

**Statement to Energy and Commerce Health Subcommittee Hearing Member Day:
Testimony and Proposals on the Opioid Crisis
Rep. Judy Chu
October 11th, 2017**

Chairman Burgess and Ranking Member Green, I want to start by thanking you for allowing members to testify on this issue, which has impacted all of our districts.

Today, I would like to draw the Subcommittee's attention to the significant needs of those who have sought help for addiction, completed treatment, and are just beginning to live in recovery. These individuals often choose to live in sober living facilities after completing treatment in order to ease into the routines of daily life. However, "sober homes" are commonly unequipped to handle patients at risk of overdose, or do not employ staff with specialty training for individuals in recovery. Worst of all, some of these facilities do not encourage recovery at all, but exploit vulnerable recently released from treatment in order to collect insurance payments. This can mean life or death for people like Tyler, from my district of Pasadena, California, who died from an overdose after his sober home didn't recognize the symptoms of his overdose, or have Naloxone, the medication that can reverse an overdose, on hand. Tyler was only 23 years old.

Unfortunately, this is not an isolated issue. I have heard from advocates in Arizona, Pennsylvania, Missouri, Ohio, and countless others who are concerned for their friends and neighbors living in unregulated sober living facilities. I would like to submit for the record a New York Times article from 2015 and a May 2017 report from the Department of Justice outlining abuse and fraud at sober homes in New York and Florida. These reports describe sober living facilities that lacked access to Naloxone, ordered unnecessary tests on residents to exhaust their insurance benefits, and required residents to relapse and re-enter treatment so resident directors could claim some of the Medicaid benefits.

Licensing for recovery residences, or sober living facilities, varies substantially from state to state, and there are facilities in every state operating without licenses at all. Further, oversight of these facilities is minimal, so patients and families with loved ones in recovery struggle to distinguish good actors from bad ones. For some of these individuals, they may not discover that their facility is negligent until it is too late.

That is why this week, I plan to introduce the Ensuring Quality Sober Living Act. My legislation would authorize the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop a set of best practices for residential recovery facilities so patients, families, and states can distinguish quality sober living facilities from sites that are fraudulent or unequipped to offer appropriate assistance to their residents. The bill would require SAMHSA to disseminate these best practices to each state, and authorize the agency to provide technical assistance and support to states that wish to adopt or implement these best practices.

My bill would allow states, who are struggling to address the opioid crisis, to work with SAMHSA to help set up criteria to designate *quality* sober living facilities. These best practices will follow the guidelines that have been published by the National Association of Recovery

Residences, which provide benchmarks for various levels of quality facilities. These benchmarks include common-sense measures like requiring that all fees and charges be explained to residents before entering a binding agreement, that paid work performed at the facility be completely voluntary and not impede the recovery process, and that Naloxone is available and accessible, and that staff and residents are trained to use it in emergencies.

Thank you again for taking the time to hear from your colleagues on ways to address this growing crisis. I ask that as you continue to consider legislation on the opioid epidemic, you include ways to address the needs of those newly in recovery.