

Attachment — Additional Questions for the Record the Honorable Gus M. Bilirakis

RESPONSE FROM RYAN HAMPTON

1. Thank you for joining us today and sharing your experience. The opioid crisis is not bound by socio-economic status, state lines, ethnicity, sex, or age –even our seniors are not immune to this public health emergency as they are highly impacted by acute and chronic pain. It's critical we hear from all stakeholders affected – especially those in opioid recovery.

- Can you describe for us the importance of sober housing to someone in recovery – why is it necessary?

ANSWER FROM RYAN HAMPTON:

Sober living houses (SLHs), more commonly called sober homes and sober living homes and more rarely sober living environments, are facilities used by people recovering from substance use disorder that serve as an interim environment between rehab and mainstream society. SLHs grew out of a need to have safe and supportive places in which people could live while they were vulnerable in early recovery. They are primarily meant to provide housing for people who have just come out of rehab (or recovery centers) and need a place to live that is structured and supporting for those in recovery.

Residents are often required to participate in 12-step meetings, take drug tests and show demonstrably that they are taking important steps to long lasting recovery. As a whole, experienced addiction treatment providers agree that remaining in sober living/aftercare following treatment can result in substantially improved results. One of the key factors has to do with the level of structure, however. Residences utilizing a higher level of structure tend to see dramatically improved results in terms of long-term recovery.

Recovery-supportive houses provide both a substance-free environment and mutual support from fellow recovering residents. Many residents stay in recovery housing during and/or after outpatient treatment, with self-determined residency lasting for several months to years. Residents often informally share resources with each other, giving advice borne of experience about how to access health care, employment, manage legal problems, and interact with the social service system. Some recovery houses are connected with the National Alliance of Recovery Residences, a non-profit organization that serves 25 regional affiliate organizations that collectively support more than 25,000 persons in recovery across over 2,500 certified recovery residences.

2. Patient brokering continues to be an issue in Florida. Upon learning that various mental health and substance abuse facilities were making payments to individuals for the referral of patients identified in Alcoholics Anonymous meetings, homeless shelters, and other similar environments, Florida's legislature passed The Patient Brokering Act to prevent it by making the

perverse practice a third-degree felony punishable by up to 5 years in prison. However, monitoring and enforcement continue to challenge my state.

- That said, what are patients currently doing to protect themselves from being taken advantage of by these bad actors?

ANSWER FROM RYAN HAMPTON:

When desperate families and patients enter the addiction treatment and sober living spectrum for the first time, their level of awareness around the patient brokering practices and bad actors is minimal. People are not thinking of ethics when their loved one is on the verge of dying. They trust the system they are provided with. For example, when my mother went searching for help for me when it was apparent that I had a problem with heroin, she was not thinking that she needed to explore the business practices of providers – rather she was looking for what she thought was the best possible care. And unfortunately, there is no trusted roadmap for families and lax oversight and regulation. Therefore, families are often led right into the hands of predatory providers and bad actors – not knowing what they are getting into.

Under the current system, bad actors can look exactly the same as good operators. It is easy for them to disguise themselves because there is no national standard, no system for distinguishing the good from the bad, no oversight, and very little enforcement to protect families and people struggling.

The federal government has a responsibility to set a national standard and provide guidance to the states on how to effectively end this practice and protect people with substance use disorder, their families, and loved ones.

- Knowing full-well that patient brokering is occurring, why hasn't the recovery industry created a national standard or distributed best practices?

ANSWER FROM RYAN HAMPTON:

I do not believe we can leave the recovery industry to police itself when it comes to protecting people from patient brokering and unethical, criminal practices. There have been many attempts from within the recovery industry to set standards, however these organizations do not have regulatory oversight nor the power to enforce.

The time has come for the federal government, as well as state and local governments, to step in.

During the financial crisis of 2008, the federal government did not ask the question as to "why" the financial/banking industry just doesn't regulate and police itself. They stepped in and took immediate action.

People's lives are at risk. We do not have the luxury of relying on a broken system to police itself.

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