

117TH CONGRESS
1ST SESSION

S. _____

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

IN THE SENATE OF THE UNITED STATES

Mr. WHITEHOUSE introduced the following bill; which was read twice and 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”.

6 **SEC. 2. CLARIFYING THE ROLE OF SAMHSA IN PROMOTING**
7 **THE AVAILABILITY OF HIGH-QUALITY RECOV-**
8 **ERY HOUSING.**

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

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

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

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

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

19 **SEC. 3. DEVELOPING GUIDELINES FOR STATES TO PRO-**
20 **MOTE THE AVAILABILITY OF HIGH-QUALITY**
21 **RECOVERY HOUSING.**

22 Title V of the Public Health Service Act is amended
23 by inserting after section 550 of such Act (42 U.S.C.
24 290ee-5) the following:

1 **“SEC. 550A. DEVELOPING GUIDELINES FOR STATES TO**
2 **PROMOTE THE AVAILABILITY OF HIGH-QUAL-**
3 **ITY RECOVERY HOUSING.**

4 “(a) IN GENERAL.—Not later than 1 year after the
5 date of enactment of this section, the Secretary, acting
6 through the Assistant Secretary, shall develop, and pub-
7 lish on the website of the Substance Abuse and Mental
8 Health Services Administration, consensus-based guide-
9 lines and nationally recognized standards for States to
10 promote the availability of high-quality recovery housing
11 for individuals with a substance use disorder. Such guide-
12 lines shall—

13 “(1) be developed in consultation with national
14 accrediting entities, reputable providers and analysts
15 of recovery housing services, and States and be con-
16 sistent with the best practices developed under sec-
17 tion 550; and

18 “(2) to the extent practicable, build on existing
19 best practices and suggested guidelines developed
20 previously by the Substance Abuse and Mental
21 Health Services Administration.

22 “(b) PUBLIC COMMENT PERIOD.—Before finalizing
23 guidelines under subsection (a), the Secretary shall pro-
24 vide for a public comment period.

25 “(c) EXCLUSION OF GUIDELINE ON TREATMENT
26 SERVICES.—In developing the guidelines under subsection

1 (a), the Secretary may not include any guideline or stand-
2 ard with respect to substance use disorder treatment serv-
3 ices.

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

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

12 “(2) the administering of such medications;

13 “(3) recommendations for such treatment;

14 “(4) clinical assessments and referrals;

15 “(5) counseling with a physician, psychologist,
16 or mental health professional (including individual
17 and group therapy); and

18 “(6) toxicology testing.”.

19 **SEC. 4. COORDINATION OF FEDERAL ACTIVITIES TO PRO-**
20 **MOTE THE AVAILABILITY OF HIGH-QUALITY**
21 **RECOVERY HOUSING.**

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

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

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

3 “(e) COORDINATION OF FEDERAL ACTIVITIES TO
4 PROMOTE THE AVAILABILITY OF HIGH-QUALITY RECOV-
5 ERY HOUSING FOR INDIVIDUALS WITH A SUBSTANCE
6 USE DISORDER.—

7 “(1) IN GENERAL.—The Secretary, acting
8 through the Assistant Secretary, and the Secretary
9 of Housing and Urban Development shall convene
10 an interagency working group, co-chaired by the As-
11 sistant Secretary and the Secretary of Housing and
12 Urban Development and comprised of representa-
13 tives of each of the Federal agencies described in
14 paragraph (2) (referred to in this section as the
15 ‘working group’) for the following purposes:

16 “(A) To increase collaboration, coopera-
17 tion, and consultation among such Federal
18 agencies, with respect to promoting the avail-
19 ability of high-quality recovery housing.

20 “(B) To align the efforts of such agencies
21 and avoid duplication of such efforts by such
22 agencies.

23 “(C) To develop objectives, priorities, and
24 a long-term plan for supporting State, Tribal,
25 and local efforts with respect to the operation

1 of high-quality recovery housing that is con-
2 sistent with the best practices developed under
3 this section.

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

6 “(E) To coordinate data collection on the
7 quality of recovery housing.

8 “(2) FEDERAL AGENCIES DESCRIBED.—The
9 Federal agencies described in this paragraph are the
10 following:

11 “(A) The Department of Health and
12 Human Services, including—

13 “(i) the Centers for Medicare & Med-
14 icaid Services;

15 “(ii) the Substance Abuse and Mental
16 Health Services Administration;

17 “(iii) the Health Resources and Serv-
18 ices Administration; and

19 “(iv) the Indian Health Service.

20 “(B) The Department of Housing and
21 Urban Development.

22 “(C) The Department of Agriculture.

23 “(D) The Department of Justice.

24 “(E) The Office of National Drug Control
25 Policy.

1 “(F) The Bureau of Indian Affairs.

2 “(G) The Department of Labor.

3 “(H) Any other Federal agency as the co-
4 chairs determine appropriate.

