

117TH CONGRESS
1ST SESSION

H. R. 2367

To direct the Secretary of Health and Human Services to enter an agreement with the National Academies of Sciences, Engineering, and Medicine to conduct a study on the quality and effectiveness of covered recovery housing in the United States, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 5, 2021

Mr. LEVIN of California introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to enter an agreement with the National Academies of Sciences, Engineering, and Medicine to conduct a study on the quality and effectiveness of covered recovery housing in the United States, 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 “Studying Outcomes
5 and Benchmarks for Effective Recovery Homes Act” or
6 the “SOBER Homes Act”.

1 **SEC. 2. 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 12 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; and

19 (F) a summary of allegations, assertions,
20 or formal legal actions on the State and local
21 levels by governments and nongovernmental or-
22 ganizations with respect to the opening and op-
23 eration of recovery housing.

24 (e) DEFINITIONS.—In this subsection:

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

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

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

13 (4) The term “recovery housing” means a
14 shared living environment that is or purports to
15 be—

16 (A) free from alcohol and use of nonpre-
17 scribed drugs; and

18 (B) centered on connection to services that
19 promote sustained recovery from substance use
20 disorders.

21 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry
22 out this section, there is authorized to be appropriated
23 \$1,500,000 for fiscal year 2022.

1 **SEC. 3. FILLING RESEARCH AND DATA GAPS.**

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

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