

(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.)

Editorial Notes

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.

(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 evi-

dence-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 application to the Secretary at such time and in such manner as the Secretary may require. Such application shall include—

- (A) evidence that such entity carries out, or is capable of coordinating with other entities to carry out, the activities described in subsection (g); and
- (B) such other information as the Secretary may require.

(e) Priority

In awarding grants under subsection (a), the Secretary shall give priority to eligible entities—

- (1) located in a State with an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate, as determined by the Director of the Centers for Disease Control and Prevention; or
- (2) serving an Indian Tribe (as defined in section 5304 of title 25) with an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate, as determined through appropriate mechanisms determined by the Secretary in consultation with Indian Tribes.

(f) Preference

In awarding grants under subsection (a), the Secretary may give preference to eligible entities utilizing technology-enabled collaborative learning and capacity building models, including such models as defined in section 2 of the Expanding Capacity for Health Outcomes Act (Public Law 114-270; 130 Stat. 1395), to conduct the activities described in this section.

(g) Center activities

Each Center shall, at a minimum, carry out the following activities directly, through referral, or through contractual arrangements, which may include carrying out such activities through technology-enabled collaborative learning and capacity building models described in subsection (f):

(1) Treatment and recovery services

Each Center shall—

(A) Ensure that intake, evaluations, and periodic patient assessments meet the individualized clinical needs of patients, including by reviewing patient placement in treatment settings to support meaningful recovery.

(B) Provide the full continuum of treatment services, including—

- (i) all drugs and devices approved or cleared under the Federal Food, Drug, and Cosmetic Act and all biological products licensed under section 262 of this title to treat substance use disorders or reverse overdoses, pursuant to Federal and State law;
- (ii) medically supervised withdrawal management, that includes patient evaluation, stabilization, and readiness for and entry into treatment;