

119TH CONGRESS
1ST SESSION

S. 1329

To address the behavioral health workforce shortages through support for peer support specialists, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 8, 2025

Mr. KAINE (for himself, Mr. BANKS, Ms. BALDWIN, Ms. MURKOWSKI, and Mr. WYDEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To address the behavioral health workforce shortages through support for peer support specialists, 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 “Providing Empathetic
5 and Effective Recovery Support Act” or the “PEER Sup-
6 port Act”.

7 **SEC. 2. DEFINITION OF PEER SUPPORT SPECIALIST.**

8 (a) IN GENERAL.—In this Act, the term “peer sup-
9 port specialist” means an individual—

1 (1)(A) who has lived experience of recovery
2 from a mental health condition or substance use dis-
3 order and who specializes in supporting individuals
4 with mental health conditions or substance use dis-
5 orders; or

6 (B) who has lived experience as a parent or
7 caregiver of an individual with a mental health con-
8 dition or substance use disorder and who specializes
9 in supporting families navigating mental health or
10 substance use service systems; and

11 (2) who is certified as qualified to furnish peer
12 support services, as described in subsection (b),
13 under a process that is determined by the State in
14 which such individual furnishes such services or de-
15 termined appropriate by the Secretary of Health and
16 Human Services.

17 (b) PEER SUPPORT SERVICES.—The services de-
18 scribed in this subsection shall be consistent with the Na-
19 tional Practice Guidelines for Peer Supporters issued by
20 the National Association of Peer Supporters (or a suc-
21 cessor publication) and inclusive of the Core Competencies
22 for Peer Workers in Behavioral Health Services of the
23 Substance Abuse and Mental Health Services Administra-
24 tion.

1 **SEC. 3. RECOGNIZING THE PEER SUPPORT SPECIALIST**
2 **PROFESSION.**

3 Not later than January 1, 2026, the Director of the
4 Office of Management and Budget shall revise the Stand-
5 ard Occupational Classification system to include an occu-
6 pational category for peer support specialists.

7 **SEC. 4. ESTABLISHING THE OFFICE OF RECOVERY.**

8 Part A of title V of the Public Health Service Act
9 (42 U.S.C. 290aa et seq.) is amended by inserting after
10 section 501C (42 U.S.C. 290aa–0b) the following:

11 **“SEC. 501D. OFFICE OF RECOVERY.**

12 “(a) IN GENERAL.—There is established, in the Sub-
13 stance Abuse and Mental Health Services Administration,
14 an Office of Recovery (referred to in this section as the
15 ‘Office’).

16 “(b) DIRECTOR.—The Office shall be headed by a Di-
17 rector who has demonstrated experience in, and lived expe-
18 rience with, mental health or substance use disorder recov-
19 ery.

20 “(c) RESPONSIBILITIES.—Through the Office of Re-
21 covery, the responsibilities of the Director shall include—

22 “(1) providing leadership in the identification of
23 new and emerging issues related to recovery support
24 services;

25 “(2) supporting technical assistance, data anal-
26 ysis, and evaluation functions in order to assist

1 States, localities, territories, Indian Tribes, and
2 Tribal organizations in developing recovery support
3 services and identifying best practices with the ob-
4 jective of expanding the capacity of, and access to,
5 recovery support services;

6 “(3) providing support for the training, edu-
7 cation, integration, and professionalization of the
8 peer support specialist workforce;

9 “(4) disseminating best practice recommenda-
10 tions with respect to peer support specialist training,
11 certification, supervision, and practice to States and
12 other entities that employ peer support specialists;

13 “(5) supporting peer support specialists with
14 ongoing professional development and retention ac-
15 tivities; and

16 “(6) developing recommendations on creating
17 career pathways for peer support specialists.

18 “(d) FUNCTIONS.—Beginning on the date of enact-
19 ment of this section, the functions of the Office shall in-
20 clude the responsibilities described in subsection (c) and
21 the functions of the Office of Recovery of the Substance
22 Abuse and Mental Health Services Administration on the
23 day before such date of enactment, including all of its per-
24 sonnel, assets, authorities, obligations, and liabilities, ex-
25 cept as otherwise specified in this section.

1 “(e) DEFINITION OF PEER SUPPORT SPECIALIST.—
 2 In this section, the term ‘peer support specialist’ has the
 3 meaning given such term in section 2 of the Providing
 4 Empathetic and Effective Recovery Support Act.”.

5 **SEC. 5. RESEARCH AND RECOMMENDATIONS ON CRIMINAL**
 6 **BACKGROUND CHECK PROCESS FOR PEER**
 7 **SUPPORT SPECIALISTS.**

8 (a) IN GENERAL.—The Secretary of Health and
 9 Human Services (referred to in this section as the “Sec-
 10 retary”), in coordination with the Attorney General, shall
 11 develop a report on research and recommendations with
 12 respect to criminal background check processes for indi-
 13 viduals becoming peer support specialists.

14 (b) CONTENTS.—The report under subsection (a)
 15 shall include—

16 (1) a summary of evidence-informed literature
 17 on the effectiveness of peer support specialists in im-
 18 proving the mental health and the substance use dis-
 19 order recovery of other individuals;

20 (2) a survey of each State’s laws (including reg-
 21 ulations) that contain criminal background check re-
 22 quirements for serving as a peer support specialist,
 23 including—

24 (A) an analysis of criminal offenses that
 25 are included in State laws (including regula-

1 tions) that prevent individuals from earning a
2 peer support specialist certification or from
3 practicing as a peer support specialist;

4 (B) an analysis of requirements (if any)
5 under the State plan under title XIX of the So-
6 cial Security Act (42 U.S.C. 1396 et seq.) or
7 under a waiver of such plan relating to back-
8 ground checks for providers participating under
9 such plan or waiver and the extent to which any
10 such requirements differ from similar require-
11 ments imposed under State law (including regu-
12 lations);

13 (C) an analysis of requirements (if any) of
14 any State receiving a grant under part B of
15 title XIX of the Public Health Service Act (42
16 U.S.C. 300x et seq.) relating to background
17 checks for providers participating in a program
18 under, or otherwise providing services supported
19 by, such grant;

20 (D) a review of State laws (including regu-
21 lations) that provide exemptions from prohibi-
22 tions regarding certification or practice of peer
23 support specialists; and

24 (E) an indication of each State that has
25 gone through the process of amending or other-

1 wise changing criminal background check laws
2 (including regulations) for the certification and
3 practice of peer support specialists; and
4 (3) recommendations to States on criminal
5 background check processes that would reduce bar-
6 riers to becoming certified as peer support special-
7 ists.

8 (c) AVAILABILITY.—Not later than 1 year after the
9 date of enactment of this Act, the Secretary shall—

10 (1) post the report required under subsection
11 (a) on the publicly accessible internet website of the
12 Substance Abuse and Mental Health Services Ad-
13 ministration; and

14 (2) distribute such report to—

15 (A) State agencies responsible for certifi-
16 cation of peer support specialists;

17 (B) the Centers for Medicare & Medicaid
18 Services;

19 (C) State agencies responsible for carrying
20 out a State plan under title XIX of the Social
21 Security Act (42 U.S.C. 1396 et seq.) or under
22 a waiver of such plan; and

23 (D) State agencies responsible for carrying
24 out a grant under part B of title XIX of the

1 Public Health Service Act (42 U.S.C. 300x et
2 seq.).

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