

Human Services Committee

JOINT FAVORABLE REPORT

Bill No.: HB-7023

AN ACT CONCERNING MEDICAID REIMBURSEMENT FOR SUBSTANCE ABUSE COACHES AND MENTAL HEALTH COUNSELORS UNDER A PEER

Title: SUPPORT TREATMENT MODEL.

Vote Date: 3/5/2025

Vote Action: Joint Favorable

PH Date: 2/27/2025

File No.: 120

***Disclaimer:** The following JOINT FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.*

SPONSORS OF BILL:

Human Services Committee

CO-SPONSORS OF BILL:

Sen. Saud Anwar, 3rd Dist.

REASONS FOR BILL:

The importance of role models of sobriety has long been recognized and a more systematic way of integrating their care into the BH system is desirable. The bill would require DSS to integrate peer support services under the Medicaid state plan into care teams funded under the medical assistance program and provide Medicaid reimbursement. DSS would also be required to file a report on the number of peer support specialists provided Medicaid reimbursement, the number of Medicaid enrollees they serve, and outcome data on treatment.

RESPONSE FROM ADMINISTRATION/AGENCY:

[Connecticut Department of Social Services \(DSS\), Commissioner, Andrea Barton Reeves:](#)

DSS opposes the bill. States that the bill requires the Commissioner to amend the Medicaid state plan to integrate peer support services. Currently, DSS reimburses peer support services within the per diem rate for residential substance use disorder treatment. The Commissioner describes additional areas under Medicaid where peer support services are utilized, such as PCMH+, substance use disorder, and Integrated Care for Kids. They are

exploring additional programs such as home visiting, justice-involved demonstration waiver, and care coordination. The Commissioner states that the Governor's budget does not provide funding for additional coverage of peer support services.

NATURE AND SOURCES OF SUPPORT:

[Center for Children's Advocacy, Executive Director, Sarah Eagan, JD](#): shows support for this bill. Believes that this bill will ensure that Medicaid-covered individuals have proper access to substance use disorder treatment. She emphasizes that peer support is cost-effective and can help support youth and adults. Mentions factors in which make the bill pressing such as Connecticut's high overdose rates and believes that this bill will help curve the lack of substance abuse treatment services for youth. Supports this bill on behalf of the Center for Children's Advocacy as they believe it will help "strengthen treatment opportunities for adolescents and young adults" as well as ensuring early and proper treatment interventions.

[CT Nonprofit Alliance \(The Alliance\), Public Policy and Advocacy Associate, Monika Nugent](#): writes in support of the bill to create an avenue for reimbursement under Medicaid for peer support services. The importance of peer support services is described for behavioral health treatment. The Alliance does have issues with some language in the bill, such as changing "Substance Abuse Coaches" to "Substance Use Coaches." The term 'peer support specialist' also needs to be defined in statute with input from the community.

[Root Center for Advanced Recovery, President & CEO, Steven Zuckerman](#): supports the bill and states that Medicaid coverage for peer support services is long overdue as non-profit providers cannot maintain peer support specialists without special grants, which Medicaid reimbursement would address.

[Katrease Rogers](#): Supports the bill so that peer specialists can be adequately compensated.

[Tamara Coleman](#): voices their support for this bill.

[Timothy MacDonald](#): supports.

NATURE AND SOURCES OF OPPOSITION:

[Research Associate at Yale University Program for Recovery and Community Health, Mental Health Advocate, Educator, and Peer Professional, Clair Bien](#): voices their opposition to this bill, as it fails to properly define the role and services offered by the peer recovery workforce. She noted that there is a lack of separation between members of the peer recovery workforce and professional substance abuse coaches or mental health counselors. She raises concern that the bill also does not adequately define the duties and responsibilities of peer support specialists or how the services should be provided. One concern was related to equity of reimbursement. She expressed that Medicaid already underpays individuals working in the healthcare field, and the potential for inadequate wages for the peer recovery workforce and the lack of job protection for individuals currently employed; believes that there is an increased risk of job loss for currently employed peer recovery specialists. The lack of safeguards in place to protect grant funding for the peer recovery service is problematic. She voices her support for peer recovery resources, but the peer recovery workforce opposes the bill as it is written today. They ask that the Taskforce to Study Peer Services convenes.

[Director of Peer Recovery Services, Advocacy Unlimited, Kate Brown:](#) opposes this bill as experienced Recovery Support Specialist for the Connecticut Department of Mental Health and Addiction Services (DMHAS), providing peer support for young adults. The definition of peer support services or specialists is inadequate. Peer services provide lived experience of sobriety-based guidance rather than the services that a substance abuse coach or mental health counselor provides. The lack of clarity within the new credentialing requirements put forth by the Department of Mental Health and Addiction Services (DMHAS) could cause job loss of current peer recovery specialists. Notes that peer support, an essential component of behavioral health recovery, is not receiving enough funding. There are no safeguards to ensure that funding will continually flow into these services and a risk of funds being redirected. She asks the committee to redirect its efforts towards convening the Task Force to Study Peer Services.

