 2020, <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness>. See also “Mental Health and Substance Use Disorders”, SAMHSA - Substance Abuse and Mental Health Services Administration, 2020. <https://www.samhsa.gov/find-help/disorders>.

<sup>22</sup> Swarbrick, Margaret, Mary-Catherine Bohan, Rena Gitlitz, and Micah Hillis, “Peer Health Navigators Support Individuals with An Opioid Use Disorder Transitioning from Prison” *Drug and Alcohol Dependence* 203 (2019), 88-91. doi: <https://doi.org/10.1016/j.drugalcdep.2019.07.006>.

- (4) Oversee and fund initiatives to promote peer support within the state;
- (5) Provide support to individuals interested in applying to become a credentialed certified peers support workers;
- (6) Advocate and provide support to credentialed peer support workers, including but not limited to issues of:
  - (A) Finding and retaining employment;
  - (B) Developing peer support skills for use in the workplace; and
  - (C) Supporting individuals in their role as a credentialed peer support worker;
- (7) Promote and fund initiatives that telehealth access for persons needing peer support;
- (8) Promote and fund initiatives that foster diversity and inclusion within the field of peer support; and
- (9) Engage with organizations that employ credentialed peer support workers to:
  - (A) Foster organizational readiness on the part of the employer; and
  - (B) Integrate peer support workers into the organization.
- (c) Board members.— The members of the board shall be comprised of persons in the field of peer support and professionals who serve and are representative of the racial, ethnic, and socioeconomic diversity of the citizens of the state, and to the extent possible, underserved communities within the state or areas of the state with limited access to peer support or treatment for substance use disorder.
- (d) Appointment.— The board shall be appointed by the [Legislature] in consultation with the [director/secretary/commissioner] of the single state authority.
- (e) Membership.— Membership of the board shall include:
  - (1) The [director/secretary/commissioner] of the single state authority or his or her designee;
  - (2) At least fifty percent (50%) of the persons on the board shall be peer support workers or persons with experience in the field of peer support;
  - (3) A public health representative;
  - (4) A licensed behavioral health professional;
  - (5) A person with experience working in the field of addiction; and

- (6) Any additional members designated as necessary by the board and the [director/secretary/commissioner] of the single state authority including, but not limited to:
- (A) Persons engaged in research at academic institutions;
  - (B) Recovery community advocates;
  - (C) Family members and allies;
  - (D) Employers of credentialed peer support workers; or
  - (E) An expert in the credentialing process for persons in the peer support field.
- (f) Chair of the board.— The board shall organize as soon as practicable, but no later than sixty (60) days following the appointment of its members, and shall select a chairperson and vice-chairperson from among the members.
- (g) Term of membership.— The term of each member appointed to the board shall be [number] years.
- (h) Vacancy.— Vacancies in the membership of the board shall be filled in the same manner provided by the original appointments.
- (i) Quorum.— The majority of the members of the board shall constitute a quorum.
- (j) Compensation.— Members of the board shall not receive compensation for their services as members of the board; however, members may be reimbursed for actual expenses incurred in carrying out their duties as members of the advisory board pursuant to [statutory reference] or receive an honorarium.
- (k) Meetings.— The advisory board shall convene at least [number] of times per year.
- (l) Registry.— The board in conjunction with the single state authority shall create and update a publicly accessible registry of individuals credentialed as a peer support worker in good standing within the state. This registry shall also include potential employment opportunities for credentialed peer support workers and shall be updated monthly and made available on a public website.
- (m) Website.— The board, in conjunction with the single state authority shall create and update a website to inform the public of the role peer support has in recovery from substance use disorder or a co-occurring disorder, the process of becoming a credentialed peer support worker, and statistics related to peer support work within the state.

