

FLORIDA HOUSE OF REPRESENTATIVES BILL ANALYSIS

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BILL #: [CS/HB 923](#)

TITLE: Recovery Residences

SPONSOR(S): Owen

COMPANION BILL: [CS/CS/SB 1030](#) (Gruters)

LINKED BILLS: None

RELATED BILLS: None

Committee References

[Human Services](#)

10 Y, 4 N, As CS



[Health & Human Services](#)

17 Y, 7 N

SUMMARY

Effect of the Bill:

The bill makes changes to the regulation and licensure requirements of substance abuse service providers and recovery residences. Specifically, the bill limits Level 2 background screening to certain officers, directors, managing members and individuals exercising operational control over a licensed substance abuse service provider when more than five percent of a controlling interest of a licensed provider is transferred to another person or entity.

The bill prohibits the Department of Children and Families from requiring existing licensed service providers seeking to add additional levels of care, to admit individuals for services during the probationary license period, if the provider has no outstanding violations for the prior 12 months.

The bill also removes the prohibition against a certified recovery residence denying an individual housing solely on the basis that the individual receives medication-assisted treatment.

Fiscal or Economic Impact:

None

[JUMP TO](#)

[SUMMARY](#)

[ANALYSIS](#)

[RELEVANT INFORMATION](#)

[BILL HISTORY](#)

ANALYSIS

EFFECT OF THE BILL:

[Substance Abuse Service Providers](#)

The bill amends the licensure requirements and regulations for substance abuse service providers and [recovery residences](#).

Treatment Providers: Background Screening Requirements

The bill limits Level 2 background screening to officers, directors, managing members and individuals exercising operational control over a licensed substance abuse service provider when more than five percent of a controlling interest of a licensed service provider is transferred to another person or entity. In current law, a [change in majority ownership](#) requires all owners to submit to a Level 2 background check. The bill limits this requirement to only those individuals exercising operational control of the service provider, reducing administrative burden and cost for investors who do not have day-to-day operational influence. (Section [1](#))

Treatment Providers: Probationary Licensure Requirements

STORAGE NAME: h0923b.HHS

DATE: 2/18/2026

The bill prohibits the Department of Children and Families (DCF) from requiring an existing licensed service provider seeking to add one or more additional levels of care at an existing licensed location or at one or more new locations where the provider will offer the same level of care that the provider is currently licensed to provide, to admit individuals for services during the probationary license period, if the provider has no outstanding violations and DCF has not taken any actions against the provider's existing license within the prior 12 months. Currently, to move from a probationary license to a [regular license](#), a provider must admit individuals for services to demonstrate its capability to operate. The bill removes this requirement for existing service providers, but maintains the requirement for new providers. (Section [1](#))

Recovery Residences: Medication-Assisted Treatment

The bill removes the prohibition barring a certified recovery residence from denying individuals housing solely on the basis that the individual receives [medication-assisted treatment](#). Recovery residences will still be subject to federal civil rights laws when making decisions on whether to accept a new resident. Both the [Americans with Disabilities Act](#) and the [Fair Housing Amendment Act](#) prohibit discrimination against individuals based on the person's disability or handicap. This includes the discrimination of individuals from public accommodations or housing who have been prescribed federally approved medication that assists with treatment for substance use disorders. Under these laws, a recovery residence may not indicate a preference for non-MAT residents, in any form, nor refuse to rent, make unavailable, or deny residency to someone because of MAT usage.¹ (Section [2](#))

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Substance Use Disorder

A substance use disorder (SUD) is a complex medical condition in which there is an uncontrolled continued use of a substance or substances despite the harmful consequences and long-lasting changes to the brain.² A SUD is considered both a complex brain disorder and a mental illness. Approximately, 48.4 million people in the U.S. aged 12 and older (16.8 percent of the population) had a substance use disorder SUD in 2024.³ The most common substance use disorders in the U.S. are from the use of alcohol, tobacco, cannabis, stimulants, hallucinogens, and opioids.⁴

DCF administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery. DCF provides substance abuse treatment through a community-based provider system that offers detoxification, treatment, and recovery support for adolescents and adults affected by substance misuse, abuse or dependence, as follows:⁵

¹ Federal regulations, 42 U.S. Code § 3604(c) and (f)(1). See, Fletcher Group, *Recovery House Best Practices: How to Prevent MAT-Related Discrimination*, available at <https://www.fletchergroup.org/wp-content/uploads/2021/06/HOW-TO-PREVENT-MAT-RELATED-DISCRIMINATION.pdf>, (last visited February 15, 2026).

