

Department of Legislative Services  
Maryland General Assembly  
2018 Session

**FISCAL AND POLICY NOTE**  
**Third Reader - Revised**

Senate Bill 765

(Senator Mathias, *et al.*)

Finance

Health and Government Operations

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**Maryland Department of Health – Reimbursement for Services Provided by  
Certified Peer Recovery Specialists – Workgroup and Report**

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This bill requires the Secretary of Health to convene a stakeholder workgroup to make findings and recommendations on issues related to the reimbursement of certified peer recovery specialists, including (1) whether statutory or regulatory changes are required and (2) whether a Medicaid State Plan Amendment is required. The workgroup must include specified representatives. By December 1, 2018, the Secretary must submit a report on the workgroup's findings and recommendations to the Governor and the General Assembly. **The bill takes effect July 1, 2018, and terminates December 31, 2018.**

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**Fiscal Summary**

**State Effect:** The Maryland Department of Health can convene the stakeholder workgroup and submit the required report within existing budgeted resources. Revenues are not affected.

**Local Effect:** None.

**Small Business Effect:** None.

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**Analysis**

**Current Law/Background:** Peer recovery specialists provide direct peer-to-peer support services to individuals with mental health, substance use, or co-occurring disorders. Peer recovery specialists are certified through the Behavioral Health Administration (BHA), in conjunction with the Maryland Addiction and Behavioral Health Professional Certification Board. According to BHA, due to their lived experience, certified peer recovery specialists

can, with specialized training and guidance, draw from their own journey of recovery to inspire hope and provide support to others who are facing similar situations.

Under Medicaid, states have the option to offer peer support services as a component of the mental health and substance use service delivery system. According to the federal Centers for Medicaid and Medicare Services, reimbursement of peer support services must be based on an identified unit of service and be provided by one peer support provider, based on an approved plan of care. At a minimum, supervision must be provided by a competent mental health professional; peer support services must be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals; and peer support providers must complete training and certification as defined by the state.

According to the National Conference of State Legislatures, as of 2016, at least 36 states permit providers to bill Medicaid for mental health peer support services.

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### **Additional Information**

**Prior Introductions:** None.

**Cross File:** HB 772 (Delegate Hayes, *et al.*) - Health and Government Operations.

**Information Source(s):** Centers for Medicare and Medicaid Services; National Conference of State Legislatures; Maryland Department of Health; Department of Legislative Services

**Fiscal Note History:** First Reader - February 25, 2018  
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Analysis by: Jennifer B. Chasse

Direct Inquiries to:  
(410) 946-5510  
(301) 970-5510