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

7 “(4) REPORTS TO CONGRESS.—Beginning not
8 later than 1 year after the date of enactment of this
9 section and annually thereafter, the working group
10 shall submit to the Committee on Energy and Com-
11 merce, the Committee on Ways and Means, the
12 Committee on Agriculture, and the Committee on
13 Financial Services of the House of Representatives
14 and the Committee on Health, Education, Labor,
15 and Pensions, the Committee on Agriculture, Nutri-
16 tion, and Forestry, and the Committee on Finance
17 of the Senate a report describing the work of the
18 working group and any recommendations of the
19 working group to improve Federal, State, or local
20 policy with respect to recovery housing operations.

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

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

2 (a) IN GENERAL.—Not later than 60 days after the
3 date of enactment of this Act, the Secretary of Health and
4 Human Services, acting through the Assistant Secretary
5 for Mental Health and Substance Use, shall enter into an
6 arrangement with the National Academies of Sciences,
7 Engineering, and Medicine to conduct a study, which may
8 include a literature review and case studies as appropriate,
9 on—

10 (1) the quality and effectiveness of recovery
11 housing in the United States, including the avail-
12 ability in the United States of high-quality recovery
13 housing and whether that availability meets the de-
14 mand for such housing in the United States; and

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

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

19 (1) examine the quality of, and effectiveness
20 outcomes for, the types and characteristics of cov-
21 ered recovery housing programs listed in subsection
22 (c); and

23 (2) identify the research and data gaps that
24 must be filled to better report on the quality of, and
25 effectiveness outcomes related to, covered recovery
26 housing.

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

4 (1) Nonprofit and for-profit covered recovery
5 housing.

6 (2) Private and public covered recovery housing.

7 (3) Covered recovery housing programs that
8 provide services to—

9 (A) residents on a voluntary basis; and

10 (B) residents pursuant to a judicial order.

11 (4) Number of clients served, disaggregated to
12 the extent possible by covered recovery housing serv-
13 ing—

14 (A) 6 or fewer recovering residents;

15 (B) 10 to 13 recovering residents; and

16 (C) 18 or more recovering residents.

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

19 (A) single room occupancy;

20 (B) 2 residents occupying 1 room; and

21 (C) more than 2 residents occupying 1
22 room.

23 (6) Duration of services received by clients,
24 disaggregated to the extent possible according to
25 whether the services were—

- 1 (A) 30 days or fewer;
- 2 (B) 31 to 90 days;
- 3 (C) more than 90 days and fewer than 6
- 4 months; or
- 5 (D) 6 months or more.
- 6 (7) Certification levels of staff.
- 7 (8) Fraudulent and abusive practices by opera-
- 8 tors of covered recovery housing and inpatient and
- 9 outpatient treatment facilities, both individually and
- 10 in concert, including—
- 11 (A) deceptive or misleading marketing
- 12 practices, including—
- 13 (i) inaccurate outcomes-based mar-
- 14 keting; and
- 15 (ii) marketing based on non-evidence-
- 16 based practices;
- 17 (B) illegal patient brokering;
- 18 (C) third-party recruiters;
- 19 (D) deceptive or misleading marketing
- 20 practices of treatment facility and recovery
- 21 housing online aggregators; and
- 22 (E) the impact of such practices on health
- 23 care costs and recovery rates.

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

4 (1) completing the study under such subsection;
5 and

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

8 (A) the results of the study;

9 (B) the National Academy’s recommenda-
10 tions for Federal, State, and local policies to
11 promote the availability of high-quality recovery
12 housing in the United States;

13 (C) research and data gaps;

14 (D) recommendations for recovery housing
15 quality and effectiveness metrics;

16 (E) recommended mechanisms to collect
17 data on those metrics, including with respect to
18 research and data gaps;

19 (F) recommendations to eliminate restric-
20 tions by recovery housing that exclude individ-
21 uals who take prescribed medications for opioid
22 use disorder; and

23 (G) a summary of allegations, assertions,
24 or formal legal actions on the State and local
25 levels by governments and nongovernmental or-

1 ganizations with respect to the opening and op-
2 eration of recovery housing.

3 (e) DEFINITIONS.—In this subsection:

4 (1) The term “covered recovery housing” means
5 recovery housing that utilizes compensated or volun-
6 teer onsite staff who are not health care profes-
7 sionals to support residents.

8 (2) The term “effectiveness outcomes” may in-
9 clude decreased substance use, reduced probability of
10 relapse or reoccurrence, lower rates of incarceration,
11 higher income, increased employment, and improved
12 family functioning.

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

16 (4) The term “recovery housing” means a
17 shared living environment that is or purports to
18 be—

19 (A) free from alcohol and use of nonpre-
20 scribed drugs; and

21 (B) centered on connection to services that
22 promote sustained recovery from substance use
23 disorders.

1 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry
2 out this section, there is authorized to be appropriated
3 \$1,500,000 for fiscal year 2022.