² American Psychiatric Association, *What is a Substance Use Disorder?*, available at <https://www.psychiatry.org/patients-families/addiction-substance-use-disorders/what-is-a-substance-use-disorder> and Substance Use Disorder Defined by NIDA and SAMHSA, *What is Drug Addiction*, available at <https://wyoleg.gov/InterimCommittee/2020/10-20201105Handoutfor6JtMHSACraig11.4.20.pdf> (last visited February 2, 2026).

³ SAMHSA, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health*, available at <https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national-report.pdf>, (last visited February 5, 2026).

⁴ The Rural Health Information Hub, *Defining Substance Abuse and Substance Use Disorders*, available at <https://www.ruralhealthinfo.org/toolkits/substance-abuse/1/definition> (last visited Feb. 2, 2026).

⁵ Department of Children and Families, available at *Treatment for Substance Abuse* <https://www.myflfamilies.com/services/samh/treatment> (last visited Feb. 2, 2026).

- **Detoxification Services:** Detoxification services use medical and clinical procedures to assist individuals and adults as they withdraw from the physiological and psychological effects of substance abuse.⁶
- **Treatment Services:** Treatment services⁷ include a wide array of assessment, counseling, case management, and support services that are designed to help individuals who have lost their abilities to control their substance use on their own and require formal, structured intervention and support. Some of these services may also be offered to the family members of the individual in treatment.⁸
- **Recovery Support:** Recovery support services, including transitional housing, life skills training, parenting skills, and peer-based individual and group counseling, are offered during and following treatment to further assist individuals in their development of the knowledge and skills necessary to maintain their recovery.⁹

Licensure of Substance Abuse Service Providers

DCF regulates substance abuse treatment, establishing licensure requirements and licensing service providers and individual service components under [chapter 397](#), F.S., and rule 65D-30, F.A.C. Licensed service components include a continuum of substance abuse prevention,¹⁰ intervention,¹¹ and clinical treatment services.¹²

Clinical treatment is a professionally directed, deliberate, and planned regimen of services and interventions that are designed to reduce or eliminate the misuse of drugs and alcohol and promote a healthy, drug-free lifestyle.¹³ “Clinical treatment services” include, but are not limited to, the following licensable service components:¹⁴

- Addictions receiving facility;
- Day or night treatment;
- Day or night treatment with community housing;
- Detoxification;
- Intensive inpatient treatment;
- Intensive outpatient treatment;
- Medication-assisted treatment for opiate addiction;
- Outpatient treatment; and
- Residential treatment.

DCF may issue one license for all service components operated by a service provider.¹⁵ A licensed service provider must apply to add additional service components and obtain approval from DCF before initiating additional services. A service provider must notify DCF and provide any required documentation at least 30 days prior to

⁶ *Id.*

⁷ *Id.* Research indicates that persons who successfully complete substance abuse treatment have better post-treatment outcomes related to future abstinence, reduced use, less involvement in the criminal justice system, reduced involvement in the child protection system, employment, increased earnings, and better health.

⁸ *Id.* at note 4.

⁹ *Id.*

¹⁰ [S. 397.311\(27\)\(c\), F.S.](#) Prevention is a process involving strategies that are aimed at the individual, family, community, or substance and that preclude, forestall, or impede the development of substance use problems and promote responsible lifestyles. *See also*, Department of Children and Families, *Substance Abuse: Prevention* <https://www.myflfamilies.com/services/samh/substance-abuse-prevention>, (last visited Feb. 6, 2024). Substance abuse prevention is best accomplished through the use of ongoing strategies such as increasing public awareness and education, community-based processes and evidence-based practices. These prevention programs are focused primarily on youth, and, in recent years, have shifted to the local level, giving individual communities the opportunity to identify their own unique prevention needs and develop action plans in response. This community focus allows prevention strategies to have a greater impact on behavioral change by shifting social, cultural and community environments.

¹¹ [S. 397.311\(27\)\(b\), F.S.](#) Intervention is structured services directed toward individuals or groups at risk of substance abuse and focused on reducing or impeding those factors associated with the onset or the early stages of substance abuse and related problems.

