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**House of Representatives**  
COMMONWEALTH OF PENNSYLVANIA  
HARRISBURG

**HOUSE DEMOCRATIC POLICY COMMITTEE HEARING**

**Topic: House Bill 355**

**Ben Franklin Middle School – Levittown, PA**

**April 10, 2017**

**AGENDA**

- 2:00 p.m. Welcome and Opening Remarks
- 2:10 p.m. Panel One:
- Jessica Scheiber Blackburn, Parent
  - Angelina Mundy, Parent
  - Leonard Spearing, Parent
- 2:30 p.m. Panel Two:
- Diane Rosati, Executive Director, Bucks County Drug & Alcohol Commission
  - Bryan Kennedy, Owner, Independence Lodge Sober Living
  - Micki Kaisinger, Owner, Emilie House
- 3:10 p.m. Panel Three:
- Howard Allen, Councilman, Bristol Township
  - Tom Tosti, Supervisor, Middletown Township
  - Mike Clarke, Solicitor, Falls Township
- 3:50 p.m. Closing Remarks

**Testimony of Angelina Lofaro-Mundy**  
**4/10/17 House Democratic Policy Committee Hearing**

Good afternoon. My name is Angelina Lofaro-Mundy. I'm here today because I would like to share my story in hopes that it will add to the understanding of the necessity to pass ***HB355 An Act providing for the certification of recovery residences.***

My daughter, Katelynne Alyssa Sheaf died on June 2, 2015. It was the recovering addicts' parents worst nightmare come true.

Katelynne was a beautiful young mother of two, Gabriel and Elijah who at the time of her death were 6 and 2 years old. She loved her boys and wanted to be there for them and free of her demons which plagued her everyday life.

Katelynne had struggled with her addiction for at least 10 years. There were countless times in and out of jail, programs and recovery houses. Always, we sought the best route for her recovery; the best route we could afford. It's heart breaking for a parent to see your child afflicted by this disease

In February 2014, after another 60 day stint in a program an hour away, Katelynne came home. We believed for good this time. We welcomed her and her boys full time. We, as parents, wanted the best for her and for them.

Time passed and life happens. In the summer of 2014 I lost my mother, Katelynne's youngest Elijah was suffering from kidney disease and she was having difficulty finding a job with her record. The stresses of life started to attack her again awakening her inner demon. The one she fought to suppress.

Katelynne began to use again, we believe in late 2014. We encouraged her to get help – talk with her social worker, PO, counselor; whoever could help. I took her to meetings, we restricted her from using our vehicles and going out. She was a 27 year old woman and mother. We fought A LOT. We just wanted her safe and to build a life.

Moving on; through fight and struggle we get to the spring of 2015. Some days were okay, others were turbulent. It was May 31<sup>st</sup> and we were trying to have a nice get together with family and friends, just days after Katelynne's birthday. We even had a cake for her as on her actual birthday we were at Children's Hospital of Philadelphia for another visit for Elijah.

It was obvious that Katelynne was using and not herself; not the beautiful loving daughter and mother I loved so dearly. We had words and it became physical. The boys were there. It was ugly and someone had called the police. The police came and after an hour of understanding the situation, the police removed Katelynne from the house. At that time, she went to a close family friends for the evening, settled down and got some sleep.

It was the next day, On June 1<sup>st</sup> after lengthy discussion and planning that Katelynne went to a recovery house. It was a house I knew, she had been there before. She was going to stay for a week or two until she could get into another program to get back on track. I believe, at that time, the charge was about \$110 or \$120/week to stay. I wasn't overly concerned with the charge as Katelynne needed a safe environment to stay in – away from the boys; while she began her journey once again to recovery.

The owner of this house owned a few recovery houses in the area. In this particular house, the owner actually lived. I had previously toured this house, saw the kitchen, sleeping rooms and community room. I had spoken with the owner and talked with him previously at length about Katelynne and her

recovery. He had assured me that this house and his others had 'house managers' and that the residents had responsibilities, were held accountable for their actions and were supported in their recovery. They were often taken to meetings and communication was key. He would provide or arrange rides for meetings and work also if necessary.

Haven spoken with him before, and been in the house I felt safe that Katelynne would be looked over in an environment encouraging healing.

I was wrong.

About 12:03 a.m. on June 3<sup>rd</sup>, 2015 the police were knocking on my door.

At some point on the morning of June 2<sup>nd</sup>, 2015 my Katelynne died. I don't know the exact time of her death, because her body lay cold and alone for hours. The girl who was sharing a room with her had left that morning, thinking she was asleep. I know it was on June 2<sup>nd</sup>, because the night before Katelynne and the friend in the room with her had talked for hours into early a.m. on the 2<sup>nd</sup>. This girl that Katelynne shared a room with is also now deceased. She had a lengthy stay in the same house and although she was found in a hotel, her residence was that house, the same house with an owner who assured me his residents were supported in their efforts for recovery. Well that is just plain BS!

Recovery houses gain residents through referrals from programs. They make money on each bed that is filled. A recovery house is a tool for recovering addicts. It is supposed to provide structure and assistance to the addict seeking to rebuild their life. It is supposed to be their last stop before again living free of their demons and having a fruitful life. Not the last stop of their life.

I fully support HB355. I will fight right along side any action necessary to bring it into effect. If recovery houses have certification and guidelines, it will help addicts. It will encourage a safe environment with structure and assistance to build a new life.

