



State law mandates this regulation; see Section 2311-A of the Administrative Code of 1929 (71 P.S. § 613.13). There are no relevant State or Federal court decisions. Under 71 P.S. § 613.12(b), recovery house licensure “shall occur no later than two years after the effective date of this section,” or June 17, 2020. ~~Under 71 P.S. § 613.14(b), a drug and alcohol recovery house in existence on June 17, 2018 may be deemed licensed if it is inspected and provides documentation to DDAP that the house is in compliance with regulations within 180 days after the promulgation of regulations.~~

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

#### Need

Nationally, amid an opioid epidemic, the treatment community has seen a recent influx of unscrupulous individuals who seek to enrich themselves by exploiting those in recovery. While substance use disorder (SUD) treatment facilities and halfway houses are currently licensed by DDAP in Pennsylvania, recovery houses are not. This regulation introduces staff training requirements; standards related to the physical plant, resident safety and ethics; financial auditing; and support for all forms of drug and alcohol treatment, including medication-assisted treatment. Prospective recovery house residents deciding between a licensed and unlicensed house will benefit from these requirements of licensed houses.

#### Compelling Public Interest

~~Provisional data from the U.S. Centers for Disease Control and Prevention (CDC) report that over 81,000 U.S. drug overdose deaths occurred in the 12-month period ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period (<https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>). Pennsylvania ranks fifth for rate of age-adjusted overdose deaths in 2019, with 35.6 overdose deaths per 100,000 population (<https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2019.html>). The U.S. Drug Enforcement Administration (DEA) reports that 4,491 Pennsylvanians died of drug-related overdose deaths in 2018—a rate of 35 deaths per 100,000 population, with 12 Pennsylvanians dying of a drug-related overdose each day (<https://www.dea.gov/press-releases/2019/10/03/dea-announces-release-2018-pennsylvania-drug-related-overdose-death>). While this rate represents an 18% decrease from the previous year, the geographic trends are changing, with higher rates in eastern and central Pennsylvania compared to southwestern Pennsylvania in 2017. The U.S. Centers for Disease Control and Prevention (CDC) report that Pennsylvania was the third highest state for overdose deaths in 2017 (<https://www.cdc.gov/drugoverdose/data/statedeaths.html>). National cost estimates of the opioid epidemic alone, not including other addictive substances, range from millions to billions of dollars.~~

Without codified recovery housing standards or protections, there are unknown numbers of unregulated, substandard ~~facilities-houses~~ providing low-quality to no supportive services, committing insurance fraud, and exploiting vulnerable populations. Without adequate supports, individuals with substance use disorders are more likely to relapse, increasing their chances of overdose and death.

#### Beneficiaries

This regulation will benefit individuals recovering from SUD who seek the support of a drug and alcohol recovery house.

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) estimated that in 2016-2017, 7.22 percent of Pennsylvania’s adult population met the Diagnostic and Statistical Manual

of Mental Disorders criteria for SUD (<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>). Applying this estimate to U.S. Census Bureau estimates (July 2018) for the population in Pennsylvania suggests that over 700,000 adults suffer from SUD. In a recent report, the U.S. Surgeon General estimated that “[o]nly about 12.2 percent of adults who need treatment for substance use disorder receive any type of specialty treatment” (<https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>). It is unknown how many of those individuals who undergo treatment for SUD also seek housing from a drug and alcohol recovery house. However, safe, stable housing and a supportive peer community have continually been identified as top needs for individuals to sustain their recovery journey ([https://www.thenationalcouncil.org/wp-content/uploads/2017/05/Recovery-Housing-Issue-Brief\\_May-2017.pdf](https://www.thenationalcouncil.org/wp-content/uploads/2017/05/Recovery-Housing-Issue-Brief_May-2017.pdf)).

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

#### Federal Standards

The Federal government currently does not regulate drug and alcohol recovery houses.

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities, (42 U.S.C.A. § 290ee-5), directs the U.S. Secretary of Health and Human Services to identify or facilitate the development of best practices. SAMHSA released a guidance document entitled *Recovery Housing: Best Practices and Suggested Guidelines* on October 8, 2019. DDAP reviewed this guidance in drafting the regulations.

