

# Peer Support Recovery Services Policy Landscape and Analysis



NATIONAL COUNCIL  
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# Core Statutory Building Blocks

Across the country, states are moving toward formalizing and professionalizing the peer support workforce through legislation. While statutory definitions and certification are becoming widespread, the deeper infrastructure needed for scale and sustainability is still catching up.

Over 40 jurisdictions now define “peer support specialist” or a similar title in state laws. Certification pathways often include requirements like lived experience, standardized training, successfully completing a qualifying exam and continuing education. California and Washington both stand out: California has implemented a statewide core competency framework through its counties, and Washington’s two-tier credential distinguishes between trainees and fully certified peers.

Many states are careful to define peer roles as nonclinical but billable, emphasizing functions like coaching, resource navigation, crisis support and system linkage. Statutes often make it clear that peers are not permitted to deliver clinical services without additional licensure. For example, [Oklahoma’s statutes specify](#) that certified peer support specialists may not practice any clinical professions unless also licensed by the appropriate authority.

## *Financing and Medicaid alignment*

While state-level recognition of the peer role is becoming common, consistent financing remains a major gap. Roughly 15 states have language in statutes either authorizing Medicaid reimbursement for peer services or directing state agencies to pursue approval from the Centers for Medicare and Medicaid Services (CMS). Colorado and Illinois are leading examples — Colorado with its Medicaid state plan amendment (SPA) for peer recovery organizations, and Illinois with a legislative mandate to cover peer recovery support services (PRSS) through Medicaid.

Many other states are relying on pilot programs, county initiatives or opioid settlement dollars to fund peer services. California’s county-level pilots and Delaware’s Opioid Impact Fund earmark are working examples of this stop-gap approach.

## *Workforce supply and capacity*

Statutes are beginning to address the need for a stronger pipeline of qualified peers and the infrastructure to support them once hired. States like Minnesota and Massachusetts have launched grant-funded training and mentorship programs to help grow the peer workforce. These types of supports are becoming more common in states that are serious about scaling PRSS. A handful of states are investing in peer-specific supervision or advanced credentialing pathways. Washington, for example, is exploring an advanced peer license that could help with retention and career progression.

## *Background check reform and fairness*

Impediments to entry, especially for people with criminal records, remain a major issue. A few states are taking proactive steps to fix this. Arkansas, Louisiana and Florida have all passed legislation to reduce look-back periods (i.e., the span of time a background check covers) or allow waivers for certain nonviolent offenses. These reforms make it more possible for people with lived experience, especially those with prior substance-related offenses, to be employed as peers.

Some states are building fairness into the system by prioritizing hiring that considers context, surrounding circumstances and community factors. For example, California’s statute includes intentional language around demographic representation, and Minnesota has implemented grants to support hiring in communities that are insufficiently represented.

## Service integration mandates

Statutes are also beginning to position peer roles within specific care settings, though these mandates are often unfunded. Peers are now explicitly required or encouraged in various programs such as:

- Certified Community Behavioral Health Clinics (CCBHCs) (e.g., West Virginia and Kentucky)
- Mobile crisis teams (e.g., New York)
- Overdose response and campus mental health programs (e.g., Illinois)

Alaska has even codified confidentiality protections for peer support within first responder programs, illustrating how states are identifying and formalizing new peer use cases.

## Challenges

Although legislative progress is significant, several major challenges could limit the effectiveness and sustainability of peer support systems:

- Certification often outpaces the availability of stable funding mechanisms.
- Most states with certification programs still don’t have Medicaid billing pathways in place, forcing agencies to braid short-term grants or opioid settlement funds.
- Reciprocity is still rare; peers can’t easily move between states without recertifying.
- Few states require outcome tracking or link PRSS reimbursement to performance metrics.
- According to [National Council for Mental Wellbeing data](#), 78% of providers report difficulty filling peer positions and cite inadequate supervision as a contributing factor.
- Only [67% of CCBHCs](#), which are a strong platform for peer integration, report employing certified peers in direct care roles.

## Opportunities for Strategic Advancement

There are clear areas where targeted support and technical assistance could make a meaningful difference:

- Help states establish certified peer support services as billable services by offering support to draft Medicaid SPAs and reimbursement rates.
- Share model waiver language for background check reform to remove hiring barriers for people with lived experience.
- Develop peer supervisor micro-credentials and fund context-aware training pathways.
- Assist states in earmarking opioid settlement dollars or other trust funds for peer workforce development.

# PRSS Policy Landscape

## What statutes and regulations cover

Most states have progressed to the point of recognizing and certifying peer support specialists, but the work to fund, supervise and sustain this workforce remains uneven. With strategic investments in policy, training and technical assistance, there’s a clear pathway to close these gaps and scale peer services in ways that are fair, financially viable and grounded in outcomes.