I also have spoken with recovered addicts. I have asked what works and what doesn't. I have heard of recovery houses in which the 'manager' themselves use. I have heard residents need to be out of the house for several hours a day with no direction as to what they were supposed to do during those hours. I have come to understand that in some, there is no accountability and the supposed responsibilities can be overlooked often with little or no accountability for the residents' lack of involvement and movement towards recovery.

For those recovered over a year without use I have been told that their turning point was being in a house where they were held accountable for their actions. In a residence where they are expected to go to meetings, seek employment. Where if there is an issue, someone is available to talk to at anytime. There is guidance and support. I believe recovery houses are a necessary step for recovering addicts and can help significantly in the road to recovery. Only though, when they are well managed – when the manager/administrator is there whole heartedly and not occasionally involved. When they have a belief that recovery is possible; when they fight the fight with the residents and look at them as human beings able to live life fully and not just as a ticket to another \$120 a week. Because in the end, it was clear what my daughter was to this owner. After knowing her for over three years, when questioned by the police he said he had only just met her the night before when she arrived.

### **Testimony of Leonard Spearing for 4/10/17 House Democratic Policy Committee Hearing**

I was asked to testify at this hearing because I am the parent of a 33 year old who died of a drug overdose while living at what I thought was a legitimate and qualified recovery house in Bristol Twp.

I later came to find that the owner of this property had applied to operate as a Recovery House but his application was denied. In fact, the building was not even zoned for tenants, yet he rented rooms on a regular basis. Township officials were aware, or should have been aware, that this facility was operating as a recovery house but did nothing to intervene.

After struggling with his addiction, my son got himself into rehab via the emergency room at Doylestown Hospital. The day he was admitted we had called 12 treatment facilities, none of which had a bed for him. I drove him to Doylestown Hospital and he said that he was a danger to himself and others and was committed. After 48 hours he was placed at the Kirkbride Center in West Philadelphia.

He experienced a great deal of growth while at Kirkbride and seemed to be headed in the right direction. He was clean and had a list of plans which he kept in a notebook. The title of the notebook was Dopeless Hope Fiends. After 30 days he was discharged to the "recovery house" at 616 Coventry Lane, in Croydon PA. The paperwork on the discharge form states that it is a sober house. Prior to his discharge I spoke to the counselor regarding concerns about relapse. I was assured by individuals at Kirkbride that they check out these facilities and he would be safe.

I drove my son to 616 Coventry straight from Kirkbride with my son. While I was there I met with the owner Raymond Pramov. He shared with me that he was a recovering alcoholic and that recovery was like a big hill and that from time to time they needed to help each other out to get up that hill. He introduced me to someone else who he described as the house manager. I presented him with a check for \$165.00 for one week's rent. He asked that I make the check out to Cedar Avenue House. He stated that he had several houses organized under that name. That was on October 28<sup>th</sup>, I received a phone call the evening of November 3<sup>rd</sup>, from Bristol Twp. police that my son was dead.

No charges were ever filed in this case. The funeral director told me that my son looked like someone had beat him up, based upon the swelling and contusions on his face and body. A bruise on his ribs indicated that he had been kicked while he was laying down. Police told me that his body had been dragged from one room to another by another resident and another unidentified person and that his head banged on the steps and caused the damage. The police called me on my son's cell phone while I was driving home from work at approximately 8:00 pm. The officer asked me if I knew Leonard Spearing. After I told him he was my son he bluntly told me my son was dead. Mr. Pramov continued to operate his unlicensed recovery house, without any consequences. When I went to collect my son's belongings, Mr. Pramov, who had been so engaging earlier, told me that he had been at the ER the day that it happened and he didn't know anything. "When I got home there was a dead guy in my house."

I could have easily had my son stay with me but I felt that I was doing the right thing. If you have cancer you don't treat it yourself, you go to a professional. In this case, I felt that I was dealing with a placement that had special expertise and would support him as he sought to reestablish himself as a productive member of society. I expected that there would be daily meetings, drug testing and a clean safe environment. Obviously that did not happen.

My son leaves behind a family that is devastated. His wife and four children, his two sisters and countless other relatives who are bereft. He did not receive the help that he needed.

# ***Bucks County Drug & Alcohol Commission, Inc.***

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**April 10, 2017**  
**Diane W. Rosati**  
**Bucks County Drug & Alcohol Commission, Inc.**

Thank you Representative Davis, esteemed legislators, officials and community members. My name is Diane Rosati, Executive Director of the Bucks County Drug and Alcohol Commission, Inc., located in Warminster, PA. I appreciate this opportunity to address this important issue for our community and people in recovery. Thank you for your request for input regarding the Certified Recovery Residence Act.

Created in 1973, the Bucks County Drug & Alcohol Commission, Inc. is the designated Single County Authority (SCA) for alcohol, tobacco and other drug services for Bucks County. We are responsible for the administration and management of public funds designated for substance abuse prevention, intervention, treatment and recovery services. We are a non-profit organization governed by a voluntary board of directors, who are appointed by the County Commissioners.

We are fortunate in Bucks County to have a legislative delegation that understands addiction and recovery. Our treatment and recovery support providers offer comprehensive and effective services. However, as each of you well know, the demand for drug and alcohol treatment is ever increasing. We are faced with a perfect storm. For the fifth straight year, the Commission noted that heroin has overtaken alcohol as the primary drug of use; that is, the drug most people reportedly were using when they entered treatment. We are experiencing an opiate and prescription medication epidemic. Each day we – and you legislators – receive desperate phone calls from parents of children – who are not minor children, and are often in their twenties, thirties and forties, seeking direction on where to turn for help. Too many – and one is too many – parents call our office to tell us of a child's death by overdose. The current Overdose epidemic requires all hands on deck; it is not business as usual. Our friends, relatives, co-workers, and loved ones, deserve a safe, supportive and substance free environment where they can plant the roots of long term recovery. They deserve no less.

