

LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

MODEL RECOVERY READY WORKPLACES ACT

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MODEL RECOVERY-READY WORKPLACES ACT

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SECTION I. SHORT TITLE.

This Act may be referred to as the “Model Recovery-ready Workplaces Act,” “the Act,” or “Model Act.”

SECTION II. LEGISLATIVE FINDINGS AND PURPOSE.

(a) Legislative findings.—The [legislature]¹ finds that:

- (1) In 2021, an estimated 44 million Americans aged 18 or older had substance use disorder, with approximately 21.8 million of those having alcohol use disorder, 15.3 million having drug use disorder, and 6.9 million with both alcohol and drug use disorder;²
- (2) Among people aged 18 and older with substance use disorder in 2021, over 60 percent (26.9 million) were employed; 20.9 million (77.6 percent) of those individuals worked full time;³
- (3) Additionally, for the year 2021, 38.1 million Americans aged 18 or older reported illicit drug⁴ use or misuse in the past month prior to responding to the survey, with 23 million of those individuals being employed either full- or part-time;⁵
- (4) Further, 40 million adults who were employed full- or part-time, reported binge alcohol use, and 10.8 million employed people reported heavy alcohol use in the prior month;⁶

¹ This Act contains certain bracketed words and phrases (e.g., “[legislature]”). Brackets indicate instances where state lawmakers may need to insert state-specific terminology or facts.

² *Results from the 2021 National Survey on Drug Use and Health: Detailed Tables*, U.S. DEP’T OF HEALTH & HUM. SERVS., SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN., Table 5.1A (2022), [2021 NSDUH Detailed Tables | CBHSQ Data \(samhsa.gov\)](#).

³ *Id.* at Table 5.7A.

⁴ “Illicit drugs” is the term used by the Substance Abuse and Mental Health Services Administration and is defined as including marijuana, cocaine, crack, heroin, hallucinogens, LSD, PCP, ecstasy, inhalants, methamphetamine, and prescription psychotherapeutics. *Id.* at Appendix A.

⁵ *Id.* at Tables 1.3A and 1.25A.

⁶ *Id.* at Tables 2.28A and 2.29A. “Binge alcohol use” is defined in the survey as drinking four or more drinks on the same occasion for females and five or more drinks on the same occasion for males on at least one day in the past 30 days. “Heavy use of alcohol” is defined as drinking four or more drinks on the same occasion for females and five or more for males on each of five or more days in the past 30 days. *Id.* at Appendix A.

- (5) A study conducted in 2022 using data from 2015-2019 concluded that alcohol use disorder was associated with more than 233 million missed workdays annually;⁷
- (6) In addition, workplace deaths due to unintentional overdose from the nonmedical use of drugs increased by almost 500 percent from the period 2012 to 2020;⁸
- (7) The annual cost to employers “of a single employee with an untreated substance use disorder ranges from \$2,600 in agriculture to more than \$13,000 in the information and communications sectors,” figures which are based in part on the number of missed workdays or unscheduled leave days taken, health care utilization, and job turnover for individuals with substance use disorder;⁹
- (8) According to the U.S. Department of Labor, “research suggests that the adoption of recovery-ready workplace policies can result in increased productivity, decreased healthcare costs, reduced turnover and related costs, and reduced exposure to substance-related accidents;”¹⁰
- (9) Employees in recovery save their employers an average of \$8,500 annually, with \$8,175 attributable to avoiding turnover, replacement, and healthcare costs;¹¹
- (10) An estimated [number of people] in [state] have substance use disorder and are part of the workforce;¹² and
- (11) Having a recovery-ready workplace can provide numerous benefits to both the employer and its employees, including, but not limited to: (a) assisting employees with entering into and maintaining their recovery; (b) reducing substance-related

⁷ Ian C. Parsley, et al., *Association between Workplace Absenteeism and Alcohol Use Disorder from the National Survey on Drug Use and Health, 2015-2019*, JAMA NETWORK OPEN (March 17, 2022), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2790205>.

⁸ *Unintentional Overdoses Accounted for 388 Workplace Deaths in 2020*, U.S. BUREAU OF LAB. STAT. (Jan. 7, 2022), <https://www.bls.gov/opub/ted/2022/unintentional-overdoses-accounted-for-388-workplace-deaths-in-2020.htm#:~:text=Unintentional%20overdoses%20from%20nonmedical%20use,these%20data%20began%20in%202011>.

⁹ Eric Goplerud, Sarah Hodge & Tess Benham, *A Substance Use Cost Calculator for US Employers with an Emphasis on Prescription Pain Medication Misuse*, 59(11) J. OF OCCUPATIONAL MED. 1063-1071 (Nov. 2017), [A Substance Use Cost Calculator for US Employers With an Emphasis on Prescription Pain Medication Misuse - PMC \(nih.gov\)](https://pubs.niaaa.nih.gov/publications/ocm/5911/5911063-1071.pdf).

¹⁰ *Benefits of Recovery-ready Workplace Policies*, U.S. DEP’T OF LAB. (2023), [Benefits of Recovery-Ready Workplace Policies | U.S. Department of Labor \(dol.gov\)](https://www.dol.gov/eop/2023/03/23/benefits-of-recovery-ready-workplace-policies).

¹¹ *New Analysis: Employers Can Save Average of \$8,500 for Supporting Each Employee in Recovery from Substance Use Disorder*, NAT’L SAFETY COUNCIL (Dec. 2, 2020), [New Analysis: Employers Can Save Average of \\$8,500 for Supporting Each Employee in Recovery from Substance Use Disorder - National Safety Council \(nsc.org\)](https://www.nsc.org/newsroom/new-analysis-employers-can-save-average-of-8500-for-supporting-each-employee-in-recovery-from-substance-use-disorder).

¹² Each legislature that enacts this Act should insert state specific data here.

injuries and work-related stress among employees; (c) reducing absenteeism, presenteeism,¹³ and lost productivity among employees with substance use disorder; (d) helping retain skilled employees by providing access to treatment and a pathway to return to work; (e) increasing employee engagement, morale, and appropriate use of personal time off; and (f) helping reduce the costs associated with substance use disorder in the workplace.

(b) Purpose.—The purpose of this Act is to:

- (1) Establish a program by which employers can become recovery-ready workplace participants or certified as recovery-ready workplaces;
- (2) Encourage employers operating in [state] to institute workplace policies and procedures that:
 - (A) Establish a culture that values a healthy work environment and offers opportunities for employee recovery and retention;
 - (B) Help reduce occupational injuries and work-related stressors that might lead to substance misuse;
 - (C) Encourage hiring of qualified people in recovery, including those with a history of criminal justice system involvement associated with their past substance use;
 - (D) Eliminate barriers for employees seeking treatment; and
 - (E) Assist employees in maintaining recovery, wellness, safety, and productivity;
- (3) Establish a tax credit and stipend for employers that are certified as recovery-ready workplaces; and
- (4) Establish funding mechanisms and grant programs to further the purposes of this Act.

Commentary

According to the 2021 National Survey on Drug Use and Health (NSDUH), 16.5 percent of the U.S. population aged 12 and older – that is, more than 46 million individuals – met the Diagnostic and Statistical Manual of Mental Health Disorders criteria for having a substance use

¹³ “Presenteeism” is the practice of going to work despite illness, injury, or other incapacity, resulting in lost productivity. DICTIONARY.COM, [Presenteeism Definition & Meaning | Dictionary.com](https://www.dictionary.com/browse/presenteeism).

disorder (alcohol and other drug use disorders, singly or in combination).¹⁴ Of those, nearly 27 million individuals aged 18 and over were in the workforce.¹⁵