4 **SEC. 6. FILLING RESEARCH AND DATA GAPS.**

5 Not later than 60 days after the completion of the
6 study under section 5, the Secretary of Health and
7 Human Services shall enter into an agreement with an ap-
8 propriate entity to conduct such research as may be nec-
9 essary to fill the research and data gaps identified in re-
10 porting pursuant to such section.

11 **SEC. 7. GRANTS FOR STATES TO PROMOTE THE AVAIL-**
12 **ABILITY OF HIGH QUALITY RECOVERY HOUS-**
13 **ING.**

14 Section 550 of the Public Health Service Act (42
15 U.S.C. 290ee–5), as amended by section 4, is further
16 amended by inserting after subsection (e) (as inserted by
17 section 4) the following:

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

20 “(1) IN GENERAL.—The Secretary shall award
21 grants to States (and political subdivisions of
22 States), Tribes, and territories—

23 “(A) for the provision of technical assist-
24 ance by national accrediting entities and rep-
25 utable providers and analysts of recovery hous-

1 ing services to implement the guidelines, nation-
2 ally recognized standards, and recommendations
3 developed under section 3 of the Excellence in
4 Recovery Housing Act and this section; and

5 “(B) to promote the availability of high-
6 quality recovery housing for individuals with a
7 substance use disorder and practices to main-
8 tain housing quality long term.

9 “(2) STATE ENFORCEMENT PLANS.—Beginning
10 not later than 90 days after the date of enactment
11 of this paragraph and every 2 years thereafter, as a
12 condition on the receipt of a grant under paragraph
13 (1), each State (or political subdivision of a State),
14 Tribe, or territory receiving such a grant shall sub-
15 mit to the Secretary, and make publicly available on
16 a publicly accessible website of the State (or political
17 subdivision of the State), Tribe, or territory—

18 “(A) the plan of the State (or political sub-
19 division of a State), Tribe, or territory, with re-
20 spect to the promotion of high-quality recovery
21 housing for individuals with a substance use
22 disorder located within the jurisdiction of such
23 State (or political subdivision of a State), Tribe,
24 or territory; and

1 “(B) a description of how such plan is con-
2 sistent with the best practices developed under
3 this section and guidelines developed under sec-
4 tion 550A.

5 “(3) REVIEW OF ACCREDITING ENTITIES.—The
6 Secretary shall periodically review, by developing a
7 rubric to evaluate accreditation, the accrediting enti-
8 ties providing technical assistance pursuant to para-
9 graph (1)(A).

10 “(4) AUTHORIZATION OF APPROPRIATIONS.—
11 To carry out this subsection, there is authorized to
12 be appropriated \$10,000,000 for each of fiscal years
13 2023 through 2027.”.

14 **SEC. 8. AUTHORIZATION OF APPROPRIATIONS.**

15 Section 550 of the Public Health Service Act (42
16 U.S.C. 290ee–5), as amended by sections 4 and 7, is fur-
17 ther amended by amending subsection (i) (as redesignated
18 by such section 4) to read as follows:

19 “(i) AUTHORIZATION OF APPROPRIATIONS.—

20 “(1) IN GENERAL.—To carry out this section,
21 there is authorized to be appropriated—

22 “(A) \$2,000,000 for fiscal year 2022; and

23 “(B) \$11,000,000 for each of fiscal years
24 2023 through 2027.

1 “(2) RESERVATIONS OF FUNDS.—For each of
2 fiscal years 2022 through 2027, of the amounts ap-
3 propriated under paragraph (1) for such fiscal year,
4 the Secretary shall reserve—

5 “(A) not less than \$1,000,000 to carry out
6 subsection (e); and

7 “(B) not less than \$10,000,000 to award
8 grants under paragraphs (1) and (2) of sub-
9 section (f).”.

10 **SEC. 9. REPUTABLE PROVIDERS AND ANALYSTS OF RECOV-**
11 **ERY HOUSING SERVICES DEFINITION.**

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

15 “(4) The term ‘reputable providers and analysts
16 of recovery housing services’ means recovery housing
17 service providers and analysts that—

18 “(A) use evidence-based approaches;

19 “(B) act in accordance with guidelines
20 issued by the Assistant Secretary;

21 “(C) have not been found guilty of health
22 care fraud, patient brokering, or false adver-
23 tising by the Department of Justice, the De-
24 partment of Health and Human Services, or a
25 Medicaid Fraud Control Unit;

1 “(D) have not been found to have violated
2 Federal, State, or local codes of conduct with
3 respect to recovery housing for individuals with
4 a substance use disorder; and

5 “(E) do not employ individuals with a past
6 conviction of criminal, domestic, or sexual vio-
7 lence, or significant drug distribution, in the
8 care or supervision of individuals.”.

9 **SEC. 10. TECHNICAL CORRECTION.**

10 Title V of the Public Health Service Act (42 U.S.C.
11 290aa et seq.) is amended—

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

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