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Leading mental health organizations, including the National Association of State Mental Health Program Directors (NASMHPD), Mental Health America (MHA), the Depression and Bipolar Support Alliance (DBSA), the National Association of Peer Supporters (NAPS) and the Association for Behavioral Health and Wellness (ABHW), strongly support new bipartisan legislation introduced in the House of Representatives by Rep. Judy Chu (D-CA) and Rep. Adrian Smith (R-NE) to provide Medicare coverage of peer support services for individuals with mental health or substance use disorders who are being treated in primary care and receiving integrated behavioral health services. The bill clarifies that nothing in the Medicare statute prohibits peer support specialists from providing services billed as part of integrated behavioral health. It specifies that peer support specialists' services may be billed under the collaborative care and other behavioral health integration codes in Medicare.

Peer support specialists are people with lived experience of a mental health or substance use disorder who have completed specialized training and are certified to deliver support services under appropriate state or national certification standards. This legislation provides the first comprehensive definition of peer support specialists in federal Medicare law. Peer support specialists assist individuals in achieving their recovery goals by furnishing emotional, informational, and other support services to individuals who have been diagnosed with a mental illness -- including dementia -- or a substance use disorder.

This legislation recognizes the unique role of peer support specialists as they complement therapists, case managers, and physicians as part of a coordinated team. Peer support promotes recovery by helping individuals better engage in services, manage physical and mental health conditions, build support systems, and, ultimately, live self-directed lives in their communities. Under this proposed legislation peer support specialists may be included as part of an integrated behavioral health team that includes a primary care doctor, a consulting psychiatrist, a care manager, and others.

The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes peer support as an effective, evidence-based practice. According to SAMHSA, the proven benefits of peer support include reduced hospital admission rates, increased social support and social functioning, and decreased substance use and depression.<sup>1</sup> A 2018 analysis showed that providers with peer services had 2.9 fewer hospitalizations per year and saved an average of \$2,138 per Medicaid-enrolled month in Medicaid expenditures.<sup>2</sup> As of January 2021, nearly all states allow Medicaid to be billed for peer support services.

The Veterans' Health Administration has recognized the value of peer support specialists to serve Veterans with mental health and substance use conditions. For example, a 2012 White House Executive Order to improve mental health access for veterans included a directive to hire additional peer support specialists.<sup>3</sup>

The COVID-19 crisis is exacerbating a pre-existing behavioral health workforce shortage that is particularly acute in rural areas and communities of color. This policy change represents an opportunity to develop a peer workforce that reflects the communities to be served and understands their unique mental health needs by expanding access to recovery services in primary care.

It is for these reasons that NASMHPD, MHA, DBSA, NAPS and ABHW strongly support Rep. Chu's and Rep. Smith's measure to provide Medicare coverage for peer support services for individuals with

<sup>1</sup> ["Peers Supporting Recovery from Mental Health Conditions,"](#) Substance and Mental Health Services Administration, 2017.

<sup>2</sup> Bouchery, E., Bama, M., Babalola, E., Friend, D., Brown, J., Blyler, C., Ireys, H., The Effectiveness of a Peer-Staffed Crisis Respite Program as an Alternative to Hospitalization, Psychiatric Services, August 2018

<sup>3</sup> [Executive Order -- Improving Access to Mental Health Services for Veterans, Service Members, and Military Families,](#) August 31, 2012.

mental health and substance use disorders in integrated behavioral health programs, and why we urge Congressional passage of this key legislation.