## Commentary

Under the model Act, the advisory board plays an important role. The advisory board is made up of members who represent stakeholders and others who can monitor, review, and evaluate services and advocate for the population served, *i.e.*, credentialed peer support workers and the persons they work with on a daily basis.<sup>23</sup> The intent behind this requirement is for certain individuals, ideally peer support workers, to have a seat at the policymaking table from the very beginning. This idea is neither new nor particularly unique, as it is beneficial for persons who have experience with a subject or a topic to be involved in making important decisions about that subject or topic. Peer support is rooted in this very premise. This legislation simply takes that idea and puts it into a working legislative framework.

Part of the board's responsibilities are advancing diversity and inclusion within the field of peer support. This is crucial to ensure that engagement between a credentialed peer support worker and a person receiving help is welcoming and inclusive of persons from diverse backgrounds and cultures.<sup>24</sup> This is why Section V explicitly requires that the board reflect both the racial makeup of the state, including underserved communities within the state. In addition, the board is tasked with promoting and funding initiatives that support and promote diversity in the field of peer support encompassing racial, ethnic, gender, and sexual orientation. What that looks like will cover a wide array of topics from recommending that the third-party organization contracted by the state in Section VII include cultural competency<sup>25</sup> training as part of its peer support worker credentialing program to funding initiatives to promote peer support services in underserved communities.

The issue of support for credentialed peer support workers at their place of employment is one that came up repeatedly in discussions with experts working in the field of peer support. Many felt that employers were either unprepared to support their peer support workers or did not

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<sup>23</sup> Polasky-Dettling, Kathy, and Tison Thomas. "How to Run an Effective Advisory Council". Presentation, 2018.

<sup>24</sup> There are seven areas that should be reviewed to ensure an organization, board, or company is responsive and supportive of persons from varying backgrounds. These are: (1) make-up of the board and leadership; (2) mission statement and introductory material; (3) program policy's guidelines; (4) conflict and grievance procedures; (5) procedures used to gather feedback from other members; (6) agenda of planned diversity activities; and (7) designated funding to support multicultural activities in the program or group. Much of the inspiration for this section comes from "*Cultural Competency in Mental Health Peer-run Programs and Self-help Groups: A Tool to Assess and Enhance Your Services*" prepared in partnership by the National Alliance for the Mentally Ill Star Center and the University of Illinois at Chicago, National Research and Training Center (last assessed at June 18, 2020)(<https://power2u.org/wp-content/uploads/2017/09/CulturalCompetencyInMentalHealthPeer-runProgramsSelf-helpGroups.pdf>).

<sup>25</sup> "Cultural Competency" is the ability to interact effectively and comfortably with people from different cultures and which encompasses issues of diversity and inclusion for communities of color, LGBTQIA+ persons, and other communities that are not widely represented. *See also* Georgia, Hawaii, Kansas, Missouri, Oklahoma, for examples of states for examples of states that require an understanding of cultural competency as part of the states peer certification or training program. Texas Institute for Excellence in Mental Health School of Social Work, Peer Specialist Training and Certification Programs: A National Overview, 2016, available at <http://sites.utexas.edu/mental-health-institute/files/2017/01/Peer-Specialist-Training-and-Certification-Programs-A-National-Overview-2016-Update-1.5.17.pdf> (Georgia (pg. 24), Hawaii (pg. 31), Kansas (pg. 44), Missouri (pg. 68), Oklahoma (pg. 92)) (last accessed May 5, 2020).

understand how to best utilize a peer support worker within the rubric of treatment for substance use disorder or a co-occurring disorder. Section V of this Act attempts to address some of the issues raised by requiring the board to focus on working with employers on organizational readiness and utilizing the skills that a credentialed peer support person can bring to their organization.

The registry of credentialed peer support workers provides those workers with an opportunity to collaborate and find employment opportunities. Conversely, potential employers and interested persons can use the registry to find and verify that a peer support worker is credentialed.