[Advocacy Unlimited, Recovery Support Specialist \(RSS\) Program Administrator, Emma James Burke:](#) opposes this bill as she has worked with a large number of the peer recovery workforce. She believes that the lack of clear definition of the role of peer recovery specialists causes confusion. Emphasizes that substance abuse coaches and mental health counselors are not the same as peer support services. Believes that the bill does not address the pay disparities within the peer workforce, as well as current workers already being underpaid. She is concerned about job loss, as the Governor's proposed budget does not protect grant funding for peer recovery services, causing concern for the possibility of funding being reallocated to other priorities. She urges the committee to not pass the bill as drafted and to convene the Taskforce to Study Peer Services.

[Advocacy Unlimited, Executive Director, Michaela I Fissel, MA:](#) opposes this bill as it lacks clarity and will further marginalize an already disenfranchised professional workforce. She shares a personal narrative about her journey of recovery and how she relied heavily on the peer recovery community which led her to pursue a career in psychology and mental health. Peer recovery support has been found to: 1) reduce hospitalizations, reduces re-hospitalization rates and the number of days spent in the hospital, 2) improves quality of life by helping people feel more hopeful, empowered, and engaged in services, 3) increases outpatient use instead of inpatient services, and 4) improves self-management and self-care.

Similar Testimony:

[Scott Forrest, Advocacy Unlimited](#)
[Jennifer Henry, Advocacy Unlimited](#)
[Aaron Jackson, Advocacy Unlimited](#)
[Alister King, Advocacy Unlimited](#)

[Carl Mancini, Advocacy Unlimited](#)
[Meagan Sweeney, Advocacy Unlimited](#)
[Melissa Tweedie, Advocacy Unlimited](#)
[Heidi Ford Viener, Advocacy Unlimited](#)

[National Alliance on Mental Illness \(NAMI\) Connecticut, Public Policy Manager, Thomas Burr:](#) opposes the bill as currently written. Believes that the Public Act No. 21-35, which established a task force to study peer support services and encourage health care providers to use these services more. He urges the Task Force to convene address the unresolved issues before moving forward with legislation.

[Certified Peer Recovery Specialist, Carol Cruz:](#) opposes this bill in its current form and believes the definitions are inadequate, stating that Peer Services provide lived experience of recovery as guidance rather than the services that a substance abuse coach or mental health

counselor provides. Imprecise definition could risk devaluation of peer support within the behavioral health system. Believes that the bill does not address inequity in pay, provide job protection for current employees, or facilitate safeguards within the proposed budget. They ask the committee to convene the Taskforce to Study Peer Services for further exploration Medicaid Reimbursement in the future.

[Barbara Albert](#): expresses opposition to the bill in its current form due to the use of the word “peer” in the bills wording. Speaks as a person who has a lived experience with various health conditions, as well as being on both Medicare and Medicaid. They believe that “peers” are not a qualified coach or counselor and therefore question the “peer support treatment mode” as a whole. They have personal experience with the Department of Mental Health and Addiction Services (DMHAS) and describes their experience as “inexcusable.” Expresses that “peers” are not treated equally financially, creating power imbalances and causing for different levels of care being given to individuals seeking help.

[Paul Downing](#): opposes this bill. Believes the bill does not have the correct definition or statute of the roles and services that the peer recovery workforce engages with. Also believes that the bill does not adequately address the inequity in pay, nor provides job protection to current employees. Argues that there needs to be more representation of the peer service community within decision making and legislation, and the lack thereof shows in this bill. They ask the committee to convene the Taskforce to Study Peer Services and open to exploring Medicaid Reimbursement in the future.

[Pamela Flack](#): expresses opposition towards the bill and notes the benefits that peer services have offered her patients. Believes that the bills current language is confusing and notes that the difference between peer specialist and people in the substance abuse field or mental health counselors is not apparent. Expresses concern over job loss if this bill is enacted.

[Certified Connecticut Peer Support Specialist, National Certified Peer Support Specialist \(NCPRSS\), Harold Grimes](#): Opposes the bill and states that peer specialists must be in sustained recovery for a certain period of time to be prepared to provide support for others. The process of training to become a peer support specialist is described.

Additional Testimony in Opposition: Similar/Identical to Above:

[Amy Grinnell, BH Care, Peer Support Specialist](#)
[Daniel Jackson, Paramedic RCN](#)
[Melissa Lombardo](#)
[Christine Puia, Community Health Resources, Recovery Support Specialist \(RSS\)](#)

[Jeffrey Santo, RSS-RIPPLE, Executive Director](#)
[Angel Serrano, RSS](#)
[Kathleen Sheffield, RSS](#)
[Valerie Tebbetts](#)
[Jenna Webb, RSS](#)

Reported by: Gracie Patriarco; Breanne Clifton

Date: April 1, 2025