Reducing barriers is essential in building recovery capital and maintaining long term sobriety – so people can return to their jobs, their families, their communities. The issue of housing is a key barrier – or key opportunity – for our clients. We support quality recovery houses in our community. It is important to acknowledge that Recovery Houses are not treatment centers, as opposed to Halfway Houses, which offer substance use treatment, and are licensed by the PA DDAP.

Woven into the fabric of our Recovery Support Services are Recovery Houses, an essential tool in the Recovery toolbox. As you have heard, Recovery Houses come in all forms. We currently

contract with only Recovery Houses who are members in good standing of the RHA and we conduct annual site visits, as mandated by DDAP – and our monitoring tool includes items beyond what DDAP requires. In addition, Recovery Houses in our network agree to unannounced inspections conducted by our office in conjunction with Probation and Parole and representatives of the RHA. We do have feedback on three points, regarding the Certified Recovery Residence Act:

1. Our agency supports that, according to the new Certification, *“No drug and alcohol recovery house may receive funding from the department or a State agency without certifications.”*
2. As we are focused on the reduction of fatal overdose, we encourage the use of Narcan at each Certified Recovery Residence. We want to ensure that a policy and procedure is in place for the use of Narcan, along with a reporting form, a Narcan Utilization Questionnaire. We expect that each overdose survivor will be transported for medical attention and treatment. Our agency offers sample policies, and provides Narcan at no cost to Recovery Residences within the RHA. It is reasonable that Recovery Residence should provide proof of Narcan trainings, and policies, for their staff, and that they purchase Narcan as well.
3. It is essential that Single County Authorities are notified of Certifications of Recovery Residences. We have a similar communication with PA DDAP when a new substance use treatment provider becomes licensed, whereby we receive written notification of the licensure and site visit. We recommend the same for the new Certification for Recovery Residences.

We are committed to working with DDAP, the Recovery House Association and community members to ensure the highest quality of Recovery Housing in our communities. The standards recommended in Certified Recovery Residence Act will hopefully lead to increased quality for residents and neighbors.

In summary, Recovery Residences fill a void for many in our community. We look to an ongoing partnership and contractual relationship with the Recovery Residences who offer an opportunity for safety, recovery environment and support. We have long ago recognized that funding treatment alone is not the answer – that there is not one answer to overcoming addiction. We do believe, though, that wrapping recovery supports around individuals, while in treatment and when they leave traditional treatment, offers the best chance at long term recovery. Recovery Residences can be crucial in building a strong foundation for continued abstinence. Thank you for your attention to this important issue, and thank you for your support and commitment to the citizens of Bucks County, of PA, and the recovery community.

**Micki Kaisinger, Emilie House**  
**Testimony for 4/10/17 House Democratic Policy Committee Hearing**

My name is Micki Kaisinger, and my family and I own Emilie House Sober Living. We have been doing this for 15 years now in this community, Bristol Township, and I feel that we have been as asset to the community. We are not a big business, and we never will be. We're a small, family-run operation with 5 houses where people in early recovery can live for a period of time while they are learning how to be productive members of society. We keep our houses in excellent condition inside and out, and we go out of our way to be considerate of all our neighbors in the township. We have rules at Emilie House , and we enforce them. We expect the people who live at our recovery houses to behave like upstanding citizens at all times, and if they do not, they are no longer able to reside here. We follow all the rules and guidelines of the township, the county, the state and the federal government. We go out of our way to help every individual that we work with, and we connect them with all the resources we can. Our goal is to help someone who has just arrived to get back on their feet, to stay clean and sober, and to learn how to live a happy, full, and productive life. We've had many, many success stories. People who came in with absolutely nothing who went on to open their own businesses or buy their own homes, return to school, and be successful in too many ways to count. We've helped husbands and wives return to their families, and children return to their parents. We offer a safe sober environment where people have every opportunity to succeed. We don't just work with the people at Emilie House, though. We volunteer on many boards and organizations in the community, such as the Bucks County Drug and Alcohol Commission, Libertae, the FARM team, and the Council of Southeast PA. 3 of us are certified with the State of Pennsylvania as Certified Recovery Specialists. We support and participate in all the sober events we can. We give back to the community every chance we get.

I wish I could sit here and tell you that every moment of this job is rewarding. Some days I am so proud of the members of Emilie House that my heart is bursting with joy. But even on the best days, there is still fear and anxiety on a daily basis, because we care so much about all of our residents. And when you are working with people who have drug and alcohol problems, it's always a worry that something bad could happen to one of them. Anyone here who has ever had a loved one with a drug addiction knows what I mean when I say that you never, ever relax 100%, because with addiction there is always the chance of relapse. And today the chance of relapse can be deadly. So I, and the rest of my family who help out with Emilie House, are on call 24 hours a day, 7 days a week, 365 days a year. Every single time that phone rings, I worry that something has happened to someone I care about. I used to think that I wanted my children to follow in my footsteps and take over this business, but now I'm not so sure. It's hard work, emotionally, physically and mentally, and it takes a toll on you. I'm not saying this to make anyone feel bad for me at all, but I'm trying to convey that this is not a business where you can just put some people in a house and hope for the best. You put your heart and your soul into this, and you do a lot of praying that your work helps these people to succeed. This is not a business that should be run by real estate companies, or big business

owners who are just trying to make money. We need committed, dedicated owners to run good recovery houses where people's lives come first.