## **SECTION VI. APPLICATION REQUIREMENTS.**

- (a) In general.— An applicant seeking to become credentialed as a peer support worker pursuant to this Act shall meet the following requirements:
- (1) Be eighteen (18) years of age or older at the time of application;
  - (2) Possess, obtain, or be in the process of obtaining a high school diploma or General Educational Development (GED);
  - (3) Have lived experience of recovery from a substance use disorder and/or co-occurring disorder;
  - (4) Self-attest to ongoing recovery from substance use or co-occurring disorder and a strong desire to identify themselves in recovery from a substance use disorder and/or co-occurring disorder;
  - (5) No arrests or criminal charges for at least one (1) year;
  - (6) Payment of an application fee; and
  - (7) Meet any training requirement as determined by the third-party organization referenced in Section VII of this Act.
- (b) Probation.— If a person who is currently on probation or parole applies to become credentialed as a peer support worker pursuant to this Act, he or she shall not be barred from becoming credentialed so long as their probation or parole does not conflict with the requirements of subparagraph (5) of subsection (a) of this section.



## Commentary

Section VI of this Act of this section lays out the application requirements to become a credentialed peer support worker. Different states set varying criteria as to self-attestation of recovery from substance use disorder or mental health disorder. For example, some states like New Jersey,<sup>26</sup> North Carolina,<sup>27</sup> Virginia,<sup>28</sup> Michigan,<sup>29</sup> and Hawaii<sup>30</sup> require at least 1 year of some form of recovery to apply to become a credentialed peer support worker.

However, similar to Section VI of this Act, in Georgia, there is no set number of years that a person must attest to demonstrate that they are in recovery for the purposes of applying to become a peer support worker.”<sup>31</sup> This is the same or similar to guidelines for self-attestation in Arizona,<sup>32</sup> New York,<sup>33</sup> Mississippi,<sup>34</sup> Wyoming,<sup>35</sup> Indiana,<sup>36</sup> Massachusetts,<sup>37</sup> and Louisiana.<sup>38</sup>

This section of the Act generated a great deal of discussion amongst the peer support experts who reviewed the language. Just as different states have varying criteria for applying to become a credentialed peer support worker, opinions varied as to what would be the best way forward in this matter. Some worried that by requiring that a person not have any arrest or criminal charges for at least one year, this might exclude persons who had made mistakes but desired to become a credentialed peer support worker as part of their recovery and rehabilitation. This argument is valid. Inclusion is important and as noted earlier, built into this model act is the idea that diversity and inclusion are vital to the success of a state’s peer support program. However, a person credentialed under this Act essentially holds themselves out as having earned a title or document identifying that this person is competent to act as a peer support worker. The state, as it does with many professions such as a doctor, nurse, social worker, dentist, dental hygienist, or radiologic technologist, may require that the person meet certain requirements to identify themselves as identified by the state as holding a title or being a credentialed peer support worker. This section of this Act is written with the intention of encouraging persons who are in recovery from substance use disorder or a co-occurring disorder to become a credentialed peer support worker while balancing the requirements that come with giving someone a state issued credential.

Finally, the applicant fee amount required by the state to apply to be a credentialed peer support worker is intentionally left blank and should be determined by the state via regulation.

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<sup>26</sup> Peer Specialist Training and Certification Programs: A National Overview, *supra* note 25, at 79.

<sup>27</sup> *Id.* at 84.

<sup>28</sup> *Id.* at 115.

<sup>29</sup> *Id.* at 59.

<sup>30</sup> *Id.* at 30.

<sup>31</sup> *Id.* at 25.

<sup>32</sup> *Id.* at 8.

<sup>33</sup> *Id.* at 82.

<sup>34</sup> *Id.* at 65.

<sup>35</sup> *Id.* at 126.

<sup>36</sup> *Id.* at 40.

<sup>37</sup> *Id.* at 57.

<sup>38</sup> *Id.* at 50.



