

TESTIMONY IN SUPPORT OF HB0886 (HB 886)

Certified Peer Recovery Specialists – Coverage Under the Maryland Medical Assistance Program and Health Insurance & Workgroup on Certification

Position: FAVORABLE

Chair, Vice Chair, and members of the Committee,

Thank you for the opportunity to submit testimony in support of HB0886. My name is **William Merrick**, and I am a **Certified Peer Recovery Specialist (CPRS)**. I'm also someone who has seen up close what happens when people are fighting for their lives, and the support they need is treated like a "nice-to-have" instead of the essential healthcare service it truly is.

HB0886 matters because it does something simple but powerful: it treats **peer recovery support as real, covered care**; not charity, not a temporary pilot, and not something that only exists when a grant happens to come through. This bill requires the Maryland Medical Assistance Program and a range of private health coverage entities (including insurers, nonprofit health service plans, HMOs, and managed care organizations) to cover **services provided in any setting by certified peer recovery specialists**.

Why I'm asking you to support this bill

When someone is at their lowest, the gap between "I want help" and "I can actually get help" can be razor thin. And that gap is where people relapse, disappear, overdose, give up, or get pulled back into cycles that cost families and communities everything.

Peers help close that gap.

A CPRS isn't replacing clinicians; we're **strengthening the whole care team**. We do the work that makes treatment stick in real life: building trust, helping people stay engaged, troubleshooting barriers, and reminding someone who feels hopeless that they are still a human being worth fighting for. That kind of support is not "extra." It's often the thing that keeps someone coming back tomorrow.

HB0886 creates consistent coverage—and that consistency saves lives

HB0886 requires Medicaid coverage for CPRS services beginning **January 1, 2027**, by adding peer services to what the Maryland Medical Assistance Program must cover.

It also makes clear that managed care organizations must follow the same coverage requirement.

That statewide consistency matters because right now, access to peer support can feel like a zip-code lottery. In one setting, a peer is embedded and available; in another, people are told to

wait, or there is no peer support at all because the program can't sustain the role without outside funding. Recovery doesn't wait. Cravings don't wait. Crisis doesn't wait. Coverage creates stability.

And the bill is clear that coverage is for peer services **“in any setting”**—not just one facility type, not just one level of care, not just wherever a grant happened to place a peer.

That language is huge, because recovery support shows up everywhere: community programs, clinics, hospitals, outreach, reentry, and more.

This bill supports both Medicaid and private coverage—and that's what “whole-system” change looks like

HB0886 isn't only about Medicaid. It also applies to private health coverage entities (insurers, nonprofit plans, and HMOs) that provide hospital, medical, or surgical benefits in Maryland.

In plain terms: it helps create a more level playing field so peer recovery services aren't treated as optional depending on what card someone pulls out of their wallet.

When we build coverage into the system, we get:

- **More consistent access** to peer support for people who need it most
- **Better continuity of care** (people don't lose support when they change programs or insurance)
- **Stronger workforce stability** (programs can hire and retain peers instead of constantly scrambling)
- **Less overreliance on grants**, which are important; but not a sustainable foundation for essential services

The certification pathway should be efficient, fair, and modern—and HB0886 addresses that too

HB0886 also requires the Maryland Department of Health to convene a workgroup with the Maryland Addiction & Behavioral–Health Professionals Certification Board and other stakeholders to identify ways to make the certification process **more efficient**, including **reciprocity**, and to report findings and whether additional legislation is needed.

That's not just paperwork—this is workforce development.

When certification pathways are confusing, slow, or inconsistent, we lose good people. We lose peers who want to serve but can't afford delays. We lose capacity while communities are hurting right now. A workgroup focused on efficiency and reciprocity means Maryland can protect quality while also removing unnecessary barriers that keep qualified peers from stepping into the field and staying in it.

The bill also clearly anchors who qualifies: a CPRS must be certified by the Maryland Addiction and Behavioral–Health Professionals Certification Board.

That keeps standards intact while expanding access.

What this looks like on the ground

Let me paint the picture without sugarcoating it:

A person can be “enrolled” in treatment and still be completely alone. They can have appointments on the calendar and still be drowning in shame, fear, and chaos. They can know what they’re “supposed” to do and still not have the support to do it. Peer support is often the first place someone finally says the truth out loud.

Peers help people:

- stay connected when motivation drops
- navigate systems that feel overwhelming
- rebuild routines and relationships
- develop practical relapse prevention strategies
- find purpose again (which is a bigger protective factor than most people realize)

When that work isn’t reimbursable, it becomes fragile. Programs cut peer positions first. Caseloads spike. Turnover increases. And the people who pay the price are the patients—especially Medicaid recipients who already face barriers to care.

Effective dates and implementation

HB0886 provides clarity on implementation by applying coverage requirements to policies, contracts, and health benefit plans issued, delivered, or renewed on or after **January 1, 2027**, with Section 1 taking effect **January 1, 2027**.

The bill also states the Act generally takes effect **July 1, 2026**, except where otherwise specified.

This timeline gives the system time to prepare while setting a clear expectation that Maryland is moving forward.

Closing

HB0886 is about dignity, access, and sustainability. It’s about making sure peer recovery support isn’t treated like a temporary add-on but recognized as part of the healthcare continuum it already is. When you reimburse peer services through Medicaid and require coverage across payers, you strengthen outcomes, stabilize the workforce, and, most importantly, you give people a better shot at staying alive long enough to build a life they actually want.

I respectfully urge the Committee to issue a **Favorable Report** on HB0886.

Respectfully submitted,

William Merrick, RCPF, CPRS, CCHW