We've always held ourselves to a high set of morals and ethics, which means we do the right thing because it's the right thing. Nobody needs to tell us that, but unfortunately not everybody operates the same way. There are people who own or run recovery houses, sober houses, transitional houses, whatever they want to call them, who are in the business for only one reason, and that is to make money. I'm certainly not against anyone making money for their work, but there's got to be more to it. We struggle with the fact that addicts coming to our houses know that they will have to follow strict rules and stay sober here, or they will be asked to leave. Sounds pretty simple right? All recovery houses should operate this way, but they don't. Some have very few rules, and allow residents to do pretty much whatever they want as long as they pay their rent. We are competing with other houses that are not adhering to any type of rules or guidelines and are not assets to the community. But try explaining to a 23 year old heroin addict that he or she should choose to toughest house with the most rules because that's the best chance they have to save their life. At that age they feel invincible, but sadly, we all know that is not the truth. We have testified several times already, in Harrisburg for Representative Davis, at Bristol Township for the Council, for the state task force, and at every venue we are part of that recovery houses are crucial to long-term sobriety, that they definitely do work if run properly, and that we need them here and everywhere in our country. But a few rules and guidelines would be great, and would give the officials some sort of way to monitor houses and force them to either step up and do things right or to get out of the business.

We have dedicated our lives to helping addicts to achieve sobriety, and we are in favor of the guidelines Representative Davis has put forth. Tina Davis has a heart of gold, and I can tell you that she is 100% committed to helping people in need and willing to do whatever it takes to make that happen. I invite anyone with questions or concerns to contact me or my husband at any time and I will make my contact information available to you. Thank you for allowing me to speak today.



**Tom Tosti, Supervisor of Middletown Township (Bucks County) and Director of AFSCME District Council 88**

Before I was elected Township Supervisor, I campaigned throughout the township knocking on doors in the Snowball Gate section of Levittown. One of the residents brought a local recovery home to my attention. Not knowing a lot about the situation, I listened to the resident's concerns and told him I would do some research. The more doors I knocked on, the more I heard about this recovery home.

Fast forward to my election in 2015. I was sworn in in January 2016 and at the next meeting, I asked about the Township's recovery homes. The Board agreed to look at the situation and address it at a later date. After the meeting, the Solicitor approached me and explained the complications of doing a blanket ban on them in our Township. He told me about the federal Fair Housing Amendments Act, which protects those in recovery from housing discrimination; something I was unaware of.

At the next meeting, we asked the Solicitor to come up with some solutions that could work in our Township. We did not want to establish an ordinance that would put our Township at risk, so we looked at how we can protect our taxpayers while still helping those who utilize these homes for the assistance that they need.

On June 6, 2016, we passed an amendment to our current ordinance, #16-01, which defined and established definitions within the existing regulations. We amended Chapter 377 "Rental Property" of the code by renaming it "Property and Transient Dwellings" in order to include amended definitions. We also amended Chapter 377 and

Chapter 249 "Fire and Safety" to include transient dwellings. These amendments also established definitions for the regulations within the A-O -Apartments, MHP-Mobile Home Park, C-Commercial, and P-Professional zoning districts. These amendments don't affect any of the existing homes in the Township; only new ones.

My heart goes out to our current residents who do not want the homes in their neighborhoods; however, I also have concern for the people who are trying to recover from this horrible disease. In my capacity as Director of AFSCME District Council 88, I see firsthand how addiction affects families and communities, so I have started a new initiative within my Council to bring awareness to this horrible disease.

Even after all of the work our Board has done, the problem is still not solved; our taxpayers want more. There is only so much we can do as local elected officials.

What we are looking for from our state legislature is assistance in helping our communities. HB 355, the Certified Recovery Residence Act, is a step in that direction. It would put safeguards in place to protect the recovery system and our communities. It would also increase the quality of opportunities, safety, and support for our communities and the recovery system.

Thank you and I would be glad to answer any questions.

**Pennsylvania House of Representatives**

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<http://www.legis.state.pa.us/cfdocs/Legis/CSM/showMemoPublic.cfm?chamber=H&SPick=20170&cosponId=21480>

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## House Co-Sponsorship Memoranda

### House of Representatives Session of 2017 - 2018 Regular Session

#### MEMORANDUM

**Posted:** December 20, 2016 09:07 AM  
**From:** [Representative Tina M. Davis](#)  
**To:** All House members  
**Subject:** Legislation - Certified Recovery Residence Act

In an effort to ensure that recovery houses in the Commonwealth provide a safe environment for residents and their surrounding communities, I will be introducing legislation creating the Certified Recovery Residence Act. This legislation is similar to former House Bill 1884 of the 2015-16 Legislative Session but with new language requiring recovery homes to implement training and treatment protocols regarding the administration of Narcan to counteract drug overdoses.

This proposal will establish the State Board of Recovery Residences within the Bureau of Professional and Occupational Affairs. The Board will be charged with developing and administering a voluntary certification program and code of ethics for recovery residences, which are defined as peer-supported, alcohol-free, and drug-free living environments.

