

tact for information, publications, and service program referrals; and

(4) develops and proposes the implementation of a social marketing campaign that is targeted at the population of students attending institutions of higher education and individuals who are employed in settings of institutions of higher education.

**(e) Definition**

In this section, the term “institution of higher education” has the meaning given such term in section 1001 of title 20.

**(f) Authorization of appropriations**

To carry out this section, there are authorized to be appropriated \$1,000,000 for the period of fiscal years 2018 through 2022.

(July 1, 1944, ch. 373, title V, § 549, as added Pub. L. 114-255, div. B, title IX, § 9033, Dec. 13, 2016, 130 Stat. 1261.)

**§ 290ee-5. National recovery housing best practices**

**(a) Best practices for operating recovery housing**

**(1) In general**

The Secretary, in consultation with the individuals and entities specified in paragraph (2), shall identify or facilitate the development of best practices, which may include model laws for implementing suggested minimum standards, for operating recovery housing.

**(2) Consultation**

In carrying out the activities described in paragraph (1), the Secretary shall consult with, as appropriate—

(A) relevant divisions of the Department of Health and Human Services, including the Substance Abuse and Mental Health Services Administration, the Office of Inspector General, the Indian Health Service, and the Centers for Medicare & Medicaid Services;

(B) the Secretary of Housing and Urban Development;

(C) directors or commissioners, as applicable, of State health departments, tribal health departments, State Medicaid programs, and State insurance agencies;

(D) representatives of health insurance issuers;

(E) national accrediting entities and reputable providers of, and analysts of, recovery housing services, including Indian tribes, tribal organizations, and tribally designated housing entities that provide recovery housing services, as applicable;

(F) individuals with a history of substance use disorder; and

(G) other stakeholders identified by the Secretary.

**(b) Identification of fraudulent recovery housing operators**

**(1) In general**

The Secretary, in consultation with the individuals and entities described in paragraph (2), shall identify or facilitate the development of common indicators that could be used to identify potentially fraudulent recovery housing operators.

**(2) Consultation**

In carrying out the activities described in paragraph (1), the Secretary shall consult with, as appropriate, the individuals and entities specified in subsection (a)(2) and the Attorney General of the United States.

**(3) Requirements**

**(A) Practices for identification and reporting**

In carrying out the activities described in paragraph (1), the Secretary shall consider how law enforcement, public and private payers, and the public can best identify and report fraudulent recovery housing operators.

**(B) Factors to be considered**

In carrying out the activities described in paragraph (1), the Secretary shall identify or develop indicators, which may include indicators related to—

(i) unusual billing practices;

(ii) average lengths of stays;

(iii) excessive levels of drug testing (in terms of cost or frequency); and

(iv) unusually high levels of recidivism.

**(c) Dissemination**

The Secretary shall, as appropriate, disseminate the best practices identified or developed under subsection (a) and the common indicators identified or developed under subsection (b) to—

(1) State agencies, which may include the provision of technical assistance to State agencies seeking to adopt or implement such best practices;

(2) Indian tribes, tribal organizations, and tribally designated housing entities;

(3) the Attorney General of the United States;

(4) the Secretary of Labor;

(5) the Secretary of Housing and Urban Development;

(6) State and local law enforcement agencies;

(7) health insurance issuers;

(8) recovery housing entities; and

(9) the public.

**(d) Requirements**

In carrying out the activities described in subsections (a) and (b), the Secretary, in consultation with appropriate individuals and entities described in subsections (a)(2) and (b)(2), shall consider how recovery housing is able to support recovery and prevent relapse, recidivism, or overdose (including overdose death), including by improving access and adherence to treatment, including medication-assisted treatment.

**(e) Rule of construction**

Nothing in this section shall be construed to provide the Secretary with the authority to require States to adhere to minimum standards in the State oversight of recovery housing.

**(f) Definitions**

In this section:

(1) The term “recovery housing” means a shared living environment free from alcohol and illicit drug use and centered on peer support and connection to services that promote

sustained recovery from substance use disorders.

