

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Human Services to which was referred House Bill No.
3 186 entitled “An act relating to the systemic evaluation of recovery residences
4 and recovery communities” respectfully reports that it has considered the same
5 and recommends that the bill be amended by striking out all after the enacting
6 clause and inserting in lieu thereof the following:

7 It is hereby enacted by the General Assembly of the State of Vermont:

8 * * * S.186 as Passed Senate * * *

9 Sec. 1. RECOMMENDATION; RECOVERY RESIDENCE

10 CERTIFICATION

11 (a) The Department of Health, in consultation with State agencies and
12 community partners, shall develop and recommend a certification program for
13 recovery residences operating in the State. The certification program shall
14 incorporate those elements of the existing certification program operated by
15 the Vermont Alliance of Recovery Residences. The recommended
16 certification program shall also:

17 (1) identify an organization to serve as the certifying body for recovery
18 residences in the State;

19 (2) propose certification fees for recovery residences;

20 (3) establish a grievance and review process for complaints pertaining to
21 certified recovery residences;

1 (4) identify certification levels, which may include distinct staffing or
2 administrative requirements, or both, to enable a recovery residence to provide
3 more intensive or extensive services;

4 (5) identify eligibility requirements for each level of recovery residence
5 certification, including:

6 (A) staff and administrative requirements for recovery residences,
7 including staff training and supervision;

8 (B) compliance with industry best practices that support a safe,
9 healthy, and effective recovery requirement; and

10 (C) data collection requirements related to resident outcomes; and

11 (6) establish the required policies and procedures regarding the
12 provision of services by recovery residences, including policies and procedures
13 related to:

14 (A) resident rights;

15 (B) resident use of legally prescribed medications; and

16 (C) promoting quality and positive outcomes for residents.

17 (b) In developing the certification program recommendations required
18 pursuant to this section, the Department shall consider:

19 (1) available funding streams to sustainably expand recovery residence
20 services throughout the State;

1 (2) how to eliminate barriers that limit the availability of recovery
2 residences; and

3 (3) recovery residence models used in other states and their applicability
4 to Vermont.

5 (c) On or before October 15, 2024, the Department shall submit a written
6 report describing its recommended recovery residence certification program
7 and containing corresponding draft legislation to the House Committee on
8 Human Services and to the Senate Committee on Health and Welfare.

9 (d) As used in this section, “recovery residence” means a shared living
10 residence supporting persons recovering from a substance use disorder that:

11 (1) provides tenants with peer support and assistance accessing support
12 services and community resources available to persons recovering from
13 substance use disorders; and

14 (2) is certified by an organization approved by the Department of Health
15 and that is either a Vermont affiliate of the National Alliance for Recovery
16 Residences or another approved organization or is pending such certification.

17 Sec. 2. ASSESSMENT; GROWTH AND EVALUATION OF RECOVERY

18 RESIDENCES

19 (a) The Department of Health shall complete an assessment of recovery
20 residences in the State. In conducting the assessment, it shall obtain technical
21 assistance for the purposes of:

- 1 (1) creating a comprehensive inventory of all recovery residences in
2 Vermont, including assessments of proximity to employment, recovery, and
3 other community resources;
- 4 (2) assessing the current capacity, knowledge, and ability of recovery
5 residences to inform data collection and improve outcomes for residents;
- 6 (3) assessing recovery residences’ potential for future data collection
7 capacity;
- 8 (4) assessing the types of data systems currently in use in Vermont’s
9 recovery residences and defining the minimum core components of a data
10 system;
- 11 (5) assisting to develop a framework of critical components and
12 measurable outcomes for recovery residences and other recovery communities;
- 13 (6) assisting with capacity building and sustaining alternative payment
14 models for recovery residences; and
- 15 (7) building sustainable funding with a focus on developing fee
16 structures.
- 17 (b) On or before October 15, 2024, the Department shall submit the results
18 of the assessment required pursuant to this section and any recommendations
19 for legislative action to the House Committee on Human Services and to the
20 Senate Committee on Health and Welfare.

1 (c) As used in this section, “recovery residence” means a shared living
2 residence supporting persons recovering from a substance use disorder that:

3 (1) provides tenants with peer support and assistance accessing support
4 services and community resources available to persons recovering from
5 substance use disorders; and

6 (2) is certified by an organization approved by the Department of Health
7 and that is either a Vermont affiliate of the National Alliance for Recovery
8 Residences or another approved organization or is pending such certification.

9 * * * Excerpts from H.639* * *

10 Sec. 3. 9 V.S.A. § 4452 is amended to read:

11 § 4452. EXCLUSIONS

12 (a) Unless created to avoid the application of this chapter, this chapter does
13 not apply to any of the following:

14 * * *

15 (b)(1) Notwithstanding sections 4467 and 4468 of this chapter, a recovery
16 residence that has adopted a written exit and transfer policy approved by the
17 Vermont Alliance for Recovery Residences may immediately exit or transfer a
18 resident in accordance with the policy if:

19 (A) the exit or transfer is necessary for the resident’s welfare;

20 (B) the resident’s needs cannot be met at the recovery residence; or

1 (C) the health and safety of other residents or recovery resident
2 employees would be at risk if the resident continues to reside at the recovery
3 residence.

4 (2) As used in this subsection, “recovery residence” means a shared
5 living residence supporting persons recovering from a substance use disorder
6 that:

7 (A) provides tenants with peer support and assistance accessing
8 support services and community resources available to persons recovering
9 from substance use disorders; and

10 (B) is certified by an organization approved by the Department of
11 Health and that is either a Vermont affiliate of the National Alliance for
12 Recovery Residences or another approved organization or is pending such
13 certification.

14 Sec. 4. LEGISLATIVE INTENT; RECOVERY RESIDENCES;

15 LANDLORD-TENANT EXEMPTION

16 It is the intent of the General Assembly upon passage of legislation
17 codifying the recovery residence certification program recommended by the
18 Department of Health:

19 (1) to repeal 9 V.S.A. § 4452(b) (recovery residence exit or transfer
20 exemption from eviction laws); and

1 (2) to add an exemption from the application of 9 V.S.A. chapter 137
2 (residential rental agreements) for occupancy in a recovery residence that has
3 been certified by the Vermont Alliance for Recovery Residences according to
4 the requirements of the certification process recommended by the Department
5 of Health.

6 Sec. 5. 18 V.S.A. § 4812 is added to read:

7 § 4812. RECOVERY RESIDENCES; EXIT AND TRANSFER REPORTING

8 (a) Annually on or before January 1, a recovery residence shall report to the
9 certifying body for the recovery residence any exit or transfer of a resident by
10 the recovery residence in the previous year and the asserted basis for exiting or
11 transferring the resident.

12 (b) Annually on or before January 15, the certifying body for a recovery
13 residence shall report to the Department of Health the data received under
14 subsection (a) of this section.

15 (c) Annually on or before February 1, the Department of Health shall
16 submit the data received under subsection (b) of this section to the House
17 Committees on General and Housing and on Human Services and the Senate
18 Committees on Economic Development, Housing and General Affairs and on
19 Health and Welfare.

20 (d) As used in this section, “recovery residence” means a shared living
21 residence supporting persons recovering from a substance use disorder that:

