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(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R.

To amend title V of the Public Health Service Act to provide for increased oversight of recovery housing, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. TRONE introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title V of the Public Health Service Act to provide for increased oversight of recovery housing, 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 “Excellence in Recovery
5 Housing Act”.

1 **SEC. 2. CLARIFYING THE ROLE OF SAMHSA IN PROMOTING**
2 **THE AVAILABILITY OF HIGH-QUALITY RECOV-**
3 **ERY HOUSING.**

4 Section 501(d) of the Public Health Service Act (42
5 U.S.C. 290aa) is amended—

6 (1) in paragraph (24)(E), by striking “and” at
7 the end;

8 (2) in paragraph (25), by striking the period at
9 the end and inserting “; and”; and

10 (3) by adding at the end the following:

11 “(26) collaborate with national accrediting enti-
12 ties and reputable providers and analysts of recovery
13 housing services and all relevant Federal agencies,
14 including the Centers for Medicare & Medicaid Serv-
15 ices, the Health Resources and Services Administra-
16 tion, other offices and agencies within the Depart-
17 ment of Health and Human Services, the Office of
18 National Drug Control Policy, the Department of
19 Justice, the Department of Housing and Urban De-
20 velopment, and the Department of Agriculture, to
21 promote the availability of high-quality recovery
22 housing for individuals with a substance use dis-
23 order.”.

1 **SEC. 3. DEVELOPING GUIDELINES FOR STATES TO PRO-**
2 **MOTE THE AVAILABILITY OF HIGH-QUALITY**
3 **RECOVERY HOUSING.**

4 Title V of the Public Health Service Act is amended
5 by inserting after section 550 of such Act (42 U.S.C.
6 290ee-5) the following:

7 **“SEC. 550A. DEVELOPING GUIDELINES FOR STATES TO**
8 **PROMOTE THE AVAILABILITY OF HIGH-QUAL-**
9 **ITY RECOVERY HOUSING.**

10 “(a) IN GENERAL.—Not later than one year after the
11 date of the enactment of this section, the Secretary, acting
12 through the Assistant Secretary, shall develop, and pub-
13 lish on the internet website of the Substance Abuse and
14 Mental Health Services Administration, consensus-based
15 guidelines and nationally recognized standards for States
16 to promote the availability of high-quality recovery hous-
17 ing for individuals with a substance use disorder. Such
18 guidelines shall—

19 “(1) be developed in consultation with national
20 accrediting entities, reputable providers and analysts
21 of recovery housing services, and States and be con-
22 sistent with the best practices developed under sec-
23 tion 550; and

24 “(2) to the extent practicable, build on existing
25 best practices and suggested guidelines developed

1 previously by the Substance Abuse and Mental
2 Health Services Administration.

3 “(b) PUBLIC COMMENT PERIOD.—Before finalizing
4 guidelines under subsection (a), the Secretary of Health
5 and Human Services shall provide for a public comment
6 period.

7 “(c) EXCLUSION OF GUIDELINE ON TREATMENT
8 SERVICES.—In developing the guidelines under subsection
9 (a), the Secretary may not include any guideline or stand-
10 ard with respect to substance use disorder treatment serv-
11 ices.

12 “(d) SUBSTANCE USE DISORDER TREATMENT SERV-
13 ICES.—In this section, the term ‘substance use disorder
14 treatment services’ means items or services furnished for
15 the treatment of a substance use disorder, including—

16 “(1) medications approved by the Food and
17 Drug Administration for use in such treatment, ex-
18 cluding each such medication used to prevent or
19 treat a drug overdose;

20 “(2) the administering of such medications;

21 “(3) recommendations for such treatment;

22 “(4) clinical assessments and referrals;

23 “(5) counseling with a physician, psychologist,
24 or mental health professional (including individual
25 and group therapy); and

1 “(6) toxicology testing.”.

2 **SEC. 4. COORDINATION OF FEDERAL ACTIVITIES TO PRO-**
3 **MOTE THE AVAILABILITY OF HIGH-QUALITY**
4 **RECOVERY HOUSING.**

5 Section 550 of the Public Health Service Act (42
6 U.S.C. 290ee-5) is amended—

7 (1) by redesignating subsections (e), (f), and
8 (g) as subsections (g), (h), and (i), respectively; and

9 (2) by inserting after subsection (d) the fol-
10 lowing:

11 “(e) COORDINATION OF FEDERAL ACTIVITIES TO
12 PROMOTE THE AVAILABILITY OF HIGH-QUALITY RECOV-
13 ERY HOUSING FOR INDIVIDUALS WITH A SUBSTANCE
14 USE DISORDER.—

15 “(1) IN GENERAL.—The Secretary, acting
16 through the Assistant Secretary, and the Secretary
17 of the Department of Housing and Urban Develop-
18 ment shall convene and serve as the co-chairs of an
19 interagency working group composed of representa-
20 tives of each of the Federal agencies described in
21 paragraph (2) (referred to in this section as the
22 ‘working group’) for the following purposes:

23 “(A) To increase collaboration, coopera-
24 tion, and consultation among such Federal

1 agencies, with respect to promoting the avail-
2 ability of high-quality recovery housing.

3 “(B) To align the efforts of such agencies
4 and avoid duplication of such efforts by such
5 agencies.

6 “(C) To develop objectives, priorities, and
7 a long-term plan for supporting State, Tribal,
8 and local efforts with respect to the operation
9 of high-quality recovery housing that is con-
10 sistent with the best practices developed under
11 this section.

12 “(D) To coordinate inspection and enforce-
13 ment among Federal and State agencies.

14 “(E) To coordinate data collection on the
15 quality of recovery housing.

16 “(2) FEDERAL AGENCIES DESCRIBED.—The
17 Federal agencies described in this paragraph are the
18 following:

19 “(A) The Department of Health and
20 Human Services.

21 “(B) The Centers for Medicare & Medicaid
22 Services.

23 “(C) The Substance Abuse and Mental
24 Health Services Administration.

1 “(D) The Health Resources and Services
2 Administration.

3 “(E) The Indian Health Service.

4 “(F) The Department of Housing and
5 Urban Development.

6 “(G) The Department of Agriculture.

7 “(H) The Department of Justice.

8 “(I) The Office of National Drug Control
9 Policy.

10 “(J) The Bureau of Indian Affairs.

11 “(K) The Department of Labor.

12 “(L) Any other Federal agency as the co-
13 chairs determine appropriate.

14 “(3) MEETINGS.—The working group shall
15 meet on a quarterly basis.

16 “(4) REPORTS TO CONGRESS.—Beginning not
17 later than one year after the date of the enactment
18 of this section and annually thereafter, the working
19 group shall submit to the Committee on Energy and
20 Commerce, the Committee on Ways and Means, the
21 Committee on Agriculture, and the Committee on
22 Financial Services of the House of Representatives
23 and the Committee on Health, Education, Labor,
24 and Pensions, the Committee on Agriculture, Nutri-
25 tion, and Forestry, and the Committee on Finance

1 of the Senate a report describing the work of the
2 working group and any recommendations of the
3 working group to improve Federal, State, and local
4 policy with respect to recovery housing operations.

5 “(5) AUTHORIZATION OF APPROPRIATIONS.—
6 To carry out this subsection, there are authorized to
7 be appropriated such sums as may be necessary for
8 fiscal years 2022 through 2027.”.

9 **SEC. 5. NAS STUDY AND REPORT.**

10 (a) IN GENERAL.—Not later than 60 days after the
11 date of enactment of this Act, the Secretary of Health and
12 Human Services, acting through the Assistant Secretary
13 for Mental Health and Substance Use, shall enter into an
14 arrangement with the National Academies of Sciences,
15 Engineering, and Medicine to conduct a study, which may
16 include a literature review and case studies as appropriate,
17 on—

18 (1) the quality and effectiveness of recovery
19 housing in the United States, including the avail-
20 ability in the United States of high-quality recovery
21 housing and whether that availability meets the de-
22 mand for such housing in the United States; and

23 (2) State, Tribal, and local regulation and over-
24 sight of recovery housing.