(2) The terms “Indian tribe” and “tribal organization” have the meanings given those terms in section 5304 of title 25.

(3) The term “tribally designated housing entity” has the meaning given that term in section 4103 of title 25.

**(g) Authorization of appropriations**

To carry out this section, there is authorized to be appropriated \$3,000,000 for the period of fiscal years 2019 through 2021.

(July 1, 1944, ch. 373, title V, §550, as added Pub. L. 115-271, title VII, §7031, Oct. 24, 2018, 132 Stat. 4014.)

CODIFICATION

Another section 550 of act July 1, 1944, is classified to section 290ee-10 of this title.

**§ 290ee-6. Regional Centers of Excellence in Substance Use Disorder Education**

**(a) In general**

The Secretary, in consultation with appropriate agencies, shall award cooperative agreements to eligible entities for the designation of such entities as Regional Centers of Excellence in Substance Use Disorder Education for purposes of improving health professional training resources with respect to substance use disorder prevention, treatment, and recovery.

**(b) Eligibility**

To be eligible to receive a cooperative agreement under subsection (a), an entity shall—

(1) be an accredited entity that offers education to students in various health professions, which may include—

- (A) a teaching hospital;
- (B) a medical school;
- (C) a certified behavioral health clinic; or
- (D) any other health professions school, school of public health, or Cooperative Extension Program at institutions of higher education, as defined in section 1001 of title 20, engaged in the prevention, treatment, or recovery of substance use disorders;

(2) demonstrate community engagement and partnerships with community stakeholders, including entities that train health professionals, mental health counselors, social workers, peer recovery specialists, substance use treatment programs, community health centers, physician offices, certified behavioral health clinics, research institutions, and law enforcement; and

(3) submit to the Secretary an application containing such information, at such time, and in such manner, as the Secretary may require.

**(c) Activities**

An entity receiving an award under this section shall develop, evaluate, and distribute evidence-based resources regarding the prevention and treatment of, and recovery from, substance use disorders. Such resources may include information on—

(1) the neurology and pathology of substance use disorders;

(2) advancements in the treatment of substance use disorders;

(3) techniques and best practices to support recovery from substance use disorders;

(4) strategies for the prevention and treatment of, and recovery from substance use disorders across patient populations; and

(5) other topic areas that are relevant to the objectives described in subsection (a).

**(d) Geographic distribution**

In awarding cooperative agreements under subsection (a), the Secretary shall take into account regional differences among eligible entities and shall make an effort to ensure geographic distribution.

**(e) Evaluation**

The Secretary shall evaluate each project carried out by an entity receiving an award under this section and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

**(f) Funding**

There is authorized to be appropriated to carry out this section, \$4,000,000 for each of fiscal years 2019 through 2023.

(July 1, 1944, ch. 373, title V, §551, as added Pub. L. 115-271, title VII, §7101, Oct. 24, 2018, 132 Stat. 4037.)

**§ 290ee-7. Comprehensive opioid recovery centers**

**(a) In general**

The Secretary shall award grants on a competitive basis to eligible entities to establish or operate a comprehensive opioid recovery center (referred to in this section as a “Center”). A Center may be a single entity or an integrated delivery network.

**(b) Grant period**

**(1) In general**

A grant awarded under subsection (a) shall be for a period of not less than 3 years and not more than 5 years.

**(2) Renewal**

A grant awarded under subsection (a) may be renewed, on a competitive basis, for additional periods of time, as determined by the Secretary. In determining whether to renew a grant under this paragraph, the Secretary shall consider the data submitted under subsection (h).

**(c) Minimum number of Centers**

The Secretary shall allocate the amounts made available under subsection (j) such that not fewer than 10 grants may be awarded. Not more than one grant shall be made to entities in a single State for any one period.

**(d) Application**

**(1) Eligible entity**

An entity is eligible for a grant under this section if the entity offers treatment and other services for individuals with a substance use disorder.

**(2) Submission of application**

In order to be eligible for a grant under subsection (a), an entity shall submit an applica-