¹² [S. 397.311\(27\), F.S.](#)

¹³ [S. 397.311\(27\)\(a\), F.S.](#)

¹⁴ *Id.*

¹⁵ [S. 397.407\(6\), F.S.](#)

relocating any of the service provider's service sites. Provision of service components or delivery of services at a location not identified on the service provider's license is considered an unlicensed operation.¹⁶

DCF must conduct Level 2 background screening for all owners, directors, chief financial officers, and clinical supervisors of a service provider before issuing a license.¹⁷ If the results of the background screening indicate that the individual has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to any offense prohibited under the screening standard, a license may not be issued to the applicant service provider unless an exemption from disqualification has been granted pursuant to chapter [435](#).¹⁸

Licensure Types

Substance abuse treatment providers are licensed under one of three licensure types: probationary, regular, or interim. The licensure type is determined by the service provider's compliance history and operational status.¹⁹

A [probationary license](#) is issued to a new provider that is not in full compliance with licensure requirements and has services that are not yet fully operational.²⁰ A probationary license may also be issued to a licensed provider that is undergoing a change in ownership.²¹ During the probationary period the provider is able to correct identified deficiencies and work to get services operational within a specified time period, allowing continued operation while the provider works toward compliance under heightened oversight.²² During the probationary period, the service provider must also admit individuals for services to demonstrate the provider's ability to operate and treat individuals for substance use disorders. Current law prohibits DCF from issuing a regular license status if the service provider fails to admit individuals for service during the probationary period, even if the provider meets all other licensure standards.²³

A probationary license expires 90 days after issuance and may not be reissued. If a probationary licensee is found, at any time, to be substantially out of compliance with licensure standards, DCF may order the licensee to cease operation. DCF may not issue a probationary license if doing so would place the health, safety, or welfare of individuals at risk.²⁴

An interim license is issued when a service component of the provider is in substantial non-compliance with licensure standards or if the licensee is involved in license suspension or revocation proceedings.²⁵ An interim license permits short-term operation, subject to conditions imposed by the DCF, to allow the provider to correct any non-compliance issues.²⁶ An interim license is valid for 90 days after issuance and may be reissued once for an additional 90-day period in certain circumstances.²⁷

A [regular license](#) is issued to a new provider at the end of the probationary period, a licensed provider seeking license renewal, and for a service component operating under an interim license upon successful satisfaction of the requirements for a regular license.²⁸ A regular license is valid for 12 months from the date of issuance.

¹⁶ *Id.*

¹⁷ [S. 397.407\(5\), F.S.](#)

¹⁸ [S. 397.4073, F.S.](#)

¹⁹ [S. 397.407\(6\), F.S.](#), and Rule 65D-30.0033, F.A.C.

²⁰ [S. 397.407\(7\), F.S.](#)

²¹ Rule 65D-30.0034(2), F.A.C.

²² *Id.*

²³ *Id.*

²⁴ [S. 397.407\(7\), F.S.](#)

²⁵ Substantial non-compliance means an applicant or licensee that has not met all requirements as outlined in statute or Chapter 65D-30, F.A.C., and has not corrected all cited violations. See, Rule 65D-30.002(78), F.A.C., and [s. 397.407\(9\), F.S.](#)

²⁶ [S. 397.407\(9\), F.S.](#)

²⁷ [S. 397.407\(9\)\(c\), F.S.](#)

²⁸ [S. 397.407\(8\), F.S.](#) and Rule 65D-30.0033, F.A.C.

[License Transfer and Change of Ownership](#)

Under current law, a service provider's license may not be transferred.²⁹ A transfer includes, but is not limited to:

- The transfer of a majority of the ownership interest in the licensed entity or transfer of responsibilities under the license to another entity by contractual arrangement;³⁰
- An event in which the licensee sells or otherwise transfers its ownership to a different individual or entity as evidenced by a change in federal employer identification number or taxpayer identification number;³¹ or
- An event in which greater than 50 percent or more of the ownership, shares, membership, or controlling interest of a licensee is in any manner transferred or otherwise assigned.³²

A license is also not transferable:³³

- Where an individual, a legal entity or an organizational entity, acquires an already licensed provider or site; or
- Where a provider relocates or the address where services are rendered changes.

A change in the majority of ownership requires the service provider to submit a new application for licensure for each site affected by the change in ownership.³⁴ All owners must also undergo Level 2 background screening as part of the licensure process.³⁵

A change solely in the management company or board of directors is not a change of ownership.³⁶

[Recovery Residences](#)

Recovery residences (also known as “sober homes” or “sober living homes”) are non-medical residential settings designed to support recovery from substance use disorders, helping individuals transition from highly structured residential treatment programs back into their day-to-day lives.³⁷ These may be cooperatively organized and run by residents or operated by for-profit or non-profit organizations.