#### Compelling Pennsylvania Interest

[Provisional data from the U.S. Centers for Disease Control and Prevention \(CDC\) report that over 81,000 U.S. drug overdose deaths occurred in the 12-month period ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period](https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html) (<https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>). [Pennsylvania ranks fifth for rate of age-adjusted overdose deaths in 2019, with 35.6 overdose deaths per 100,000 population](https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2019.html) (<https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2019.html>). ~~The DEA reports that 4,491 Pennsylvanians died of drug-related overdose deaths in 2018, representing a rate of 35 deaths per 100,000 people, and about 12 deaths per day. The CDC reports that Pennsylvania ranked third in the nation for overdose deaths in 2017.~~ While substance use disorder treatment facilities and halfway houses are currently licensed by DDAP in Pennsylvania, recovery houses are not. Without codified recovery housing standards or protections, there are unknown numbers of unregulated, substandard ~~facilities-~~ houses providing low-quality to no supportive services, committing insurance fraud, and exploiting vulnerable populations. This regulation introduces rigorous staff training requirements; standards related to the physical plant, resident safety and ethics; financial auditing; and support for all forms of drug and alcohol treatment, including medication-assisted treatment. Without adequate supports, individuals with SUD are more likely to relapse, increasing their chances of overdose and death.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania’s ability to compete with other states?

#### State Comparison

According to the National Council for Behavioral Health (National Council) there are “at least 10 states...that have enacted legislation to improve the quality of recovery housing.” The National Council has prepared a state-by-state comparative analysis which can be found on pages 21 to 30 of its

publication entitled *Building Recovery: State Policy Guide for Supporting Recovery Housing* ([https://www.thenationalcouncil.org/wp-content/uploads/2018/05/18\\_Recovery-Housing-Toolkit\\_5.3.2018.pdf](https://www.thenationalcouncil.org/wp-content/uploads/2018/05/18_Recovery-Housing-Toolkit_5.3.2018.pdf)). In summary, the enabling statute for licensing or certification of recovery houses in Pennsylvania is similar to that of other states in that a house does not require certification to continue operating (CA, CT, FL, HI, IL, IN, MA, ME, MD, NJ, OH, and RI). Fewer states (AZ, IN, MD, and RI), however, are similar to Pennsylvania in requiring certification or licensing for receiving both referrals and funding. Importantly, only Pennsylvania's and Indiana's recovery house legislation require certain quality standards before a house may be certified/licensed and receive public funds. For Pennsylvania, some of these requirements include policies and procedures regarding criminal background checks for operators and employees, appropriate use and security of medication, and prohibition of employees requiring residents to relinquish public assistance benefits (71 P.S. § 613.13).

#### State Competition

As referenced above, Pennsylvania's recovery house regulations will hold licensed houses to a higher standard than in other states with and without licensure or certification programs. Furthermore, with the introduction of these regulations, it will be more difficult for recovery houses that want government funding or referrals to open in Pennsylvania than in states without regulations. Improvements in quality may offset some of these costs as out-of-state consumers might seek better services-housing in Pennsylvania. ~~In addition, as noncompliant facilities are removed from the treatment landscape,~~ Consumers may find themselves more willing to engage in ~~the services of~~housing in a licensed drug and alcohol recovery house.

(13) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

~~No, the regulation will not affect any other regulations of the Department or of other state agencies. The regulation removes all regulatory references to transitional living facilities throughout 28 Pa. Code Part V. There are currently 12 transitional living facilities licensed by DDAP pursuant to 28 Pa. Code Ch. 709, Subch. G. Transitional living facilities will not automatically become recovery houses; however, if they want to receiving funds or referrals from government agencies as drug and alcohol recovery houses, they may apply to the new licensure program. Of the 12 current transitional living facilities, two receive funds.~~No.

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. ("Small business" is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

DDAP's statutory authority allows it to proceed to final omitted regulations. However, the agency still sought public comment through both formal and informal mechanisms.

#### Summary of Communications and Solicitation

In 2016, prior to the passage of the Act, upon recommendation of the General Assembly, DDAP convened a Certified Drug and Alcohol Recovery Housing Taskforce comprised of key stakeholders. This Taskforce provided DDAP with recommended regulatory language for drug and alcohol recovery houses. DDAP used this language as a starting point for its own regulatory draft.