1 (b) TOPICS.—The study under subsection (a) shall
2 include a literature review of studies that—

3 (1) examine the quality of, and effectiveness
4 outcomes for, the types and characteristics of cov-
5 ered recovery housing programs listed in subsection
6 (c); and

7 (2) identify the research and data gaps that
8 must be filled to better report on the quality of, and
9 effectiveness outcomes related to, covered recovery
10 housing.

11 (c) TYPE AND CHARACTERISTICS.—The types and
12 characteristics of covered recovery housing programs re-
13 ferred to in subsection (b) consist of the following:

14 (1) Nonprofit and for-profit covered recovery
15 housing.

16 (2) Private and public covered recovery housing.

17 (3) Covered recovery housing programs that
18 provide services to—

19 (A) residents on a voluntary basis; and

20 (B) residents pursuant to a judicial order.

21 (4) Number of clients served, disaggregated to
22 the extent possible by covered recovery housing serv-
23 ing—

24 (A) 6 or fewer recovering residents;

25 (B) 10 to 13 recovering residents; and

1 (C) 18 or more recovering residents.

2 (5) Bedroom occupancy in a house,
3 disaggregated to the extent possible by—

4 (A) single room occupancy;

5 (B) 2 residents occupying 1 room; and

6 (C) more than 2 residents occupying 1
7 room.

8 (6) Duration of services received by clients,
9 disaggregated to the extent possible according to
10 whether the services were—

11 (A) 30 days or fewer;

12 (B) 31 to 90 days;

13 (C) more than 90 days and fewer than 6
14 months; or

15 (D) 6 months or more.

16 (7) Certification levels of staff.

17 (8) Fraudulent and abusive practices by opera-
18 tors of covered recovery housing and inpatient and
19 outpatient treatment facilities, both individually and
20 in concert, including—

21 (A) deceptive or misleading marketing
22 practices, including—

23 (i) inaccurate outcomes-based mar-
24 keting; and

- 1 (ii) marketing based on non-evidence-
2 based practices;
3 (B) illegal patient brokering;
4 (C) third-party recruiters;
5 (D) deceptive or misleading marketing
6 practices of treatment facility and recovery
7 housing online aggregators; and
8 (E) the impact of such practices on health
9 care costs and recovery rates.

10 (d) REPORT.—The arrangement under subsection (a)
11 shall require, by not later than 18 months after the date
12 of entering into the agreement—

13 (1) completing the study under such subsection;
14 and

15 (2) making publicly available (including through
16 publication on the internet) a report that contains—

17 (A) the results of the study;

18 (B) the National Academy's recommenda-
19 tions for Federal, State, and local policies to
20 promote the availability of high-quality recovery
21 housing in the United States;

22 (C) research and data gaps;

23 (D) recommendations for recovery housing
24 quality and effectiveness metrics;

1 (E) recommended mechanisms to collect
2 data on those metrics, including with respect to
3 research and data gaps;

4 (F) recommendations to eliminate restric-
5 tions by recovery housing that exclude individ-
6 uals who take prescribed medications for opioid
7 use disorder; and

8 (G) a summary of allegations, assertions,
9 or formal legal actions on the State and local
10 levels by governments and nongovernmental or-
11 ganizations with respect to the opening and op-
12 eration of recovery housing.

13 (e) DEFINITIONS.—In this subsection:

14 (1) The term “covered recovery housing” means
15 recovery housing that utilizes compensated or volun-
16 teer onsite staff who are not health care profes-
17 sionals to support residents.

18 (2) The term “effectiveness outcomes” may in-
19 clude decreased substance use, reduced probability of
20 relapse or reoccurrence, lower rates of incarceration,
21 higher income, increased employment, and improved
22 family functioning.