In Florida, a “recovery residence” means “a residential dwelling unit, the community housing component of a licensed day or night treatment facility with community housing, or other form of group housing, which is offered or advertised through any means, including oral, written, electronic, or printed means, by any person or entity as a residence that provides a peer-supported, alcohol-free, and drug-free living environment.”³⁸ Day or night treatment is one of the state's licensable service components of clinical treatment services. This service is provided in a nonresidential environment with a structured schedule of treatment and rehabilitative services.³⁹ Some day or night treatment programs have a community housing component; day and night treatment programs with a community housing component are intended for individuals who can benefit from living independently in peer community housing while participating in treatment services at a day or night treatment facility for a minimum of 5 hours a day for a minimum of 25 hours per week.⁴⁰

²⁹ [S. 397.407\(6\), F.S.](#)

³⁰ *Id.*

³¹ Rule 65D-30.002(11), F.A.C.

³² *Id.* This does not apply to a licensee that is publicly traded on a recognized stock exchange.

³³ Rule 65D-30.0034(2)(a), F.A.C.

³⁴ Rule 65D-30.0034(2)(a), F.A.C. A change in ownership of less than a majority of the ownership interest in a licensed entity only requires submittal of a Level 2 background check.

³⁵ *Id.*

³⁶ *Id.*

³⁷ Douglas L. Polcin, Ed.D., MFT, and Diane Henderson, B.A., *A Clean and Sober Place to Live: Philosophy, Structure, and Purported Therapeutic Factors in Sober Living Houses*, 40(2) J Psychoactive Drugs 153–159 (June 2008).

³⁸ [S. 397.311\(39\), F.S.](#)

³⁹ [S. 397.311\(27\)\(a\)2., F.S.](#)

⁴⁰ [S. 397.311\(27\)\(a\)3., F.S.](#)

Recovery residences can be located in single-family homes and multifamily dwellings. To live at a recovery residence, occupants may be required to pay a monthly fee or rent, which supports the cost of maintaining the home. The length of time a person lives at a recovery residence varies as it is based on the individual's treatment needs.⁴¹ However, generally recovery residences provide short-term residency, typically a minimum of 90 days.⁴²

According to the federal Substance Abuse and Mental Health Services Administration, "recovery housing can be a critical asset in supporting an individual on their journey of recovery. Research has demonstrated that recovery housing is associated with a variety of positive outcomes for residents including decreased substance use, reduced likelihood of return to use, lower rates of incarceration, higher income, increased employment, and improved family relationships."⁴³

Voluntary Certification of Recovery Residences

In Florida, a "certified recovery residence" is a recovery residence that holds a valid certificate of compliance and is actively managed by a certified recovery residence administrator.⁴⁴ Florida has a voluntary certification program for recovery residences and recovery residence administrators, implemented by private credentialing entities.⁴⁵ While certification is voluntary, a recovery residence must be certified to accept or receive patient referrals from licensed treatment providers or existing recovery residences.⁴⁶

Under the certification program, two DCF-approved credentialing entities administer certification programs and issue certificates: the Florida Association of Recovery Residences (FARR) certifies recovery residences and the Florida Certification Board (FCB) certifies recovery residence administrators.⁴⁷

Certified Recovery Residences

As the credentialing entity for recovery residences in Florida, FARR administers certification, recertification, and disciplinary processes as well as monitors and inspects recovery residences to ensure compliance with certification requirements. FARR is also authorized to deny, revoke, or suspend a certification, or otherwise impose sanctions, if recovery residences are not in compliance or fail to remedy any deficiencies identified. However, any decision that results in an adverse determination is reviewable by DCF.⁴⁸

To be certified, a recovery residence must submit the following documents with an application fee to FARR:⁴⁹

- A policy and procedures manual containing:
 - Job descriptions for all staff positions;
 - Drug-testing procedures and requirements;
 - A prohibition against use on the premises of alcohol, marijuana (including marijuana that has been certified by a qualified physician for medical use in accordance with s. 381.986, F.S.); illegal drugs, and the use of prescribed medications by an individual other than the individual for whom the medication is prescribed;
 - Policies to support a resident's recovery efforts; and

⁴¹ American Addiction Center, *Length of Stay at a Sober Living Home*, October 2022, available at <https://americanaddictioncenters.org/sober-living/length-of-stay>, (last visited February 5, 2026).