Dimension	Current Coverage	Key Examples
<b>Legal definition of “peer” and statutory certification pathway</b>	Over 40 jurisdictions define the role; 32 enshrine certification in statute; 18 rely only on a nonstatutory credentialing body.	<ul style="list-style-type: none"> <li>California’s statewide model</li> <li>Washington state credential (effective July 1, 2025)</li> </ul>
<b>Dedicated funding line (grants, set asides) or Medicaid SPA for PRSS</b>	Less than one-third of states authorize recurring dollars; pilot programs dominate.	<ul style="list-style-type: none"> <li>California Medi-Cal county pilots</li> <li>Colorado reimbursement through recovery support services organizations</li> </ul>
<b>Explicit Medicaid/insurer reimbursement codes</b>	Most states/territories still await CMS approval or rely on time-limited waivers; 15 states address reimbursement in statute.	<ul style="list-style-type: none"> <li>West Virginia’s CCBHC SPA includes peers as a required service.</li> </ul>
<b>Workforce integration mandates</b>	Twelve states require peers in specified settings, such as CCBHCs, emergency department-based overdose programs and crisis lines.	<ul style="list-style-type: none"> <li>Wisconsin’s emergency department overdose follow-up program uses peer coaches.</li> </ul>
<b>Criminal history flexibility to hire staff with lived experience</b>	Only eight states carve out exemptions.	<ul style="list-style-type: none"> <li>Arkansas, Florida, Louisiana and Utah offer the broadest relief.</li> </ul>

## Summary of state and territorial law provisions

**Definition** – State/territory law defines peer support specialist, peer recovery specialist, peer recovery support specialist, peer support professional or similar title.

**Certification** – State/territory law provides for certification as a peer support specialist, peer recovery specialist, peer recovery support specialist, peer support professional or similar title. A square (□) indicates that there is no law related to certification, but there is a certifying body in the state/territory.

**Funding** – The state/territory has authorized funding for peer support services through either one-time funding or a program that includes peer services, or it has required a funding source for peer services.

**Reimbursement** — State/territory law addresses reimbursement for peer services by including peer support services as a reimbursable service, requiring the development of reimbursement rates or a process for reimbursement. This column does not reflect the 40 or more states/territories that reimburse for peer support services through Medicaid.

**Workforce Integration** – State/territory law addresses the role of peers in responding to the health care workforce shortage, or it requires peers to be employed in specific health care settings such as CCBHCs or crisis response services.

**Criminal History** – State/territory law exempts peers from certain criminal history requirements.

State or Territory	Definition	Certification	Funding	Reimbursement	Workforce Integration	Criminal History
Alabama		<input type="checkbox"/>				
Alaska						
Am. Samoa						
Arizona		<input type="checkbox"/>				
Arkansas		•				•
California	•	•	•	•		
Colorado	•	•	•			
Connecticut	•	<input type="checkbox"/>	•			
District of Columbia	•	•				•
Delaware	•	•	•			
Florida	•	•				•
Georgia		•				
Guam						
Hawaii	•	<input type="checkbox"/>	•	•		
Idaho	•	<input type="checkbox"/>				
Illinois	•	•		•		
Indiana		<input type="checkbox"/>				
Iowa		<input type="checkbox"/>				
Kansas		<input type="checkbox"/>				
Kentucky	•	•		•		
Louisiana	•	<input type="checkbox"/>				•
Maine		<input type="checkbox"/>				
Maryland	•	•				
Massachusetts		•			•	

indicates the state/territory has a certifying body but no law related to certification.

State or Territory	Definition	Certification	Funding	Reimbursement	Workforce Integration	Criminal History
Michigan		<input type="checkbox"/>	•			
Minnesota	•	•	•	•		
Mississippi		<input type="checkbox"/>				
Missouri		<input type="checkbox"/>				
Montana	•	•	•	•		
Nebraska		<input type="checkbox"/>			•	
Nevada		<input type="checkbox"/>				
New Hampshire	•	•				
New Jersey		<input type="checkbox"/>				
New Mexico		<input type="checkbox"/>				
New York	•	•				
North Carolina	•	•		•		
North Dakota	•	•				
North Meridian Islands						
Ohio		<input type="checkbox"/>				
Oklahoma	•	•	•			
Oregon	•	•	•			
Pennsylvania		<input type="checkbox"/>				
Puerto Rico						
Rhode Island		•			•	
South Carolina		<input type="checkbox"/>				
South Dakota						
Tennessee		<input type="checkbox"/>				
Texas		•				
Utah	•	•				
Vermont	•	•				
U.S. Virgin Islands	•					
Virginia	•	•				•
Washington	•	•	•	•	•	•
West Virginia		<input type="checkbox"/>			•	
Wisconsin	•	<input type="checkbox"/>				
Wyoming		<input type="checkbox"/>				

indicates the state/territory has a certifying body but no law related to certification.