This also allows for additional options to potentially subsidize the cost for low-income applicants and allows for the fee to be adjusted for inflation through the regulatory process rather than amending a statute.

## **SECTION VII. CREDENTIALING OF PEER SUPPORT WORKERS.**

- (a) In general.— A single state authority, with the advice and approval of the board established in Section V, may contract with a private entity or organization to oversee the development and implementation of a credentialing program of peer support workers.
- (b) Authority.— Any private entity or organization contracted with to oversee the credentialing programs pursuant to subsection (a) of this section shall be responsible for the following:
  - (1) Establishing the required qualifications for an applicant to become a credentialed peer support worker;
  - (2) Creation of standards and requirements for the credentialing of peer support workers within the state;
  - (3) Implementing a renewal process for credentialed peer support workers;
  - (4) Establishing ethics requirements for peer support workers;
  - (5) Establishing a grievance and appeal process for both credentialed peer support workers and persons with whom they work;
  - (6) Hearing complaints and appeals of decisions related to the credentialing of peer support workers; and
  - (7) Any other responsibilities related to credentialing a peer support worker within the state as required by the single state authority by regulation.

### **Commentary**

Many states choose to anchor their peer support program through their addiction or mental health services department or behavioral health services division.<sup>39</sup> Subsection (a) of this

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<sup>39</sup> See Delaware, Hawaii, Maine, and Oklahoma, “Peer Worker Certification Program” Department of Behavioral Health (last accessed May 4, 2020) (<https://dbh.dc.gov/service/peer-specialist-certification-program>); “Hawai’i Certified Peer Specialist” State of Hawaii, Department of Health, Adult Mental Health Division, (last accessed May 2, 2020) (<https://health.hawaii.gov/amhd/consumer/hcps/>); “Wellness and Recovery”, State of Maine, Behavioral Health, Office of Maine Department of Health and Human Services (last accessed May 5, 2020) ([https://www.maine.gov/dhhs/samhs/mentalhealth/wellness/intentional\\_peer.shtml](https://www.maine.gov/dhhs/samhs/mentalhealth/wellness/intentional_peer.shtml)); “Certified Peer Recovery Support Specialist” Oklahoma Department of Mental Health and Substance Abuse Services, (last accessed May 4, 2020) ([https://www.ok.gov/odmhsas/Mental\\_Health/Certified\\_Peer\\_Recovery\\_Support\\_Specialist/index.html](https://www.ok.gov/odmhsas/Mental_Health/Certified_Peer_Recovery_Support_Specialist/index.html)),

section is explicitly based on this idea. However, the Model Act makes the purposeful decision to designate an advisory board to assist the single state authority and to allocate supervision of the credentialing process of peer support workers to a private organization or entity, as provided in Section VI of this Act. The reasons for this are two-fold. First, in discussions with experts working in the field of peer support, many felt that the creation of a state-run credentialing program would be superfluous when there are private credentialing organizations, such as the International Certification and Reciprocity Consortium (IC&RC), that already offer internationally recognized examinations for recovery professionals<sup>40</sup>.

Second, many states already work with private credentialing organizations to oversee their credentialing process. For example, in Arizona, Minnesota, and Pennsylvania, a private company, RI Consulting, offers credentialed peer support worker training on behalf of the requisite state agency.<sup>41</sup> In some states that do not have a state-administered peer credentialing program, like California, private organizations completely oversee the administration of peer credentialing and training within the state.<sup>42</sup>

## **SECTION VIII. REPORTING.**

- (a) In general.— The board, in conjunction with the single state authority, shall within one year of the effective date of this Act and annually thereafter deliver a report to the Legislature and each subsequent year thereafter.
- (b) Required elements.— The reports required in subsection (a) shall include recommendations by the board on the following topics:
  - (1) Ways to improve the credentialing program for peer support workers within the state;
  - (2) The status of any initiatives undertaken by the board pursuant to Section V of the Act;
  - (3) Recommendations related to changes to existing peer support legislation or suggestions for proposed legislation that would help support the credentialing program; and
  - (4) The status of peer support worker credentialing program within the state.