In May of 2019, DDAP distributed draft regulations and invited a 30-day public comment period. Draft regulations were distributed for comment through:

- a dedicated listserv developed by the agency for the process,
- key stakeholder groups, and
- DDAP’s website.

DDAP received a total of 62 letters and e-mails representing 154 unique comments. These comments represented feedback from a broad spectrum of stakeholders, including current recovery house owners, local health and/or human services departments, treatment providers and provider associations, state representatives, Single County Authorities, and others. DDAP made several changes to its draft regulations based on these comments.

After receiving comments, DDAP Executive Staff visited recovery houses in the greater Pittsburgh and Philadelphia areas to discuss concerns raised by potentially regulated entities during the comment period, as well as to see operations first-hand.

The final-omitted regulatory package was originally submitted to the Independent Regulatory Review Commission (IRRC) on March 1, 2021 and withdrawn and resubmitted on March 15, 2021 to include additional forms. In response to comments submitted to IRRC and the Department from the regulatory community and those involved in the regulatory review process, the Department withdrew the regulation on April 9, 2021 to thoroughly review and address these concerns.

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

Entities Types Affected

Persons, businesses, small businesses, and organizations that operate a drug and alcohol recovery house will be affected by the regulation.

However, these regulations only apply to recovery houses that receive funds or referrals; in other words, not all drug and alcohol recovery houses will be required to comply. Drug and alcohol recovery houses must comply with all regulatory requirements if they:

- 1) receive referrals from Federal, or State agencies or State-funded treatment facilities,
- 2) receive Federal or State funding to provide drug and alcohol recovery housing,
- 3) seek priority in consideration for residential recommendation for persons under the supervision of a court.

Entities not receiving State referrals or Federal or State governmental funding do not have to comply with the regulatory requirements.

Numbers Affected

In 2018, DDAP created an online listserv for recovery houses. To date, approximately 500 individuals have indicated through the listserv their intent to seek licensure.

(16) List the persons, groups or entities, including small businesses, that will be required to comply with the regulation. Approximate the number that will be required to comply.

As detailed in Section 2313-A of the Administrative Code of 1929, “any recovery house that receives funds or referrals from [DDAP], or a Federal, State, or other county agency” will require a license. Based on feedback from the recovery house listserv, DDAP estimates that approximately 500 recovery

houses will seek licensure. The majority of recovery houses in Pennsylvania are small businesses according to the Small Business Administration's size standards.

(17) Identify the financial, economic and social impact of the regulation on individuals, small businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

#### Costs

Licensed drug and alcohol recovery houses will bear the regulatory compliance costs outlined in #19. It is likely that the regulated community will pass these costs on to residents. Residents in a licensed drug and alcohol recovery house may pay a higher monthly fee than those in an unlicensed ~~faeility~~house.

#### Benefits

Residents of a licensed ~~faeility~~drug and alcohol recovery house will have the benefits associated with a higher standard of ~~serviees~~safety. Recovery houses licensed by DDAP must adhere to rigorous staff training requirements; standards related to the physical plant, resident safety and ethics; financial auditing; and support for all forms of drug and alcohol treatment, including medication-assisted treatment. The regulations ensure that residents will be supported by competent, trained personnel in an environment that supports recovery and promotes health and safety.

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

Without adequate supports, particularly during early recovery, individuals with SUD are more likely to relapse, increasing their chances of overdose and death. In addition to both lives saved and quality of lives improved, DDAP anticipates that health, human service, and criminal justice systems will reap benefits in the form of improved outcomes for individuals with SUD. ~~Improve~~ments quality and safety requirements to supportive servieesrecovery supports, ~~like such as~~ recovery houses, decrease the likelihood that individuals with SUD will need to interact with these systems.

Furthermore, licensed drug and alcohol recovery houses will receive those benefits associated with maintaining the license. This includes the ability to advertise themselves as a licensed ~~provider~~drug and alcohol recovery house to the community and to treatment providers, distinguishing themselves to customers as a ~~competent service providers~~safe, higher quality option. A list of licensed recovery houses will be publicly available on DDAP's website.

