

114TH CONGRESS
2D SESSION

H. R. 5330

To provide for a report on best practices for peer-support specialist programs, to authorize grants for behavioral health paraprofessional training and education, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 25, 2016

Mr. BEN RAY LUJÁN of New Mexico (for himself, Mrs. NAPOLITANO, Mr. LOEBSACK, Mr. MCNERNEY, Ms. CLARKE of New York, and Mr. HASTINGS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for a report on best practices for peer-support specialist programs, to authorize grants for behavioral health paraprofessional training and education, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Peer-Support Spe-
5 cialist Act of 2016”.

1 **SEC. 2. REPORT ON BEST PRACTICES FOR PEER-SUPPORT**
2 **SPECIALIST PROGRAMS, TRAINING, AND CER-**
3 **TIFICATION.**

4 (a) IN GENERAL.—Not later than 2 years after the
5 date of enactment of this Act, the Secretary of Health and
6 Human Services shall submit to the Congress and make
7 publicly available a report on best practices and profes-
8 sional standards in States for—

9 (1) establishing and operating health care pro-
10 grams using peer-support specialists; and

11 (2) training and certifying peer-support special-
12 ists.

13 (b) PEER-SUPPORT SPECIALIST DEFINED.—In this
14 subsection, the term “peer-support specialist” means an
15 individual who—

16 (1)(A) uses his or her lived experience of recov-
17 ery from mental illness or a substance use disorder,
18 plus skills learned in formal training, to facilitate
19 support groups, and to work on a one-on-one basis,
20 with individuals with a serious mental illness or a
21 substance use disorder;

22 (B) has benefitted or is benefitting from mental
23 health or substance use treatment services or sup-
24 ports;

25 (C) provides non-medical services; and

1 (D) performs services only within his or her
2 area of training, expertise, competence, or scope of
3 practice;

4 (2)(A) uses his or her lived experience as the
5 parent or caregiver of an individual with mental ill-
6 ness or a substance use disorder, plus skills learned
7 in formal training, to facilitate support groups, and
8 to work on a one-on-one basis, with individuals with
9 a serious mental illness or a substance use disorder;

10 (B) provides non-medical services; and

11 (C) performs services only within his or her
12 area of training, expertise, competence, or scope of
13 practice; or

14 (3) otherwise meets criteria specified by the
15 Secretary of Health and Human Services for defin-
16 ing a peer-support specialist.

17 (c) CONTENTS.—The report under this subsection
18 shall include information on best practices and standards
19 with regard to the following:

20 (1) Hours of formal work or volunteer experi-
21 ence related to mental health and substance use
22 issues.

23 (2) Types of peer-support specialists used by
24 different health care programs.

25 (3) Types of peer specialist exams required.

1 (4) Code of ethics.

2 (5) Additional training required prior to certifi-
3 cation, including in areas such as—

4 (A) ethics;

5 (B) scope of practice;

6 (C) crisis intervention;

7 (D) State confidentiality laws;

8 (E) Federal privacy protections, including
9 under the Health Insurance Portability and Ac-
10 countability Act of 1996; and

11 (F) other areas as determined by the Sec-
12 retary of Health and Human Services.

13 (6) Requirements to explain what, where, when,
14 and how to accurately complete all required docu-
15 mentation activities.

16 (7) Required or recommended skill sets, such as
17 knowledge of—

18 (A) risk indicators, including individual
19 stressors, triggers, and indicators of escalating
20 symptoms;

21 (B) basic de-escalation techniques;

22 (C) basic suicide prevention concepts and
23 techniques;

24 (D) identifying and responding to trauma;

25 (E) stages of change or recovery;

1 (F) the typical process that should be fol-
2 lowed to access or participate in community
3 mental health and related services;

4 (G) effectively working in care teams and
5 facilitating the coordination of services; and

6 (H) supporting individuals in meeting the
7 consumer's recovery goals.

8 (8) Requirements for continuing education.

9 **SEC. 3. PEER PROFESSIONAL WORKFORCE DEVELOPMENT**
10 **GRANT PROGRAM.**

11 (a) IN GENERAL.—For the purposes described in
12 subsection (b), the Secretary of Health and Human Serv-
13 ices shall award grants to develop and sustain behavioral
14 health paraprofessional training and education programs,
15 including through tuition support.

16 (b) PURPOSES.—The purposes of grants under this
17 section are—

18 (1) to increase the number of behavioral health
19 paraprofessionals, including trained peers, recovery
20 coaches, mental health and addiction specialists, pre-
21 vention specialists, and pre-masters-level addiction
22 counselors; and

23 (2) to help communities develop the infrastruc-
24 ture to train and certify peers as behavioral health

1 paraprofessionals, including necessary internship
2 hours for credentialing.

3 (c) ELIGIBLE ENTITIES.—To be eligible to receive a
4 grant under this section, an entity shall be a community
5 college, training or credentialing program, or other entity
6 the Secretary of Health and Human Services deems ap-
7 propriate.

8 (d) GEOGRAPHIC DISTRIBUTION.—In awarding
9 grants under this section, the Secretary of Health and
10 Human Services shall seek to achieve an appropriate na-
11 tional balance in the geographic distribution of such
12 awards.

13 (e) SPECIAL CONSIDERATION.—In awarding grants
14 under this section, the Secretary of Health and Human
15 Services may give special consideration to proposed and
16 existing programs targeting peer professionals serving
17 youth ages 16 to 25.

18 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry
19 out this section, there is authorized to be appropriated
20 \$10,000,000 for each of fiscal years 2017 through 2021.

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