

117TH CONGRESS  
1ST SESSION

# H. R. 2929

To provide funding for the Assistant Secretary for Mental Health and Substance Use to award grants for the purpose of supporting virtual peer behavioral health support services, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 30, 2021

Mrs. LEE of Nevada (for herself, Mr. UPTON, Ms. MANNING, Mr. FITZPATRICK, Ms. DEAN, Mr. AMODEI, Ms. JAYAPAL, Mr. SAN NICOLAS, Ms. KUSTER, Ms. CLARK of Massachusetts, Mr. PHILLIPS, Ms. STEVENS, and Mr. TRONE) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To provide funding for the Assistant Secretary for Mental Health and Substance Use to award grants for the purpose of supporting virtual peer behavioral health support services, 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 “Virtual Peer Support  
5 Act of 2021”.

1 **SEC. 2. VIRTUAL PLATFORMS FOR IN-PERSON PEER BE-**  
2 **HAVIORAL HEALTH SUPPORT SERVICES.**

3 (a) IN GENERAL.—The Secretary of Health and  
4 Human Services (referred to in this section as the “Sec-  
5 retary”), acting through the Assistant Secretary for Men-  
6 tal Health and Substance Use, shall award grants on a  
7 competitive basis to eligible entities to—

8 (1) transition in-person peer behavioral health  
9 support services to virtual platforms; or

10 (2) expand and improve virtual peer behavioral  
11 health support services.

12 (b) APPLICATION AND SELECTION PROCESS.—

13 (1) APPLICATIONS.—An eligible entity seeking  
14 a grant under this section shall, as a condition for  
15 receiving such grant, submit an application to the  
16 Secretary at such time, in such manner, and con-  
17 taining such information as the Secretary may rea-  
18 sonably require.

19 (2) SELECTION.—

20 (A) RESERVATIONS.—

21 (i) IN GENERAL.—The Secretary shall  
22 reserve not less than 50 percent of the  
23 amount appropriated under subsection (f)  
24 for awarding grants under this section to  
25 eligible entities that are—

1 (I) community-based providers;  
2 or

3 (II) Tribal communities in ac-  
4 cordance with clause (ii).

5 (ii) TRIBAL GOVERNMENTS.—

6 (I) IN GENERAL.—Subject to  
7 subclause (II), of the amount reserved  
8 under clause (i), not less than 8 per-  
9 cent shall be reserved for grants  
10 under this section to Tribal commu-  
11 nities.

12 (II) REMAINING AMOUNTS.—In  
13 the case that there are remaining  
14 funds after the reservation under sub-  
15 clause (I) due to an insufficient num-  
16 ber of Tribal communities that apply  
17 for a grant under this section, any  
18 such remaining funds shall be used to-  
19 wards grants to community-based pro-  
20 viders that serve Tribal communities.

21 (B) MAXIMUM GEOGRAPHIC REPRESENTA-  
22 TION.—Subject to subparagraph (A) and the el-  
23 igible entities that submit applications under  
24 paragraph (1), in selecting eligible entities to  
25 receive grants under this section, the Secretary

1 shall, to the maximum extent possible, ensure  
2 that the residents of all States and Tribal com-  
3 munities are served by at least 1 grant under  
4 this section.

5 (c) USE OF FUNDS.—

6 (1) IN GENERAL.—An eligible entity receiving a  
7 grant under this section may use the funds awarded  
8 through such grant to—

9 (A) carry out workforce development, re-  
10 cruitment, and retention activities, to train, re-  
11 cruit, and retain certified peer-support special-  
12 ists;

13 (B) transition a network of in-person,  
14 peer-facilitated behavioral health support serv-  
15 ices to a virtual platform for such behavioral  
16 health support services;

17 (C) expand or improve virtual, peer behav-  
18 ioral health support services carried out by the  
19 entity prior to the date of enactment of this  
20 section;

21 (D) adopt technologies to transition in-per-  
22 son peer behavioral health support services to  
23 virtual peer behavioral health support services,  
24 including by acquiring—

1 (i) appropriate physical hardware for  
2 such virtual services;

3 (ii) software and programs to effi-  
4 ciently run peer support services virtually;  
5 and

6 (iii) other technology for establishing  
7 virtual waiting rooms and virtual video  
8 platforms for meetings;

9 (E)(i) provide multilingual virtual peer be-  
10 havioral health support services as needed with-  
11 in the community; and

12 (ii) provide language access services, in-  
13 cluding translation and interpretation services,  
14 with respect to virtual peer behavioral health  
15 support services to allow individuals with lim-  
16 ited-English proficiency and individuals with  
17 disabilities to access such services;

18 (F) provide targeted virtual peer behav-  
19 ioral health support services to demographics  
20 such as—

21 (i) those heavily impacted by the  
22 COVID–19 response such as clinicians,  
23 emergency service workers, nurses, and  
24 physicians; and

1 (ii) populations such as those who are  
2 high risk or potentially face barriers to  
3 care due to the pandemic, including vet-  
4 erans, rural communities, seniors, youth,  
5 young adults, parents, and caregivers;

6 (G) provide 1-on-1 peer support services  
7 when feasible to provide additional support to  
8 individuals;

9 (H) increase awareness of peer support re-  
10 sources in the community by conducting out-  
11 reach and education including through webinars  
12 and podcasts;

13 (I) provide funding for certification and  
14 salaries for certified peer-support specialists;

15 (J) conduct research to demonstrate the  
16 efficacy of virtual peer support; and

17 (K) provide funding for the staffing and  
18 administrative needs of the eligible entity to  
19 carry out virtual peer behavioral health support  
20 services for not less than 1 year.