(19) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

The regulatory requirements for recovery house licensure include physical plant requirements as well as administrative responsibilities. ~~Costs will vary upon the current status of the residence.~~ Costs per recovery house are dependent on current status of the residence, size of the residence, and number of clients served. The estimated cost to the regulated community assumes that most of the physical plant and equipment costs (such as exterior lights, fire-retardant mattresses, bedding, towels, kitchen appliances, secured railings, smoke detectors, carbon monoxide detectors, fire extinguishers, and ADA compliance) have already been incurred by already-existing recovery houses in the absence of licensure. Costs attributable to the regulation include medication storage, overdose reversal medication, record storage, and exit signs, which are not expected to exceed \$500 per recovery house. Additional administrative costs will include staff and volunteer training, unusual incident reporting, and

~~development of policies and procedures. Some of these costs will be one-time (development of policies and procedures, staff and volunteer training) while others will be ongoing (house manager training, unusual incident reporting). Training costs will also be dependent upon the number of staff employed and staff turnover rates. Assuming a house manager salary of \$35,000 per year and staff salary of \$28,000 per year, costs due to time spent in training are not expected to exceed \$100 per person. In general, total administrative costs are not expected to exceed \$1,000 annually. These costs include training for staff, personal and medication storage for clients, criminal background checks for staff and volunteers, exterior lights, fire retardant mattresses, bedding, towels, slip resistant surfaces in bathtubs, kitchen appliances, secured railings, smoke detectors, carbon monoxide detectors, fire extinguishers, and ADA compliance. The estimated cost to the regulated community assumes that most of these costs are already incurred by recovery houses in the absence of licensure. e costs are already incurred by recovery houses in the absence of licensure.~~

~~Depending on the layout of the house, a recovery house operator may need to purchase fire exit equipment to install above the ground floor in accordance with § 717.30(b)(2). A recovery house that currently matches requirements for licensure without needing additional modification will incur a minimum annual cost of \$250 (application or renewal fee). Additional biannual costs include a financial audit \$10,250, accounting for the cost of an audit (roughly \$10,000 every other year, according to the National Council of Nonprofits). and an annual application or renewal fee (\$250).~~

(20) Provide a specific estimate of the costs and/or savings to the **local governments** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

#### Local Government Costs

DDAP does not anticipate any additional costs to local governments associated with compliance, as the regulations do not impose compliance requirements on local governments.

(21) Provide a specific estimate of the costs and/or savings to the **state government** associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

#### State Government Costs

DDAP estimates to incur approximately \$341,411 in annual administrative costs during the first year, and \$323,411 during subsequent years, to implement the regulation. The fee charged to recovery houses is expected to defray these costs by \$125,000 (or \$250 licensure fee multiplied by 500 estimated recovery houses). Remaining personnel costs will be covered by funds awarded to DDAP under the federal ~~block grant~~ Substance Abuse Prevention and Treatment Block Grants awarded to DDAP (42 U.S.C.A. §§ 300x-21 – 300x-35).

Costs include:

- Personnel – \$279,849.97
  - Includes salary and benefits for 2 Drug and Alcohol Licensing Specialists and 1 Drug and Alcohol Licensing Supervisor
- Operating – \$43,562
  - Includes computers/software, telephone/telecommunication charges, chairs, training, and lease space.
- Fixed Assets – \$18,000
  - Includes modular workstations.

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

#### Regulated Community

The regulated community must obtain the services of an independent certified public accountant for a ~~an annual~~ financial audit of the drug and alcohol recovery house's operations every two years, as mentioned in #19. Recordkeeping of personnel files must include application/resume for employment, a Pennsylvania State Police criminal history record check, any disciplinary actions, and documentation of training. Recordkeeping of resident files must include a consent to residency form, referrals, and intake documentation including criteria for residency, signed orientation paperwork, and basic personal, medical, and emergency contact information. Resident records must be maintained for at least four years following the discharge of a resident. Furthermore, the regulated community must maintain a resident roster that identifies each admission, termination, and completion of residency. Resident records and the resident roster must be stored securely as a hard copies in a locked cabinet or digitally in a protected data system.

#### Local Governments

For local governments, the regulations do not require any additional legal, accounting, or consulting procedures or require additional reporting, recordkeeping, or other paperwork.