23 (3) The term “health care professional” means
24 an individual who is licensed or otherwise authorized
25 by the State to provide health care services.

1 “(f) GRANTS FOR IMPLEMENTING NATIONAL RECOV-
2 ERY HOUSING BEST PRACTICES.—

3 “(1) IN GENERAL.—The Secretary shall award
4 grants to States (and political subdivisions thereof),
5 Tribes, and territories—

6 “(A) for the provision of technical assist-
7 ance by national accrediting entities and rep-
8 utable providers and analysts of recovery hous-
9 ing services to implement the guidelines, nation-
10 ally recognized standards, and recommendations
11 developed under section 3 of the Excellence in
12 Recovery Housing Act and this section; and

13 “(B) to promote the availability of high-
14 quality recovery housing for individuals with a
15 substance use disorder and practices to main-
16 tain housing quality long term.

17 “(2) STATE ENFORCEMENT PLANS.—Beginning
18 not later than 90 days after the date of the enact-
19 ment of this paragraph and every 2 years thereafter,
20 as a condition on the receipt of a grant under para-
21 graph (1), each State (or political subdivisions there-
22 of), Tribe, or territory receiving such a grant shall
23 submit to the Secretary, and make publicly available
24 on a publicly accessible Internet website of the State

1 (or political subdivisions thereof), Tribe, or terri-
2 tory—

3 “(A) the plan of the State (or political sub-
4 divisions thereof), Tribe, or territory, with re-
5 spect to the promotion of high-quality recovery
6 housing for individuals with a substance use
7 disorder located within the jurisdiction of such
8 State (or political subdivisions thereof), Tribe,
9 or territory; and

10 “(B) a description of how such plan is con-
11 sistent with the best practices developed under
12 this section and guidelines developed under sec-
13 tion 550A.

14 “(3) REVIEW OF ACCREDITING ENTITIES.—The
15 Secretary shall periodically review, by developing a
16 rubric to evaluate accreditation, the accrediting enti-
17 ties providing technical assistance pursuant to para-
18 graph (1)(A).

19 “(4) AUTHORIZATION OF APPROPRIATIONS.—
20 To carry out this subsection, there is authorized to
21 be appropriated \$10,000,000 for each of fiscal years
22 2023 through 2027.”.

1 **SEC. 8. REPUTABLE PROVIDERS AND ANALYSTS OF RECOV-**
2 **ERY HOUSING SERVICES DEFINITION.**

3 Section 550(h) of the Public Health Service Act (42
4 U.S.C. 290ee–5(i)), as redesignated by section 4, is
5 amended by adding at the end the following:

6 “(4) The term ‘reputable providers and analysts
7 of recovery housing services’ means recovery housing
8 service providers and analysts that—

9 “(A) use evidence-based approaches;

10 “(B) act in accordance with guidelines
11 issued by the Assistant Secretary;

12 “(C) have not been found guilty of health
13 care fraud, patient brokering, or false adver-
14 tising by the Department of Justice, the De-
15 partment of Health and Human Services, or a
16 Medicaid Fraud Control Unit;

17 “(D) have not been found to have violated
18 Federal, State, or local codes of conduct with
19 respect to recovery housing for individuals with
20 a substance use disorder; and

21 “(E) do not employ individuals with a past
22 conviction of criminal, domestic, or sexual vio-
23 lence, or significant drug distribution, in the
24 care or supervision of individuals.”.

1 **SEC. 9. TECHNICAL CORRECTION.**

2 Title V of the Public Health Service Act (42 U.S.C.
3 290aa et seq.) is amended—

4 (1) by redesignating section 550 (relating to
5 Sobriety Treatment and Recovery Teams) (42
6 U.S.C. 290ee–10), as added by section 8214 of Pub-
7 lic Law 115–271, as section 550B; and

8 (2) moving such section so it appears after sec-
9 tion 550A (added by section 3 of this Act).