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<sup>40</sup> The International Certification and Reciprocity Consortium (IC&RC) is a private, not for profit organization that offers credentials and examinations for preventions, substance use treatments and recovery professionals. "IC&RC - Home". Internationalcredentialing.Org, 2020, <https://internationalcredentialing.org/>.

<sup>41</sup> "Where We Train: Certified Peer Support Worker Training" RI Consulting, (accessed May 2, 2020) (<https://riinternational.com/consulting/training/certified-peer-support-specialist-training/>).

<sup>42</sup> "CPRS: CCAPP Credentialing", Cappedcredentialing.org, 2020. <https://ccappedcredentialing.org/index.php/career-ladder/recovery-related-credentials/cprs>.

## SECTION IX. MEDICAID AND INSURANCE.

- (a) Requirements.— The state Medicaid program shall include coverage for peer support services provided by a credentialed peer support worker as defined by this Act.
- (b) Insurance.— Any health insurance policy that provides medical, major medical, or similar comprehensive-type coverage for the diagnosis and treatment of substance use disorder, including detoxification and rehabilitation services, shall include coverage for peer support services provided by a credentialed peer support worker as defined by this Act.

### Commentary

Medicaid coverage for peer support services is premised on the requirement that the service be provided by a worker that has been credentialed through a statewide training program.<sup>43</sup> Under Medicaid, “[p]eer support services can be offered to beneficiaries with either co-occurring or substance use disorders.”<sup>44</sup> Currently, 37 states require that their state Medicaid program cover peer support services for substance use disorder treatment.<sup>45</sup> But payment for services rendered by a peer support worker varies wildly by state. This is troubling. Peer support workers will play an increasingly vital role in offering support to persons on Medicaid, as the opioid crisis disproportionately impacts the population.<sup>46</sup>

Further, Medicaid has become the largest funding source for mental health peer support services,<sup>47</sup> and the vast majority of those incarcerated in correctional settings are, or will be, on Medicaid.<sup>48</sup> Thus, it is crucial that credentialed peer support workers are paid fairly for the work that they do. In discussions with experts working in the field of peer support, some noted that the

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<sup>43</sup> Smith, Dennis to State Medicaid Directors, August 15, 2007, Center for Medicaid and State Operations, SMDL #07-011, <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD081507A.pdf>.

<sup>44</sup> *Id.*

<sup>45</sup> Several states, Colorado, Missouri, and Oregon also offer peer support services for adults but as a complement to clinical treatment. *Substance Use Disorder: Medicaid Coverage of Peer Support Services For Adults*, United States Government Accountability Office, 2020, p. 10, (accessed Aug. 31, 2020).

<sup>46</sup> Kendal Orgera and Jennifer Tolbert, “The Opioid Epidemic and Medicaid’s Role in Facilitating Access to Treatment,” *Kaiser Family Foundation*, May 24, 2019, <https://www.kff.org/medicaid/issue-brief/the-opioid-epidemic-and-medicaids-role-in-facilitating-access-to-treatment/>.

<sup>47</sup> National Conference of State Legislatures Legisbrief, “Using Peers to Improve Mental Health Treatment” Legisbrief, Vol. 24, No. 10, citing to Blash Lisel, Chan Krista, Chapman Susan, University of California San Francisco Work Force Research Center on Long-Term Care Research Report “The Provider Workforce in Behavioral Health: A Landscape Analysis, November 9, 2015.