#### State Government

DDAP will have additional legal, accounting, reporting, recordkeeping and other requirements needed to comply with the Act. Additional requirements include the administration of a licensure program pursuant to 71 P.S. § 613.12, licensure fees pursuant to 71 P.S. § 613.14, and an online registry pursuant to 71 P.S. § 613.15.

(22a) Are forms required for implementation of the regulation?

Yes. Regulated entities will need to complete forms to obtain and maintain licensure.

(22b) If forms are required for implementation of the regulation, **attach copies of the forms here**. If your agency uses electronic forms, provide links to each form or a detailed description of the information required to be reported. **Failure to attach forms, provide links, or provide a detailed description of the information to be reported will constitute a faulty delivery of the regulation. All forms required for implementation of the regulation are attached.**

The following forms are attached:

- ~~-Recovery House New Facility Application~~ [Drug and Alcohol Recovery House Licensing Application](#)
- Recovery House Licensing Checklist, which specifies the content of many of the documents for recovery houses to create and maintain
- ~~-Recovery House Floor Plan Checklist~~
- Ownership and Business Management Form
- Recovery House Renewal Form
- Unusual Incident Reporting Form – Non-Narcotic Treatment Program
- Recovery House Provisional License Form

-Notice of Deficiencies – Deficiency Report and Plan of Correction

The following descriptions of other documents for which DDAP will not issue a specific form are attached:

- Contents of Recovery House Manager Information Form for Licensing Checklist
- Contents of Acknowledgement that Residents Have Received Notice of Rights Under 28 Pa. Code § ~~71709.1941~~(b)
- Contents of Consent to Residency Form Under 28 Pa. Code § ~~71709.12042~~(a)(2)
- Contents of Resident Roster Under 28 Pa. Code § ~~71709.12143~~(a)
- Contents of Intake Documentation Under 28 Pa. Code § ~~71709.22144~~(b)
- Contents of Notification of Decision to End Residency Under 28 Pa. Code § ~~71709.23145~~(a)
- Contents of Record of Financial Transactions When Licensee Assists Resident with Finances, Budgeting and Spending Under 28 Pa. Code § ~~71709.25147~~(d)(1)
- Contents of Written Agreement to Manage Resident’s Finances Under 28 Pa. Code § ~~71709.25147~~(e)
- Contents of Documentation of Monthly Inspections and Tests of Carbon Monoxide Detectors Under 28 Pa. Code § ~~71709.30152~~
- Contents of Documentation of Unusual Incident Under 28 Pa. Code § ~~71709.31153~~(b)(1)

(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

Statement on Benefit-Cost Schedule

It is difficult to develop a full schedule of benefits and costs because not all recovery houses in Pennsylvania will seek licensure; the current level of compliance with program, staffing, and physical plant requirements varies greatly among recovery houses; and the benefits to auxiliary social service and treatment systems is undetermined. The costs to the regulated community below reflect the annual licensure or renewal fee (\$250) and estimated cost of an audit every other year (\$10,000) for an estimated 500 recovery houses.

	<b>Current FY Year</b>	<b>FY +1 Year</b>	<b>FY +2 Year</b>	<b>FY +3 Year</b>	<b>FY +4 Year</b>	<b>FY +5 Year</b>
<b>SAVINGS:</b>	\$	\$	\$	\$	\$	\$
<b>Regulated Community</b>	Not Calculable	Not Calculable	Not Calculable	Not Calculable	Not Calculable	Not Calculable
<b>Local Government</b>	Not Calculable	Not Calculable	Not Calculable	Not Calculable	Not Calculable	Not Calculable
<b>State Government</b>	Not Calculable	Not Calculable	Not Calculable	Not Calculable	Not Calculable	Not Calculable
<b>Total Savings</b>	Not Calculable	Not Calculable	Not Calculable	Not Calculable	Not Calculable	Not Calculable
<b>COSTS:</b>						
<b>Regulated Community</b>	<del>&gt;\$2.5 million</del> <b>\$6,250</b>	<b>&gt;\$5.1 million</b>	<del>&gt;\$5.1 million</del> <b>\$12,500</b>	<b>&gt;\$5.1 million</b>	<del>&gt;\$5.1 million</del> <b>\$12,500</b>	<b>&gt;\$5.1 million</b>
<b>Local Government</b>						