Substance use among workers is common and is associated with increased risk of work-related accidents, loss of productivity, lower quality of work, increased absenteeism, and at work behavioral issues that affect other employees.¹⁶ In light of this, the Substance Abuse and Mental Health Services Administration (SAMHSA) recommends that employers take proactive measures to assist employees with substance use disorders, including education for all employees, including management, establishing wellness and employee assistance programs, and offering health benefits that include coverage for treatment of substance use disorders.¹⁷ Employers can do this by implementing recovery-ready workplace policies and procedures designed to assist employees who are, or are at risk of, misusing drugs and/or alcohol or who have, or are at risk of developing, a substance use disorder. Recovery-ready workplaces are those which adopt policies and procedures to assist employees with substance use disorder or in recovery from substance use disorder, by, for example: (1) expanding employment opportunities for people in or seeking recovery; (2) facilitating access to treatment for employees with substance use disorder; (3) coordinating the return to work, including through recovery support in the workplace; and (4) reducing the risk of substance misuse and substance use disorder through education and steps to prevent injury in the workplace.¹⁸ Employees who do not have a substance use disorder can also benefit from these policies.

The Recovery-Ready Workplace Resource Hub (<https://www.dol.gov/agencies/eta/RRW-hub/>), hosted by the Employment and Training Administration of the U.S. Department of Labor (USDOL), and the Centers for Disease Control and Prevention’s National Institute on Occupational Safety and Health’s Workplace Supported Recovery Program (<https://www.cdc.gov/niosh/topics/opioids/wsrp/default.html>), part of its Total Worker Health Program® (<https://www.cdc.gov/niosh/twh/default.html>), provide resources states and employers can use to implement recovery-ready workplace policies.

SECTION III. DEFINITIONS.

[States may already have definitions in place for some or all of the following terms. In such case, states may use the existing definitions in place of those listed below.]

¹⁴ SAMHSA Announces National Survey on Drug Use and Health (NSDUH) Results Detailing Mental Illness and Substance Use Levels in 2021, U.S. DEP’T OF HEALTH & HUM. SERVS., SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN. (Jan. 4, 2023), [SAMHSA Announces National Survey on Drug Use and Health \(NSDUH\) Results Detailing Mental Illness and Substance Use Levels in 2021 | HHS.gov](#).

¹⁵ U.S. DEP’T OF HEALTH & HUM. SERVS., SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN., *supra* note 2.

¹⁶ Bush, Donna and Rachel N. Lipari, *Short Report: Substance Use and Substance Use Disorder by Industry*, U.S. DEP’T OF HEALTH & HUM. SERVS., SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN. (Apr. 16, 2015), [Substance Use and Substance Use Disorder by Industry \(samhsa.gov\)](#).

¹⁷ See *Prescription Drug Abuse Awareness: Information for Employers*, SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN. (2018), [PAW business 5_email \(rti.org\)](#).

¹⁸ *Recovery Friendly Workplaces Yield Impressive Results*, NEW ENGLAND RECOVERY CTR. (Aug. 8, 2022), [Recovery Friendly Workplaces Yield Impressive Results - New England Recovery Center and Recovery-ready Workplace](#), U.S. DEP’T OF LAB. (2023), [Recovery-Ready Workplace | U.S. Department of Labor \(dol.gov\)](#).

For purposes of this Act, unless the context clearly indicates otherwise, the words and phrases listed below have the meanings given to them in this section:

- (a) Certified recovery-ready workplace.—“Certified recovery-ready workplace” means a workplace that meets the criteria for certification as established by this Act, attains designation as certified by the recovery-ready workplace program, and receives written documentation from the program of such designation;
- (b) Co-occurring disorder.—“Co-occurring disorder” means the coexistence of both a mental health and a substance use disorder in an individual;¹⁹
- (c) Department.—“Department” means the [state] department of [labor, mental health and substance use disorders, public health, or other state agency selected by the legislature to operate or have oversight of the recovery-ready workplace program];
- (d) Employee.—“Employee” means any person who works for salary, wages, or other remuneration for an employer subject to the provisions of this Act and includes, but is not limited to, individuals in managerial positions, those working for or on behalf of [state], contractors, and individuals in work from home positions;
- (e) Employer.—“Employer” means any public or private individual, entity, corporation, organization, limited liability company, professional limited liability company, for-profit corporation, non-profit corporation, or association that has one or more employees who are residents of [state] and who are covered by the state workers’ compensation act, or which conducts business in or within [state]. “Employer” includes the state and any department, agency, or instrumentality of the state; any county; any municipal corporation; and any employer that is self-insured. A single employer may have multiple workplaces;²⁰
- (f) Lived experience.—“Lived experience” means having first-hand experience living with substance use and/or mental health disorder and the associated challenges;²¹
- (g) Mental health disorder.—“Mental health disorder” means a syndrome characterized by a clinically significant disturbance in an individual’s cognition, emotion regulation, or

¹⁹ *Mental Health and Substance Use Disorders*, SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN. (last updated Apr. 27, 2022), <https://www.samhsa.gov/find-help/disorders>.

²⁰ This definition was adapted in part from GA. CODE ANN. § 34-9-411 (West 2022).

²¹ Colin T. Hart, *Lived Experience is Expertise: MHSa Program Highlight*, SAN MATEO CNTY. HEALTH, [Lived Experience is Expertise - San Mateo County Health \(smchealth.org\)](https://www.smchealth.org).

behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning;²²

- (h) Opioid overdose reversal drug.—“Opioid overdose reversal drug” means a drug, including but not limited to naloxone hydrochloride, approved by the United States Food and Drug Administration for the complete or partial reversal of an opioid overdose;²³
- (i) Participant.—“Participant” means a workplace that meets the criteria for participant status as established by this Act, attains designation as a participant by the recovery-ready workplace program, and receives documentation from the program of such designation;
- (j) Peer support specialist.—“Peer support specialist” means someone with the lived experience of recovery from a substance use disorder or co-occurring disorder, who provides non-clinical, strengths-based support to others experiencing similar challenges. Peer support specialists are also known as peer specialists, peer recovery coaches, peer advocates, and peer recovery support specialists;²⁴
- (k) Prevention.—“Prevention” means a way of preventing substance misuse through strategies designed to reduce the risk of injury and stress in the workplace and address other factors that may increase the risk of substance misuse and through training and education to build substance use disorder and recovery literacy;
- (l) Recovery.—“Recovery” means a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential;²⁵
- (m) Recovery-ready workplace.—“Recovery-ready workplace” means a workplace that receives designation as a recovery-ready workplace participant or a certified recovery-ready workplace pursuant to this Act;
- (n) Recovery-ready workplace [advisor/consultant].—“Recovery-ready workplace [advisor/consultant]” means an individual who is an employee of or contractor for the recovery-ready workplace program and whose duties include, but are not limited to,

²² AM. PSYCHIATRIC ASS’N, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FIFTH EDITION (DSM-5) 20 (2013).

²³ Adapted from the definition of “emergency opioid antagonist” found in the *Model Expanded Access to Emergency Opioid Antagonists Act*, LEGIS. ANALYSIS & PUB. POL’Y ASS’N (Sept. 2021), <https://legislativeanalysis.org/model-expanded-access-to-emergency-opioid-antagonists-act/> (definition created by subject matter experts).

²⁴ *Value of Peers*, SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN. (2017), [Value of Peers, 2017 \(samhsa.gov\)](https://www.samhsa.gov/value-of-peers).

²⁵ *Working Definition of Recovery*, SAMHSA (2012), <https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>.