<sup>48</sup> The Pew Charitable Trusts “How and When Medicaid Covers People Under Correctional Supervision: New Federal Guidelines Clarify and Revise Long-Standing Policies,” (Issue Brief), available at <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2016/08/how-and-when-medicaid-covers-people-under-correctional-supervision> (last accessed December 4, 2019)(citing to Danielle Kaebler *et al.*, “*Correctional Populations in the United States*, 2014,” Bureau of Justice Statistics (January 2016), available at <http://www.bjs.gov/content/pub/pdf/cpus14.pdf>.

state of New Jersey and the District of Columbia provided equitable Medicaid reimbursement rates. While it is not appropriate to set Medicaid reimbursement rate in statute, as it is easier to adjust for inflation through the regulatory process than it is to amend a statute, it is recommended that state policymakers and the legislature look to the examples mentioned here to provide an equitable reimbursement amount for persons so crucial to fighting the opioid crisis.

## SECTION X. FUNDING.

- (a) Budget allocation.— The Legislature will appropriate the following amounts [\$ \_\_\_\_\_ for fiscal years \_\_\_\_\_] to the single state authority for the purpose of funding, in whole or in part, the initial start-up and ongoing activities required as part of this Act.
- (b) Pursuit of funding.— The single state authority shall pursue all federal funding, matching funds, and foundation funding for the initial start-up and ongoing activities required under this Act.
- (c) Acceptance of gifts.— The single state authority may accept such gifts, grants, and endowments, from public or private sources, as may be made from time to time, in trust or otherwise, for the use and benefit of the purposes of this Act and expend the same or any income derived from it according to the terms of the gift, grant, or endowment.
- (d) Guidelines and requirements.— Funding shall be made available to support the creation and maintenance of any peer support credentialing program created pursuant to this Act.

## Commentary

What funding can look like for the legislation proposed in this Act varies, it includes financial support from the federal government, including agencies like the Substance Abuse and Mental Health Services Administration which may help offset the cost of paying for peer support services through programs like Substance Abuse Block grant or the State Targeted Response to the Opioid Crisis grant.<sup>49</sup> There are also grants from state and local governments, and financial support from private entities or other sources.

In addition, another potential funding source for peer support credentialing programs are opioid settlement funds. Opioid settlement funds are funds recovered by a state attorney general from litigation against the pharmaceutical industry, including pharmaceutical manufacturers or distributors. Legislation should be considered that requires a percentage of the opioid settlement

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<sup>49</sup> Medicaid and CHIP Payment and Access Commission, “Recovery Support Services for Medicaid Beneficiaries with a Substance Use Disorder” Pg. 6, March 2019 MACPAC Public Meeting; *see also* “Block Grants”. *Samhsa.Gov*, 2020, <https://www.samhsa.gov/grants/block-grants>.

funds to be allocated to funding peer support services. Diversification of funding ensures that legislation proposed in this Act has a variety of sources to help mitigate the loss of any single source of funding. If federal funding were to end, having state and local funding sources would provide an additional bulwark against program closure.

## **SECTION XI. RULES AND REGULATIONS.**

The single state authority shall promulgate such rules and regulations as are necessary to implement the provisions of this Act.

## **SECTION XII. SEVERABILITY.**

If any provision of this Act or application thereof to any individual or circumstance is held invalid, the remaining provisions of this Act shall not be affected nor diminished.

## **SECTION XIII. EFFECTIVE DATE.**

This Act shall be effective on [specific date or reference to normal state method of determination of the effect].

## ABOUT THE LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

Based in Washington D.C., and led by and comprised of experienced attorneys, the Legislative Analysis and Public Policy Association is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

LAPPA produces timely model laws and policies that can be used by national, state, and local public health, public safety, and substance use disorder practitioners who want the latest comprehensive information on law and policy as well as up-to-the-minute comparative analyses, publications, educational brochures, and other tools ranging from podcasts to fact sheets. Examples of topics on which LAPPA has assisted stakeholders include naloxone laws, law enforcement/community engagement, alternatives to incarceration for those with substance use disorders, medication-assisted treatment in correctional settings, and the involuntary commitment and guardianship of individuals with alcohol or substance use disorders.



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