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Legal Mapping of Peer Support Specialists in Substance-Use Related Care

2024

Preliminary CDC data indicate that there were an estimated 107,543 drug overdose deaths in the United States during 2023, underscoring the ongoing overdose crisis in the United States. Public health is taking a multi-layered approach to addressing the crisis, including supporting harm reduction efforts and cultivating multi-sector partnerships to reduce stigma. One critical strategy is providing peer support to people who use drugs. Peer support during recovery is demonstrated to reduce the length of hospital stays, improve connection to substance use disorder (SUD) treatment, and improve relationships with providers and other social supports.

Peer support specialists (also known as peers) are generally defined as people who have gone through the recovery process themselves and can support others' recovery through "shared understanding, respect, and mutual empowerment." Guided by core competencies, peers can improve health outcomes by sharing resources, building skills, providing a community for those in recovery, and mentoring and helping those in recovery set goals for the future. A study conducted on the integration of peers into recovery support found increases in positive outcomes for those seeking treatment, including a nearly 20% reduction in hospitalizations, an over 65% increase in utilizing outpatient and preventative care options, an increase in buprenorphine uptake, and abstinence from opioids in the six-month period following contact with a peer within the same month as a nonfatal overdose.

Peers have been integrated into a variety of settings where people who use drugs or people who have experienced an overdose can access care, such as emergency departments, syringe services programs, inpatient and outpatient treatment centers, and carceral facilities. To assist people in their recovery journey, many jurisdictions are taking steps to support access to peer support and to assure that peers meet training and education standards.

ASTHO, with support from CDC, developed an interactive resource visualizing state and territorial laws that support access to peers in substance-use related care and standards for people working as peer support specialists as of July 1, 2023. This report highlights three policy areas outlined in the map:

1. State funding for peer support services.
2. Creating or recognizing credentials for peer support providers.
3. Requirements for professional supervision of peer support providers.

Funding Peer Support Services for SUD

Jurisdictions can facilitate access to peer support services for SUD by directly funding the services through grants or other funding mechanisms and making the services reimbursable under Medicaid. As of July 1, 2023, ASTHO identified 10 jurisdictions that provided direct state funding, often in the form of grants to providers. For example, West Virginia law (W. Va. Code §16-53-1) directs the Secretary of Human Services to ensure availability of SUD treatment or recovery services throughout the state and allocate funds to appropriate facilities that provide recovery services, including peer-led facilities that follow National Alliance for Recovery Residences standards and offer access to peer support services. National opioid settlement funds are another source of funding that can be used to offer peer support services. For example, Maryland law (Md. State Finance and Procurement Code Ann. § 7-331), established the state Opioid Restitution Fund and designates peer support services as an appropriate use of fund dollars.

There are also several pathways for states to extend Medicaid coverage for peer support services, although generally states must seek the Centers for Medicare and Medicaid Services (CMS) approval, often through a State Plan Amendment (SPA), to implement the change and begin reimbursement. Recognizing that peer services are an evidence-based service for people with SUD, CMS issued guidance to state Medicaid directors on ways to extend coverage for the services. As of 2018, at least 37 state Medicaid programs covered peer support services for SUD in some form. While not every state needed to pass legislation to extend Medicaid coverage to peer support services, ASTHO identified 27 jurisdictions that had a statute or rule specifically outlining Medicaid reimbursement for peer support services as of July 1, 2023.

Credentialing and Supervision of Peer Support Specialists

Peers can provide support formally or informally, with many doing so without obtaining a specific credential or training. For peer support services to be reimbursed by Medicaid, however, a peer support specialist must complete training and a certification program defined by the jurisdiction. These requirements can be outlined in the jurisdiction's Medicaid State Plan, not necessarily in state statute or rule. For example, although ASTHO was unable to identify a state law outlining or recognizing a peer support credential in Pennsylvania, the state has been providing Medicaid reimbursement for the services through a SPA that outlines training, credentialing, and supervisory requirements. In January 2024, CMS approved a new Pennsylvania SPA to make it easier for a person with lived experience to become a certified peer support specialist whose services are reimbursable under Medicaid. The new SPA removed a requirement for a peer support specialist to obtain a high school diploma or GED and asks a person to attest that they have "reached a place on their recovery pathway where they can positively support others in similar situations."

ASTHO identified 34 jurisdictions with laws creating or recognizing a credentialling process for peer support specialists as of July 1, 2023. Of those, 29 jurisdictions require individuals to complete formal training prior to being credentialed as a peer and 16 jurisdictions had laws requiring supervisors to hold a professional license. Additionally, ASTHO identified five jurisdictions that require a person to be abstinent while employed as a certified peer support specialist. For example, Idaho's law (IDAPA 16.07.19.250) requires Certified Peer Support Specialists to adhere to a professional code of conduct that includes not abusing "substances under any circumstances" while employed as a Certified Peer Support Specialist.

Legislatures are continuing to expand supports for peers, with at least three states enacting laws recognizing a peer support credential or amending their existing peer support credential effective after July 1, 2023. For example, Delaware enacted HB 160 (2023) recognizing a certified peer recovery specialist as a person holding a certification issued by the Delaware Certification Board. Montana enacted HB 137, requiring a person to receive a peer support specialist license in order to practice in the state. Washington state enacted SB 5555, establishing a state certified peer specialist advisory committee to provide the health department recommendations on topics like improving the process to become a peer support specialist, continuing education, and improving patient and client education on the services.

Conclusion

The overdose crisis remains a highly concerning public health problem and a multi-layered approach is needed to reduce preventable overdose deaths. State and territorial health agencies have moved to integrate peers into overdose prevention services at multiple levels of care, which can result in higher levels of induction and continuation of care among people who use drugs. This could result in reduced harm related to drug use and overdose. Additional considerations to build on these policy changes could include partnering with insurers—including Medicaid—to provide coverage for services provided by peers, leveraging varying funding streams such as grants and opioid settlement funds to integrate peers across the continuum of care, and utilizing resources to integrate peers throughout settings where people who use drugs interact with the healthcare system.