State Government	\$341,411	\$323,411	\$323,411	\$323,411	\$323,411	\$323,411
Total Costs	> <del>\$2.8</del> million\$4 <u>03,911</u>	>\$5.4 million	> <del>\$5.4</del> million\$44 <u>8,411</u>	>\$5.4 million	> <del>\$5.4</del> million\$44 <u>8,411</u>	>\$5.4 million
<b>REVENUE LOSSES:</b>						
Regulated Community	Not Calculable	Not Calculable	Not Calculable	Not Calculable	Not Calculable	Not Calculable
Local Government	Not Calculable	Not Calculable	Not Calculable	Not Calculable	Not Calculable	Not Calculable
State Government	Not Calculable	Not Calculable	Not Calculable	Not Calculable	Not Calculable	Not Calculable
Total Revenue Losses	Not Calculable	Not Calculable	Not Calculable	Not Calculable	Not Calculable	Not Calculable

(23a) Provide the past three-year expenditure history for programs affected by the regulation.

Program	FY -3	FY -2	FY -1	Current FY
Drug and Alcohol Recovery House Licensure	New program. Expenditure history does not exist.			

(24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

- (a) An identification and estimate of the number of small businesses subject to the regulation.

Regulated entities are almost exclusively small businesses. Please see #16 for information on identification and estimate.

- (b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.

Regulated entities are almost exclusively small businesses. Please see #19 and #22 for statements on reporting, recordkeeping, and other administrative costs.

- (c) A statement of probable effect on impacted small businesses.

Regulated entities are almost exclusively small businesses. Please see #17, #19, #22 for probable effects on small businesses.

- (d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.

Less intrusive or less costly alternative methods either conflict with statutory requirements or present a detriment to life, health, and safety.

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

DDAP developed this regulation to ensure that drug and alcohol recovery houses provide individuals with SUD with a safe environment that promotes recovery. All provisions contained in the regulations seek to address this goal.

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

In developing the regulations, DDAP sought the least burdensome regulatory approach that was compliant with statutory requirements and consistent with protecting life, health and safety.

DDAP solicited the public, as described in #14, and reviewed suggestions to reduce regulatory burdens. Those suggestions that did not conflict with statutory requirements or the mandate to protect life, health and safety were integrated into the final regulatory proposal.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

- a) The establishment of less stringent compliance or reporting requirements for small businesses;
- b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
- c) The consolidation or simplification of compliance or reporting requirements for small businesses;
- d) The establishment of performance standards for small businesses to replace design or operational standards required in the regulation; and
- e) The exemption of small businesses from all or any part of the requirements contained in the regulation.

Regulated entities are almost exclusively small businesses. The regulations were developed to minimize the impact on these entities in a way that does not conflict with statutory requirements or the mandate to protect life, health and safety.

The proposed regulations seek to minimize adverse effect on small businesses. In multiple areas of the regulations, DDAP established performance standards in place of operational standards. For example, instead of prescribing specific policies, DDAP drafted the regulation in a way that allows a drug and alcohol recovery house to develop its own policies that meet the prescribed performance standards. In addition, DDAP allows recovery houses the ability to decide the best strategy for maintaining and securing records instead of prescribing specific recordkeeping systems.

(28) If data is the basis for this regulation, please provide a description of the data, explain in detail how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a searchable electronic format or provide a list of citations and internet links that, where possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

DDAP does not have additional data to submit.

(29) Include a schedule for review of the regulation including:

- A. The length of the public comment period: 30 days  
(May 14 -June 13, 2019)
- B. The date or dates on which any public meetings or hearings will be held: N/A
- C. The expected date of delivery of the final-form regulation: March-June 2021
- D. The expected effective date of the final-form regulation: Julyne 2021
- E. The expected date by which compliance with the final-form regulation will be required: December 2021January  
2022
- F. The expected date by which required permits, licenses or other approvals must be obtained: December 2021January  
2022

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

DDAP will review drug and alcohol recovery house complaints it receives for any unintended regulatory consequences and any trends in misapplication. DDAP will conduct outreach and educational sessions after publication of the final rulemaking the *Pennsylvania Bulletin*. During this outreach, DDAP will solicit comments on the regulation and track common themes and issues.