A residence applying for certification will be inspected and required to submit policies to the Board including, but not limited to, recovery, relapse, good neighbor, drug-testing, and safety. Recovery residences certified under this act will be monitored by the Board in order to maintain continuing compliance and certifications will expire one year after issuance. A certified residence must be actively managed by a certified recovery residence administrator who holds a valid certificate of compliance with the Board.

While the Pennsylvania Department of Drug and Alcohol Programs (DDAP) currently authorizes single county authorities to enter into contracts with recovery homes and establishes requirements for houses funded with DDAP dollars, I strongly feel that more safeguards must be enacted to protect the recovery system and the community. Therefore, please join me in co-sponsoring this legislation which will increase the quality of opportunity, safety, and support for recovery residents and their neighbors.

[View Attachment](#)

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Introduced as [HB355](#)

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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HOUSE BILL

No. 355 Session of  
2017

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INTRODUCED BY DAVIS, McNEILL, NEILSON, GALLOWAY, READSHAW,  
ROZZI, DeLUCA, DONATUCCI, V. BROWN, WATSON, DEAN, KORTZ,  
M. QUINN, THOMAS, SCHWEYER, KRUEGER-BRANEKY AND SOLOMON,  
FEBRUARY 6, 2017

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REFERRED TO COMMITTEE ON HUMAN SERVICES, FEBRUARY 6, 2017

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AN ACT

1 Providing for the certification of recovery residences and  
2 recovery residence administrators and for the establishment  
3 of the State Board of Recovery Residences and its powers and  
4 duties; and imposing penalties.

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16 Section 704. Background screening.  
17 Section 705. Certificate of compliance.  
18 Section 706. Suspension or revocation of certification.  
19 Section 707. Removal for certain offenses committed.  
20 Section 708. Advertisement.  
21 Section 709. Active management.  
22 Section 710. Qualifications.  
23 Chapter 9. Administration  
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28 Section 905. Purpose of fees and fines.  
29 Section 906. Regulations.  
30 Chapter 11. Miscellaneous Provisions

1 Section 1101. Effective date.

2 The General Assembly of the Commonwealth of Pennsylvania  
3 hereby enacts as follows:

4 CHAPTER 1

5 PRELIMINARY PROVISIONS

6 Section 101. Short title.

7 This act shall be known and may be cited as the Certified  
8 Recovery Residence Act.

9 Section 102. Findings and declarations.

10 The General Assembly finds and declares as follows:

11 (1) A person suffering from addiction has a higher  
12 success rate of achieving long-lasting sobriety when given  
13 the opportunity to build a stronger foundation by living in a  
14 recovery residence after completing treatment.

15 (2) The Commonwealth has a legitimate State interest in  
16 protecting persons suffering from addiction, who represent a  
17 vulnerable consumer population in need of adequate housing.

18 Section 103. Legislative intent.

19 It is the intent of the General Assembly to ensure that  
20 recovery residences provide a safe environment for residents and  
21 the surrounding community.

22 Section 104. Definitions.

23 The following words and phrases when used in this act shall  
24 have the meanings given to them in this section unless the  
25 context clearly indicates otherwise:

26 "Board." The State Board of Recovery Residences established  
27 under this act.

28 "Bureau." The Bureau of Professional and Occupational  
29 Affairs in the department.

30 "Certificate of compliance." A certificate that is issued by

1 the board to a recovery residence or a recovery residence  
2 administrator.

3 "Certified recovery residence." A recovery residence that  
4 holds a valid certificate of compliance and is actively managed  
5 by a certified recovery residence administrator.

6 "Certified recovery residence administrator." A recovery  
7 residence administrator who holds a valid certificate of  
8 compliance.

9 "Commissioner." The commissioner of the bureau.

10 "Department." The Department of State of the Commonwealth.

11 "Director." The chief administrative or executive officer of  
12 a service provider or recovery residence.

13 "Recovery residence." A residential dwelling unit or other  
14 form of group housing that is offered or advertised through any  
15 means, including oral, written, electronic or printed means, by  
16 any person or entity as a residence that provides a peer-  
17 supported, alcohol-free and drug-free living environment. The  
18 term shall include a residence described as a sober house or a  
19 house where there are residents in recovery from alcohol or  
20 other drug addiction.

21 "Recovery residence administrator." The person responsible  
22 for overall management of the recovery residence, including, but  
23 not limited to, the supervision of residents and staff employed  
24 by or volunteering for the residence.

### 25 CHAPTER 3

#### 26 STATE BOARD OF RECOVERY RESIDENCES

##### 27 Section 301. Creation of board.

28 The State Board of Recovery Residences is established within  
29 the bureau.

##### 30 Section 302. Composition of board.

1 The board shall consist of the following members, all of whom  
2 shall be residents of this Commonwealth:

3 (1) The commissioner, who shall serve as an ex officio  
4 member of the board.

5 (2) The Secretary of Drug and Alcohol Programs or a  
6 designee.

7 (3) The Secretary of Human Services or a designee.

8 (4) The Secretary of Health or a designee.

9 (5) A law enforcement official.

10 (6) An individual representing providers of drug and  
11 alcohol treatment facilities.

12 (7) An individual representing drug and alcohol recovery  
13 residences in this Commonwealth. At the time of appointment,  
14 the individual need not be certified but must have satisfied  
15 eligibility requirements for certification under this act.

16 (8) A certified codes official.

17 (9) A public member.