⁴² *Id.*

⁴³ Substance Abuse and Mental Health Services Administration, *Best Practices for Recovery Housing*, released 2023|Updated 2026, available at <https://library.samhsa.gov/sites/default/files/best-practices-for-recovery-housing-pep23-10-00-002.pdf> (last visited February 5, 2026).

⁴⁴ [S. 397.311\(5\), F.S.](#)

⁴⁵ [Ss. 397.487, - s. 397.4872, F.S.](#)

⁴⁶ [S. 397.4873\(1\), F.S.](#)

⁴⁷ DCF, *Recovery Residence Administrators and Recovery Residences*, available at <https://www.myflfamilies.com/services/samh/recovery-residence-administrators-and-recovery-residences> (last visited February 6, 2026).

⁴⁸ [S. 397.487\(8\)\(f\), F.S.](#)

⁴⁹ [S. 397.487\(3\)\(a\), F.S.](#)

- A good neighbor policy to address neighborhood concerns and complaints;
- Rules for residents;
- Copies of all forms provided to residents;
- Intake procedures;
- Sexual predator and sexual offender registry compliance policy;
- Relapse policy;
- Fee schedule;
- Refund policy;
- Eviction procedures and policy;
- Code of ethics;
- Proof of insurance;
- Proof of background screening; and
- Proof of satisfactory fire, safety, and health inspections.

Medication-Assisted Treatment in Recovery Residences

Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to treat opioid use disorders.⁵⁰ MAT helps treat opioid use disorders by helping to normalize brain chemistry, blocking the euphoric effects of opioids,⁵¹ and relieving physical cravings. Opioids are a class of medications derived from the opium poppy plant or mimic its naturally occurring substances.⁵² These drugs are effective at reducing pain; however, they can be highly addictive and misuse can lead to an opioid use disorder.⁵³ An opioid use disorder is a chronic mental health condition characterized by the compulsive misuse of opioid drugs.⁵⁴ There are three medications approved by the Federal Drug Administration to treat opioid use disorder: methadone, buprenorphine, and naltrexone.⁵⁵

In 2024, the Legislature amended [s. 397.487, F.S.](#), replicating federal law prohibiting a certified recovery residence from denying an individual housing solely on the basis that the individual has been prescribed federally approved medication that assists with treatment for substance use disorders.⁵⁶

Americans with Disabilities Act

The Americans with Disabilities Act (ADA) prohibits public and private entities (including public accommodations) from discriminating against individuals with disabilities.⁵⁷ The ADA requires broad interpretation of the term “disability” so as to include as many individuals as possible under the definition.⁵⁸ The ADA defines disability as a physical or mental impairment that substantially limits one or more major life activities.⁵⁹ Disability also includes

⁵⁰ DCF, *Treatment for Substance Abuse*, available at <https://www.myflfamilies.com/services/samh/treatment> (last visited February 8, 2026).

⁵¹ Opioids are a class of medications derived from the opium poppy plant or mimic its naturally occurring substances. These drugs are effective at reducing pain; however, they can be highly addictive and misuse can lead to an opioid use disorder.

⁵² Illinois Department of Public Health, *Medication-Assisted Treatment FAQ*, available at <https://dph.illinois.gov/topics-services/opioids/treatment/mat-faq.html#:~:text=What%20is%20Medication%2DAssisted%20Treatment,to%20treat%20substance%20use%20disorders> (last visited February 8, 2026).

⁵³ *Id.*

⁵⁴ Cleveland Clinic, *Opioid Use Disorder*, available at <https://my.clevelandclinic.org/health/diseases/24257-opioid-use-disorder-oud> and Yale Medicine, *Opioid Use Disorder*, available at <https://www.yalemedicine.org/conditions/opioid-use-disorder> (last visited February 8, 2026).

⁵⁵ Illinois Department of Public Health, *Medication-Assisted Treatment FAQ*, available at <https://dph.illinois.gov/topics-services/opioids/treatment/mat-faq.html#:~:text=What%20is%20Medication%2DAssisted%20Treatment,to%20treat%20substance%20use%20disorders> (last visited February 8, 2026).

⁵⁶ [S. 397.487\(13\), F.S.](#)

⁵⁷ 42 U.S.C. s. 12101. This includes prohibition against discrimination in employment, state and local government services, public accommodations, commercial facilities, and transportation. U.S. Department of Justice, *Law, Regulations & Standards*, available at http://www.ada.gov/2010_regs.htm (last visited February 8, 2026).

⁵⁸ 42 U.S.C. s. 12102.

