Human Services Committee
JOINT FAVORABLE REPORT

Bill No: HB-5480 / Bill Status / Public Hearing Testimony
Title: AN ACT CONCERNING PEER SUPPORT SERVICES UNDER THE MEDICAID PROGRAM.
Vote Date: 3/19/2026
Vote Action: Joint Favorable Substitute
PH Date: 3/10/2026
File No.:

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SPONSORS OF BILL:

Human Services Committee

REASONS FOR BILL:

This bill requires Medicaid reimbursement for peer support services. Through this legislation, the Committee hopes to make this form of recovery-based behavioral health and addiction recovery services more easily accessible for lower-income constituents.

SUBSTITUTE LANGUAGE (IF APPLICABLE):

The substitute language changes "may" to "shall" concerning "lived experience" requirements.

RESPONSE FROM ADMINISTRATION/AGENCY:

Andrea Barton Reeves, Commissioner of the Department of Social Services: The Commissioner opposes this bill. She states that because of the benefits of peer support services for those with substance abuse disorders, DSS already allows for the reimbursement of these services in residential substance abuse disorder treatments. Additionally, she notes that these specialists are also a part of intensive care management teams that work with Connecticut Medicaid's behavioral health administrative services organization, Carelon. Additionally, federally qualified health centers and other entities that are participating in DSS' Person-Centered Medical Home Plus initiative have included community health workers and peer support specialists into their care teams. DSS strongly supports value-based payment arrangements, as opposed to fee-for-service payments, to enable local providers to add peer support specialists in their work. Moreover, the Department is exploring the addition of these workers in programs such as home visiting, justice-involved demonstration waivers, and care coordination. Due to budget constraints, DSS does not support this bill and instead argues

that reimbursement for community health workers and peer supports can be funded through care teams that employ these workers with value-based payment models.

Nancy Navarretta, Commissioner of the Department of Mental Health and Addiction Services: The Commissioner highlights the different programs within DMHAS that include peer support specialists. They advocate for the inclusion of peer support services in the continuum of care and note that Medicaid already covers peer services in certain programs. The Medicaid agency and the Office of Policy and Management are critical when considering these proposals, and DMHAS stresses that their input is required to understand the fiscal and operational impacts of any extensions in Medicaid reimbursement. The Department requests to be a part of any future conversations regarding this matter.

Sean Scanlon, State Comptroller for the Office of the State Comptroller: The Comptroller supports this bill, stating that Connecticut's peer support network receives patchwork funding instead of a more durable reimbursement infrastructure. He argues that this hinders organizations from adding more peers into their care teams and programs. Through this bill, he highlights that it would move the state to a braided funding model in which Medicaid reimbursement works alongside existing grants. It would serve to create a more sustainable revenue stream and improve the integration of these workers into the healthcare system.

NATURE AND SOURCES OF SUPPORT:

The Connecticut Hospital Association (CHA): The CHA supports this bill, as it would aid in the development of a robust behavioral healthcare continuum workforce. This allows for more support in high-demand behavioral health environments and can help patients navigate healthcare and social service systems. They recommend that these specialists should meet consistent training and qualification standards and that Medicaid reimbursement policies should be carefully designed to maintain adequate payment rates, high-quality standards, and administrative feasibility.

Monika Nugent, Manager of Public Policy and Advocacy for The Alliance: The Alliance advocates for this bill, stating that it recognizes that peer support services are a crucial part of behavioral health treatment and recovery. Without grants, many nonprofit providers are not able to afford these services for their patients, and thus this bill would address that issue.

Thomas Burr, Public Policy Manager at the National Alliance on Mental Illness Connecticut (NAMI): Mr. Burr and NAMI support this bill because they argue that peers are vital for people with mental health conditions to achieve long-term recovery. He reports that lacking the ability to bill their services through HUSKY has caused difficulty for peer support specialists in finding gainful employment. Additionally, he argues that this bill will reduce hospital readmissions and emergency room visits while increasing treatment retention.

Jeffrey Santo, Recovery Support Specialist and Executive Director of Recovery Innovations for Pursuing Peer Leadership and Empowerment (RIPPLE): Mr. Santo supports the intention of the bill, but has reservations on the structure of the bill. He argues that the bill as written would unintentionally limit reimbursement to workers within clinical provider organizations. By prioritizing clinical settings, he testifies that this could reduce funding to other types of organizations that already have difficulties with sustainable funding sources. Additionally, he raises concern about the definition of a peer support specialist including the word "may" in it, which would potentially allow someone without lived experience in recovery to become a specialist. This could result in specialists who cannot effectively help patients. Moreover, he stresses the need for transparency and clear professional standards for specialist certifications. Without these changes, he worries that it could

harm the integrity of these programs and work against creating a stable foundation for this support network.

Aleece Kelly, Director of System Development and Policy at the Child Health and Development Institute (CHDI): Ms. Kelly offers her support for the bill and cites a forthcoming report that the CHDI did with the Connecticut Children's Behavioral Health Plan Implementation Advisory Board. The report's main recommendation is for the state to provide Medicaid reimbursements for family and youth peer support services because of the positive impact on engagement and the completion of behavioral health treatment. She makes several suggestions, such as expanding the definition of peer support specialist and broadening allowable certifications to include those of peer support.

Michaela Fissel, Executive Director for Advocacy Unlimited: Ms. Fissel, who works at an organization that provides peer led recovery resources, supports this bill and argues that peer support services are effective and cost-efficient. She makes several recommendations, which include safeguards for funding already allocated to peer support, integrating these workers in Title 20 Professional and Occupational Licensing, Certification, Title Protection and Registration, and establishing a task force to study said integration of peer support workers.

Carl Mancini, Business Manager for Advocacy Unlimited: Mr. Mancini supports this bill and cites his personal experiences in the healthcare system, which contained gaps that peer support services filled. He emphasizes that this bill will expand these services to more people, which helps underserved communities, reduces wait times, reduces hospitalizations, and increases engagement in recovery. Additionally, he supports adding these services to Title 20.

Jennifer Henry, Program Specialist for Advocacy Unlimited: Ms. Henry testifies in support of the bill as a person in recovery that utilized peer support services in her journey. She says that these services helped her in areas where clinical services have limitations.

Kathy Flaherty, Executive Director of the CT Legal Rights Project: Ms. Flaherty, who works for an organization that provides legal resources to low-income adults with serious mental health conditions, supports this bill because it would allocate a sustainable source of funding for services that lead to healing and recovery.

Nathan Colome, Program Manager at Madonna Place Family Support Center: Mr. Colome voices support for the bill, stating that it helps to expand access to diaper donations and supports the work of the Diaper Bank of Connecticut. From his work, he testifies that consistent access to diapers allows families to have greater economic stability and healthy children.

Lance Holwitt: Mr. Holwitt is a high school student who supports this bill because he believes that Medicaid is crucial to our state, and cites an NIH article that highlights the importance of peer support services.

NATURE AND SOURCES OF OPPOSITION:

Two anonymous testifiers oppose the bill because it would increase government taxing and spending.

Reported by: Mia Giglietti **Date: March 30, 2026**