18 Section 303. Appointment and confirmation of members.

19 By and with the advice and consent of the Senate, the  
20 Governor shall appoint the individuals under section 302(5),  
21 (6), (7), (8) and (9) to the board.

22 Section 304. Term of membership and vacancies.

23 (a) Term.--The term of office for each member of the board  
24 listed under section 302(5), (6), (7), (8) and (9) shall be  
25 three years. If the member dies or resigns or is otherwise  
26 disqualified during the term of office, a successor shall be  
27 appointed in the same manner and with the same qualifications as  
28 the predecessor. The successor shall hold office for the  
29 remainder of the unexpired term.

30 (b) Reappointment.--A member of the board listed under



1 section 302(5), (6), (7), (8) and (9) shall be eligible for  
2 reappointment, but a member shall not be appointed to serve more  
3 than two consecutive terms.

4 Section 305. Expenses of members.

5 A member of the board may not receive compensation for  
6 services as a member of the board but shall be entitled to  
7 reimbursement for all necessary and reasonable expenses incurred  
8 in connection with the performance of the member's official  
9 duties as a member of the board.

10 Section 306. Meetings of board.

11 (a) Timing of meetings.--The board shall meet at least four  
12 times each year and, subject to the approval of the  
13 commissioner, may hold additional meetings whenever necessary to  
14 discharge its duties.

15 (b) Location of meetings.--The location of the meetings of  
16 the board shall be determined by the board, subject to the  
17 approval of the commissioner, but shall be within this  
18 Commonwealth.

19 Section 307. Attendance at meetings.

20 A member of the board listed under section 302(5), (6), (7),  
21 (8) and (9) who fails to attend three meetings in 18 months  
22 shall forfeit the member's seat unless the commissioner, upon  
23 written request from the member, finds that the member should be  
24 excused from a meeting because of illness or death of a family  
25 member.

26 Section 308. Powers and duties of board generally.

27 The board shall:

28 (1) Develop and administer a voluntary certification  
29 program for recovery residences.

30 (2) Establish procedures to:

1 (i) Administer the application, certification,  
2 recertification and disciplinary processes.

3 (ii) Monitor and inspect a recovery residence and  
4 its staff to ensure compliance with certification  
5 requirements.

6 (iii) Interview and evaluate residents, employees  
7 and volunteer staff on their knowledge and application of  
8 certification requirements.

9 (3) Develop a code of ethics for recovery residence  
10 administrators and the staff employed by or volunteering for  
11 recovery residences.

12 (4) Establish application, inspection and annual  
13 certification renewal fees in accordance with Chapter 5.

14 (5) Implement training and treatment protocols for  
15 recovery residence administrators and the staff employed by  
16 or volunteering for recovery residences regarding the  
17 administration of medication or other antidotes such as  
18 Narcan used to counter the effects of opioid or other drug  
19 overdose during a drug overdose event to a patient if  
20 requested by the patient or otherwise deemed medically  
21 appropriate. For purposes of this paragraph, the following  
22 shall apply:

23 (i) The term "drug overdose event" means an acute  
24 medical condition, including, but not limited to, severe  
25 physical illness, coma, mania, hysteria or imminent death  
26 that is the result of consumption or use of one or more  
27 controlled substances causing an adverse reaction.

28 (ii) A patient's condition shall be deemed a drug  
29 overdose if a prudent layperson possessing an average  
30 knowledge of medicine and health would reasonably believe



1 compliance policy.

2 (6) A relapse policy.

3 (7) A fee schedule.

4 (8) A refund policy.

5 (9) Eviction procedures and policies.

6 (10) A code of ethics.

7 (11) Proof of insurance.

8 (12) Proof of background screening.

9 (13) Fire, safety and health policies, along with proof  
10 of any satisfactory fire, safety and health inspections.

11 (14) Any other information that the board requires.

12 Section 503. Management of recovery residence.

13 (a) Requirement.--The board shall require a certified  
14 recovery residence to be actively managed by a certified  
15 recovery residence administrator.

16 (b) Application.--Each application for certification must  
17 include the name of the certified recovery residence  
18 administrator who will be actively managing the applicant  
19 recovery residence.

20 Section 504. Inspections.

21 (a) Inspection after application.--Upon receiving a complete  
22 application, the board shall conduct, or cause to be conducted,  
23 an onsite inspection of the recovery residence.

24 (b) Ongoing monitoring.--The board shall conduct, or cause  
25 to be conducted, onsite follow-up monitoring of a certified  
26 recovery residence to determine continuing compliance with  
27 certification requirements. The board shall inspect each  
28 certified recovery residence at least annually to ensure  
29 compliance.

30 (c) Fine for noncompliance.--A certified recovery residence

1 that is found to be noncompliant shall be fined as determined by  
2 the board.

3 Section 505. Background screening.

4 (a) Requirement.--Each owner, director and chief financial  
5 officer of an applicant recovery residence shall be subject to  
6 background screening.

7 (b) Costs.--The costs associated with background screening  
8 under this section shall be the responsibility of the individual  
9 screened.

10 (c) Notification of eligibility.--The board shall notify the  
11 owner, director or chief financial officer of eligibility  
12 regarding the operation of a recovery residence, based on the  
13 results of the background screening.

14 (d) Denial.--Unless the department issues an exemption, a  
15 recovery residence is ineligible for certification, and the  
16 board shall deny a recovery residence's application, if an  
17 owner, director or chief financial officer of the applicant  
18 recovery residence has been found guilty of, or has entered a  
19 plea of guilty or nolo contendere to, any of the following,  
20 regardless of any adjudication:

21 (1) An offense designated as a felony or misdemeanor  
22 under 18 Pa.C.S. (relating to crimes and offenses).