⁵⁹ *Id.*

individuals who have a record of such impairment, or are regarded as having such impairment.⁶⁰ The phrase “physical or mental impairment” includes, among others⁶¹, drug addiction and alcoholism.⁶² However, this only applies to individuals in recovery, as ADA protections are not extended to individuals who are actively abusing substances.⁶³

The ADA is enforced by the Department of Justice (DOJ) through specific regulations codified in Title 28 of the Code of Federal Regulations, which govern public accommodations.

Federal regulations (28 C.F.R. § 36.301), explicitly prohibit a public accommodation from imposing or applying eligibility criteria that screen out or tend to screen out an individual, or a class of individuals, with a disability from fully enjoying such accommodations unless such criteria can be shown to be necessary for the provision of the accommodations being offered. The DOJ interpreted this to include blanket prohibitions against individuals using medication-assisted treatment.

Fair Housing Amendment Act

The Fair Housing Amendment Act of 1988 (FHA) prohibits housing discrimination based upon an individual’s handicap.⁶⁴ A person is considered to have a handicap if he or she has a physical or mental impairment which substantially limits one or more of his or her major life activities.⁶⁵ This includes individuals who have a record of such impairment, or are regarded as having such impairment.⁶⁶ Drug or alcohol addiction are considered to be handicaps under the FHA.⁶⁷ However, current users of illegal controlled substances and persons convicted for illegal manufacture or distribution of a controlled substance are not considered handicapped under the FHA.

Both the ADA and FHA prohibit discrimination against individuals based on the person’s disability or handicap. This includes the discrimination of individuals from public accommodations or housing who have been prescribed federally approved medication that assists with treatment for substance use disorders.

⁶⁰ *Id.*

⁶¹ 28 C.F.R. s. 35.108(b). The phrase physical or mental impairment includes, but is not limited to, such contagious and noncontagious diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic) and tuberculosis.

⁶² 28 C.F.R. s. 35.108(b).

⁶³ 28 C.F.R. s. 35.131.

⁶⁴ 42 U.S.C. § 3604. Similar protections are also afforded under the Florida Fair Housing Act, [s. 760.23, F.S.](#), which provides that it is unlawful to discriminate in the sale or rental of, or to otherwise make unavailable or deny, a dwelling to any buyer or renter because of a handicap of a person residing in or intending to reside in that dwelling after it is sold, rented, or made available. The statute provides that “discrimination” is defined to include a refusal to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to such person equal opportunity to use and enjoy a dwelling.

⁶⁵ 42 U.S.C. § 3602(h).

⁶⁶ *Id.*

⁶⁷ *Oxford House, Inc. v. Town of Babylon*, 819 F. Supp. 1179, 1182 (E.D.N.Y. 1993).

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Human Services Subcommittee	10 Y, 4 N, As CS	2/12/2026	Mitz	Curry

THE CHANGES ADOPTED BY THE COMMITTEE:

- PCS for HB 923 removed the following provisions in HB 923 relating to:
- Prohibiting a mental health provider to use a residence to provide housing to its residents;
 - Allowing a service provider to transfer its license to another provider when there is a change in federal employer identification number or taxpayer identification number or when 51% or more of the ownership of a provider is transferred;
 - Requiring a service provider and a certified recovery residence, to timely notify DCF and the credentialing entity, respectively, when an employee is arrested;
 - Requiring DCF to issue a regular license, instead of a probationary license, within 30 days, to an existing licensed service provider that is seeking to add licensed services or one or more additional levels of care at an existing licensed location or at one or more new locations;
 - Requiring the local building and fire codes to determine the group room size and the maximum number of people who receive clinical services within a space; and
 - Prohibiting the recovery residence credentialing entity from requesting clinical records of a resident or a service provider’s DCF-approved policies and procedures when determining whether to suspend or revoke provider’s certification.

PCS for HB 923:

- Limits Level 2 background screening to officers, directors, managing members and individuals exercising operational control over the licensee (current law requires owners) when more than 5% of a controlling interest of a licensed service provider is transferred to another person or entity;
- Allows an existing licensed service provider that does not currently, and has not had any violations in the last 12 months, to add one or more additional levels of care at an existing licensed location or at one or more new locations when the provider will offer the same level of care that it is currently licensed to provide and prohibits DCF from requiring the service provider to admit individuals for services during the probationary period; and
- Removes a prohibition on certified recovery residences from denying individuals housing solely on the basis that they receive medication-assisted treatment.

Health & Human Services Committee	17 Y, 7 N	2/18/2026	Calamas	Curry
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THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.