21 (2) REQUIREMENTS FOR SUPPORT SERVICES.—  
22 A behavioral health support service supported under  
23 this section shall—

24 (A) be provided by a certified peer-support  
25 specialist;

1 (B) be provided at no cost to the recipients  
2 of such service;

3 (C) incorporate promising or evidence-  
4 based practices for providing peer behavioral  
5 health support to recipients; and

6 (D) comply with the requirements for non-  
7 discrimination under paragraph (3).

8 (3) NONDISCRIMINATION.—No individual in the  
9 United States shall, on the basis of the actual or  
10 perceived race, color, national origin, sex (including  
11 sexual orientation and gender identity), age, lan-  
12 guage proficiency, or disability of the individual be  
13 excluded from participation in, denied the benefits  
14 of, or otherwise be subjected to discrimination under  
15 any program or activity receiving any funding made  
16 available under subsection (f).

17 (d) GRANT AMOUNT.—

18 (1) IN GENERAL.—Except for a grant described  
19 in subsection (b)(2)(A), each grant awarded under  
20 this section shall be in an amount of not less than  
21 \$1,000,000.

22 (2) COMMUNITY-BASED PROVIDERS AND TRIBAL  
23 COMMUNITIES.—The Secretary shall determine an  
24 appropriate amount for each grant awarded under

1 subsection (b)(2)(A) to a community-based provider  
2 or Tribal community.

3 (e) REPORT TO CONGRESS.—

4 (1) IN GENERAL.—Not later than 3 years after  
5 the date of enactment of this Act, the Secretary  
6 shall submit a report to the Committees described in  
7 paragraph (2) that includes an analysis of the out-  
8 comes of the grants awarded under this section,  
9 such as outcomes measured by the level of participa-  
10 tion in peer support services receiving funds under  
11 subsection (f), the development of a peer support-  
12 specialist workforce, any barriers and challenges in  
13 developing recommendations to assist individuals in  
14 need of peer behavioral health support services, and  
15 any other measure determined appropriate by the  
16 Secretary.

17 (2) COMMITTEES.—The Committees described  
18 in this paragraph are each of the following:

19 (A) The Committee on Health, Education,  
20 Labor, and Pensions of the Senate.

21 (B) The Committee on Finance of the Sen-  
22 ate.

23 (C) The Committee on Energy and Com-  
24 merce of the House of Representatives.



1 (D) The Committee on Ways and Means of  
2 the House of Representatives.

3 (f) FUNDING.—There is appropriated, out of  
4 amounts in the Treasury not otherwise appropriated, to  
5 remain available until expended, \$50,000,000 to carry out  
6 this section.

7 (g) DEFINITIONS.—In this section:

8 (1) CERTIFIED PEER-SUPPORT SPECIALIST.—  
9 The term “certified peer-support specialist” means  
10 an individual who—

11 (A) is a self-identified current or former  
12 recipient of behavioral health services who has  
13 the ability to support other individuals diag-  
14 nosed with a mental illness or substance use  
15 disorder; and

16 (B)(i) is certified in accordance with appli-  
17 cable State law to provide peer support services  
18 in behavioral health settings; or

19 (ii) is certified as qualified to furnish peer  
20 support services under a certification process  
21 consistent with the National Practice Guidelines  
22 for Peer Supporters and inclusive of the core  
23 competencies identified by the Substance Abuse  
24 and Mental Health Services Administration in

1 the Core Competencies for Peer Workers in Be-  
2 havioral Health Services.

3 (2) COMMUNITY-BASED PROVIDER.—The term  
4 “community-based provider” means an eligible entity  
5 that is a consumer-controlled or consumer-run orga-  
6 nization and is certified in accordance with applica-  
7 ble State law to deliver peer support services at a  
8 State or local level, and not at the national level.

9 (3) ELIGIBLE ENTITY.—The term “eligible enti-  
10 ty” means a consumer-controlled or consumer-run  
11 organization, or a Tribal community, that—

12 (A) facilitates evidence-informed peer be-  
13 havioral health support services;

14 (B) offers certified peer-support training;

15 (C) prior to the public health emergency  
16 declared by the Secretary under section 319 of  
17 the Public Health Service Act (42 U.S.C. 247d)  
18 on January 31, 2020, with respect to COVID-  
19 19, operated a network of in-person or virtual  
20 peer-facilitated behavioral health support serv-  
21 ices or group meetings at no cost to the partici-  
22 pants; and

23 (D) has the capability to, or is able to  
24 show how it will have the capability to, launch

1           and support a virtual platform for peer behav-  
2           ioral health support services.

3           (4) STATE.—The term “State” has the mean-  
4           ing given such term in section 2 of the Public  
5           Health Service Act (42 U.S.C. 201).

6           (5) TRIBAL COMMUNITY.—The term “Tribal  
7           community” means an Indian tribe, tribal organiza-  
8           tion, or urban Indian organization, as such terms  
9           are defined in section 4 of the Indian Health Care  
10          Improvement Act (25 U.S.C. 1603).

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