23 (2) An offense designated as a felony or misdemeanor  
24 under the act of April 14, 1972 (P.L.233, No.64), known as  
25 The Controlled Substance, Drug, Device and Cosmetic Act.

26 (3) Child abuse, as defined under 23 Pa.C.S. § 6303(b.1)  
27 (relating to definitions).

28 (4) Any attempt, solicitation or conspiracy to commit an  
29 offense under paragraph (1), (2) or (3).

30 Section 506. Certificate of compliance.

1 (a) Issuance.--The board shall issue a certificate of  
2 compliance upon approval of the recovery residence's application  
3 and inspection.

4 (b) Annual renewal.--A certification shall automatically  
5 terminate one year after issuance of a certificate of compliance  
6 unless the certification is renewed.

7 Section 507. Suspension or revocation of certification.

8 (a) Discretionary suspension or revocation.--Except as  
9 provided in subsection (b), the board may suspend or revoke the  
10 certification of a certified recovery residence if the recovery  
11 residence is not in compliance with any provision of this act or  
12 has failed to remedy any deficiency identified by the board  
13 within the time period specified.

14 (b) Mandatory revocation.--The board shall revoke the  
15 certification of a certified recovery residence if the certified  
16 recovery residence:

17 (1) Provides false or misleading information to the  
18 board at any time.

19 (2) Fails to comply with section 508 or 707.

20 Section 508. Removal for certain offenses committed.

21 If an owner, director or chief financial officer of a  
22 certified recovery residence is arrested for, has been found  
23 guilty of or has entered a plea of guilty or nolo contendere to  
24 an offense under section 505(d), regardless of any adjudication,  
25 while acting in the official capacity as owner, director or  
26 chief financial officer, the certified recovery residence shall  
27 immediately remove the individual from that position and shall  
28 notify the board within three business days after the removal.

29 Section 509. Advertisement.

30 (a) Prohibition.--A person may not advertise to the public,

1 in any way or by any medium whatsoever, a recovery residence as  
2 a certified recovery residence unless the recovery residence has  
3 first secured a certificate of compliance under this act.

4 (b) Penalty.--A person who violates subsection (a) commits a  
5 misdemeanor of the first degree and shall, upon conviction, be  
6 sentenced to pay a fine of not more than \$10,000 or to  
7 imprisonment for not more than five years, or both.

## 8 CHAPTER 7

### 9 RECOVERY RESIDENCE ADMINISTRATORS

10 Section 701. Notice of removal.

11 A certified recovery residence shall notify the board within  
12 three business days after the removal or permanent absence of  
13 the recovery residence's certified recovery residence  
14 administrator due to termination, resignation or another reason.

15 Section 702. Successor administrator.

16 A certified recovery residence shall retain a successor  
17 certified recovery residence administrator within 30 days of the  
18 removal or permanent absence of the previous administrator.

19 Section 703. Certification.

20 (a) Voluntary certification.--A recovery residence  
21 administrator may voluntarily earn and maintain certification  
22 from the board, to:

23 (1) Ensure that the administrator has the competencies  
24 necessary to appropriately respond to the needs of residents.

25 (2) Maintain residence standards.

26 (3) Meet residence certification requirements.

27 (b) Duties of board.--The board shall:

28 (1) Develop and administer voluntary certification for  
29 recovery residence administrators.

30 (2) Establish recovery residence administrator core

1       competencies, certification requirements and recertification  
2       requirements.

3           (3)   Establish a process to administer the certification  
4       application, award and maintenance processes.

5           (4)   Develop and administer a code of ethics and  
6       disciplinary process.

7           (5)   Require adherence to a code of ethics and provide  
8       for a disciplinary process that applies to certified persons.

9           (6)   Establish application and certification fees and an  
10       annual certification renewal fee, but:

11           (i)   The application and certification fees shall not  
12       exceed \$225.

13           (ii)  The annual certification renewal fee shall not  
14       exceed \$100.

15   Section 704.  Background screening.

16       (a)   Requirement.--Each recovery residence administrator  
17       applicant shall be subject to background screening.

18       (b)   Costs.--The costs associated with background screening  
19       under this section shall be the responsibility of the recovery  
20       residence administrator applicant.

21       (c)   Notification of eligibility.--The board shall notify the  
22       applicant of eligibility based on the results of the background  
23       screening.

24       (d)   Denial.--Unless the department issues an exemption, a  
25       recovery residence administrator applicant is ineligible for  
26       certification, and the board shall deny the application, if the  
27       applicant has been found guilty of, or has entered a plea of  
28       guilty or nolo contendere to, an offense under section 505(d),  
29       regardless of any adjudication.

30   Section 705.  Certificate of compliance.



1 (a) Issuance.--The board shall issue a certificate of  
2 compliance upon approval of the application of the recovery  
3 residence administrator applicant.

4 (b) Annual renewal.--A certification shall automatically  
5 terminate one year after issuance of a certificate of compliance  
6 unless the certification is renewed.

7 Section 706. Suspension or revocation of certification.

8 The board shall revoke the certification of a certified  
9 recovery residence administrator if the certified recovery  
10 residence administrator provides false or misleading information  
11 to the board at any time.

