

## Insurance and Real Estate Committee JOINT FAVORABLE REPORT

**Bill No.:** HB-5270

AN ACT CONCERNING PEER SUPPORT SPECIALISTS AND REQUIRING HEALTH INSURANCE COVERAGE FOR OUTPATIENT PEER SUPPORT

**Title:** SERVICES PROVIDED BY CERTIFIED PEER SUPPORT SPECIALISTS.

**Vote Date:** 3/14/2019

**Vote Action:** Joint Favorable Substitute

**PH Date:** 3/5/2019

**File No.:**

***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:

Insurance and Real Estate Committee

Rep. David Michel, 146<sup>th</sup> Dist.

Rep. Cristin McCarthy Vahey, 133<sup>rd</sup> Dist.

Rep. Josh Elliott, 88<sup>th</sup> Dist.

Rep. Jeff Currey, 11<sup>th</sup> Dist.

### REASONS FOR BILL:

To adopt insurance coverage for outpatient care provided by certified peer support specialists, while also outlining the licensing procedure to make it legally official.

### SUBSTITUTE LANGUAGE:

**LCO #5841** which removed Section 1 from the original bill, added the parameters in place of “peer support services” in Sections 2 & 3, and renamed the sections accordingly. Also, included the date of enactment in each section.

### RESPONSE FROM ADMINISTRATION/AGENCY:

**Connecticut Conference of Municipalities** testified in opposition, stating “state-mandated expansions of health insurance coverage would increase insurance costs for towns and cities.”

**Raul Pino, M.D., M.P.H., Commissioner, Department of Public Health** wrote testimony in opposition to the bill because it creates requirements for the department to establish a scope of services that peer support specialists are to provide, and regulate certification—something

they say many associations already do, and that the Department does not have existing resources to accommodate. The Department recommends that should the legislation move forward that there be language outlining parameters for the title of Certified Peer Support Specialist.

#### **NATURE AND SOURCES OF SUPPORT:**

**Susan Kelley, Director of Advocacy and Policy, NAMI** cited the federal Substance Abuse and Mental Health Services Administration which recognizes peer support as one of the ten components to recovery.

**Representative David Michel, 146<sup>th</sup> District** wrote in testimony that DMHAS consolidated mental health and addiction boards into Behavioral Health Boards reinforcing the need to assure those needing the support get it effectively and at an optimal cost. Also, Rep. Michel offers a potential language change in line 6 of possibly changing “mental health” to “behavioral health”, but also sees potential negative consequences of that change.

**Suzi Craig, Senior Director of Policy, Mental Health Connecticut** supports this bill because peer support specialists operate well in addition to a therapist or other members of a treatment plan. She states that the data on these specialists significantly reduce care costs for patients while lowering hospitalization rates, length of stay, and rehospitalization by improving care quality and offering health alternatives. “Mental Health CT is the New England testing site for Mental Health America’s National Certified Peer Specialist certification.”

**Thomas Burr, Community and Affiliate Relations Manager, NAMI** testified in support because these specialists provide more real experience and perspective than most clinical staff.

**Susan Kelley, Director of Advocacy and Policy, NAMI** cited the federal Substance Abuse and Mental Health Services Administration which recognizes peer support as one of the ten components to recovery. She states that reimbursement for peer support should be passed for insurers, particularly Medicaid, because as of now much of the funding for the services comes from Department of Mental Health and Addiction services through grants.

**Marcia DuFore, North Central Regional Mental Health Board** testified in support by sharing a story of a person close to her who struggled with opioid addiction, and how Marcia was able to connect her with a solid network of people who were able to help her beat the addiction. She states that this would not be possible without her or peer support, and that when hospitalized for addiction, many times you simply wait for release with no guidance of what is next.

**Kathleen Flaherty, Esq., Executive Director, CT Legal Rights Project, INC.** testified in support of this bill because it creates a new type of parity between services provided in the public and private insurance plans. She states that if both markets were to cover certified peer support services, availability would be extended to the 80% of the state with private insurance. Also, she states it provides employment opportunities for people in recovery.

The following people wrote about their support for this bill due to personal experiences which have lead them to consult with or become a peer support specialist—usually after consulting

clinical care for years and getting a feeling that something was missing—which has aided both parties immensely in their recovery.

**Matthew Reilly** wrote that “sometimes traditional care is not enough to feel connected”, and elaborates on how finding a peer support specialist has helped him in an understanding, empathetic, non-clinical manner.

**David Woodworth**

**Melissa Thomas**

**Jeffrey Santo, RSS, RIPPLE**

**NATURE AND SOURCES OF OPPOSITION:**

None Expressed.

**Reported by: Logan Cotter**

**Date: 03/28/19**