



Section by Section: Excellence in Recovery Housing Act

Section 1. Short Title.

This section names the bill the “Excellence in Recovery Housing Act”.

Section 2. Clarifying the role of SAMHSA in promoting the availability of high-quality recovery housing.

This section adds the promotion of the availability of high-quality recovery housing to SAMHSA’s designated authorities.

Section 3. Developing guidelines for states to promote the availability of high-quality recovery housing.

This section requires SAMHSA to work in consultation with states and national accrediting entities and reputable providers of recovery housing services to develop and publish guidelines and nationally recognized standards for states to promote the availability of high-quality recovery housing. These guidelines should build on existing best practices and guidelines that SAMHSA developed as part of the requirements in the SUPPORT for Patients and Communities Act. SAMHSA should not make recommendations regarding clinical treatment services under this bill, which are outside the scope of these particular guidelines.

Section 4. Coordination of federal activities to promote the availability of high-quality recovery housing.

This section creates an interagency working group, co-chaired by SAMHSA and HUD, to increase collaboration, cooperation, and alignment of efforts among federal agencies with respect to increasing the availability of high-quality recovery housing. The working group will also develop a long-term plan to support state, tribal, and local efforts and coordinate inspection, enforcement, and data collection. The working group is required to submit an annual report to Congress describing their work and any recommendations to improve policies on recovery housing.

Section 5. NAS Study.

This section requires a study by the National Academies of Sciences, Engineering, and Medicine (NAS) of the quality, effectiveness, and availability of recovery housing in the U.S., whether this availability meets the demand, and efforts by states and localities to regulate and oversee recovery housing. The study would examine quality and outcomes data of recovery housing by type and characteristics (e.g. nonprofit or for-profit, number of residents), as well as fraudulent or abusive practices by housing operators, such as misleading marketing.



The report would also provide recommendations for federal, state, and local policies to increase the availability of high-quality recovery housing and improve data collection, as well as recommendations for housing quality metrics, recommendations to eliminate restrictions in recovery housing against individuals who take medication-assisted treatment, and a summary of allegations or legal actions on state and local levels by governments or organizations regarding the opening and operation of recovery housing.

Section 6. Filling research and data gaps.

This section requires HHS to conduct research to fill data gaps identified in the NAS study in Section 5.

Section 7. Grants for states to promote the availability of high-quality recovery housing.

This section establishes grants for states to increase the availability of high-quality recovery housing and to partner with national accrediting entities and providers of recovery housing services to implement the guidelines and standards developed as part of Section 3. States receiving grants will be required to publish their plan for promoting high-quality recovery housing and how the plan is consistent with best practices and guidelines.

Section 8. Reputable providers and analysts of recovery housing services definition.

This section defines “reputable providers and analysts of recovery housing services” as recovery housing service providers and analysts that use evidence-based approaches, act in accordance with SAMHSA guidelines, have not been found guilty of healthcare fraud or false advertising, have not been found to violate any codes of conduct for recovery housing, and do not employ individuals with certain convictions.

Section 9. Technical correction.

This section makes technical corrections to Title V of the Public Health Service Act.