12 Section 707. Removal for certain offenses committed.

13 If a certified recovery residence administrator is arrested  
14 for, has been found guilty of or has entered a plea of guilty or  
15 nolo contendere to an offense under section 505(d), regardless  
16 of any adjudication, while acting in the official capacity as a  
17 certified recovery residence administrator, the recovery  
18 residence shall immediately remove the individual from that  
19 position, in which case the following shall apply:

20 (1) Section 701.

21 (2) Section 702.

22 Section 708. Advertisement.

23 (a) Prohibition.--An individual may not advertise to the  
24 public, in any way or by any medium whatsoever, that the  
25 individual is a certified recovery residence administrator  
26 unless the individual has first secured a certificate of  
27 compliance under this section.

28 (b) Penalty.--An individual who violates subsection (a)  
29 commits a misdemeanor of the first degree and shall, upon  
30 conviction, be sentenced to pay a fine of not more than \$10,000

1 or to imprisonment for not more than five years, or both.

2 Section 709. Active management.

3 A certified recovery residence administrator may actively  
4 manage no more than three recovery residences at any given time.

5 Section 710. Qualifications.

6 The board shall establish qualifications for individuals  
7 seeking to become a certified recovery residence administrator.  
8 Qualifications may include criteria involving age, education,  
9 professional experiences, training, moral character, sobriety  
10 and other requirements deemed necessary by the board.

11 CHAPTER 9

12 ADMINISTRATION

13 Section 901. Exemption from disqualification.

14 (a) Purpose.--An exemption referenced in section 505(d) or  
15 704(d) may be requested if a recovery residence determines that  
16 the exemption will benefit the recovery residence.

17 (b) Written exemption.--A request for an exemption shall:

18 (1) Be submitted in writing to the board within 20 days  
19 after the denial of certification by the board.

20 (2) Include a justification for the exemption.

21 (c) Grant of exemption.--Except as provided in subsection  
22 (d), the board may exempt an individual from a disqualifying  
23 offense under this act if at least three years have elapsed  
24 since the individual completed or was lawfully released from  
25 confinement, supervision or sanction for the disqualifying  
26 offense.

27 (d) Denial of exemption.--An exemption from a disqualifying  
28 offense under this act may not be given under any circumstance  
29 for an individual who:

30 (1) is designated as a sexually violent predator under

1 42 Pa.C.S. (relating to judiciary and judicial procedure);  
2 (2) is required to register as a sexual offender under  
3 42 Pa.C.S. Ch. 97 Subch. H (relating to registration of  
4 sexual offenders), unless the individual has been removed  
5 from the registry; or

6 (3) is an offender who has been found guilty of, or has  
7 entered a plea of guilty or nolo contendere to, more than  
8 three felony offenses under 18 Pa.C.S. (relating to crimes  
9 and offenses) within the last 15 years.

10 Section 902. Lists and publication.

11 (a) Maintenance of lists.--The board shall maintain a list  
12 of all certified recovery residences and recovery residence  
13 administrators that hold a valid certificate of compliance.

14 (b) Publication.--Except as provided in subsection (c), the  
15 department shall publish on its publicly accessible Internet  
16 website a list of:

17 (1) All recovery residences that hold a valid  
18 certificate of compliance.

19 (2) All recovery residence administrators who hold a  
20 valid certificate of compliance.

21 (c) Exclusion from publication.--A recovery residence or  
22 recovery residence administrator shall be excluded from  
23 publication under subsection (b) upon written request to the  
24 board by the recovery residence or recovery residence  
25 administrator.

26 Section 903. Licensure process and fees.

27 (a) Departmental rules.--The department shall establish by  
28 rule the licensure process to include fees and categories of  
29 licenses.

30 (b) Licenses generally.--The department may issue a

1 probationary, regular or interim license.

2 (c) Issuance.--After adopting the rule governing the  
3 licensure process and fees, the department shall issue one  
4 license for each service component that is operated by a service  
5 provider.

6 (d) Required information.--A probationary or regular license  
7 may be issued only after all required information has been  
8 submitted.

9 (e) Nontransferability.--A license may not be transferred.  
10 Section 904. Referrals.

11 (a) Certification necessary.--A licensed service provider  
12 may not refer a current or discharged patient to a recovery  
13 residence unless the recovery residence holds a valid  
14 certificate of compliance and is actively managed by a certified  
15 recovery residence administrator.

16 (b) Effect.--This section shall not require a licensed  
17 service provider to refer a patient to a recovery residence.

18 (c) Penalty.--An agency or service provider that refers a  
19 current or discharged patient to a noncertified recovery  
20 residence:

21 (1) shall be ineligible to receive funds or grants from  
22 the Commonwealth; and

23 (2) shall be fined as determined by the board.

24 (d) Definition.--As used in this section, the following  
25 words and phrases shall have the meanings given to them in this  
26 subsection unless the context clearly indicates otherwise:

27 "Refer." Inform a patient by any means about the name,  
28 address or other details of the recovery residence.

29 Section 905. Purpose of fees and fines.

30 Each fee and fine collected under this act shall be used to

1 further the purposes of this act.

2 Section 906. Regulations.

3 The department shall promulgate regulations necessary to  
4 implement the provisions of this act.

5 CHAPTER 11

6 MISCELLANEOUS PROVISIONS

7 Section 1101. Effective date.

8 This act shall take effect as follows:

9 (1) Section 904 shall take effect in one year.

10 (2) This section shall take effect immediately.

11 (3) The remainder of this act shall take effect in 60  
12 days.