- assisting employers through the process of becoming a recovery-ready workplace participant or a certified recovery-ready workplace;
- (o) Recovery-ready workplace program.—“Recovery-ready workplace program” or “program” means the program established by this Act;
- (p) Recovery-ready workplace task force or committee.—“Recovery-ready workplace task force or committee” means a task force or committee established by an employer or its employees that reflects different components of the workforce and includes different levels of staff to lead recovery-ready workplace policy development and implementation and/or to continuously review and update the employer’s policies and practices to make them more recovery-ready;
- (q) Recovery support services.—“Recovery support services” means non-clinical services that assist individuals in achieving or sustaining recovery from substance use disorder and may include, but are not limited to, mentorship, recovery coaching, information sharing, recovery planning, and linkage to services or other resources;²⁶
- (r) Substance use disorder.—“Substance use disorder” means a pattern of alcohol or other drug use that leads to clinical or functional impairment, in accordance with the definition in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, or in any subsequent editions, and includes, but is not limited to, alcohol use disorder, opioid use disorder, and stimulant use disorder;²⁷ and
- (s) Workplace.—“Workplace” means any office, warehouse, building, or any other location, whether permanent or temporary, where an employee performs any work-related duty or duties in the scope and course of the employee’s employment. Employers may have more than one workplace. “Workplace” does not include an employee’s residence or other “work from home” location (*e.g.*, a coffee shop). If an employer operates exclusively through telework, the designated workplace address shall be that listed on the employer’s

²⁶See RECOVERY RESEARCH INSTITUTE, [Opioid Response Network Partnership – Recovery Research Institute \(recoveryanswers.org\)](#), and OPIOID RESPONSE NETWORK, [Opioid Response Network](#).

²⁷ Adapted from the definition of “substance use disorder” found in the *Model Withdrawal Management Protocol in Correctional Settings Act*, LEGIS. ANALYSIS & PUB. POL’Y ASS’N 9 (June 2021), [Model Withdrawal Management Protocol in Correctional Settings Act • LAPP \(legislativeanalysis.org\)](#) (definition created by subject matter experts).

articles of incorporation filed with the secretary of state, if incorporated in this state, or, if not incorporated in this state, the address of its official headquarters in this state.²⁸

Commentary

Many of the terms defined in this section may already be defined under state law, and states are free to use those definitions in lieu of the definitions provided in this section. However, some of the definitions included in this section may have been revised to better fit the needs and circumstances of this Act.

Please note that “employer” and “workplace” are not used interchangeably within this document. As noted in the definitions, an employer may have multiple workplaces (*e.g.*, a construction company operating at multiple job sites or a large organization with offices in different locations throughout the state, such as a chain of restaurants owned by a single corporation), but “workplace” is limited to one location so care should be taken not to confuse the two terms.

The definition of “workplace” provides that work from home locations are not included in the definition. The primary reason for this is that employers are required to provide the address of every workplace covered by a letter of intent to become a participant or certified recovery-ready workplace under the provisions of Section V, and such a requirement could become extremely unwieldy for employers with a large number of employees that work from home. Further, work from home employees will still receive the benefits of any recovery-ready policies and procedures implemented by an employer even if the employee does not physically work in a designated workplace.

Additionally, the definition of “workplace” requires that an employer that operates exclusively through telework either be incorporated in the state or have a location designated as its headquarters in the state.

Finally, please note that this Act uses the term “recovery-ready.” Across the United States, however, programs with similar aims are also referred to as “recovery friendly workplace programs” and “workplace supported recovery programs.”

SECTION IV. RECOVERY-READY WORKPLACE PROGRAM.

- (a) Establishment.—There is hereby established a recovery-ready workplace program to be administered or overseen by the department.
- (b) Contract with public or private entity.—In lieu of establishing a program within the department, the department may contract with one or more public or private entities to perform some or all of the duties outlined in this section but shall maintain oversight of

²⁸ Taken in part from draft New York legislation.

the program. Any such public or private entity shall be required to meet all requirements for certification as a recovery-ready workplace.

(c) Duties of program.—At a minimum, the program shall:

- (1) Develop or adopt a process through which employers may apply to become recovery-ready workplace participants or certified as recovery-ready as set forth in Section V;
- (2) Develop or adopt an orientation process that includes training materials for new employers that provides a baseline introduction to substance use disorder, treatment, and recovery, including information on the science of addiction, stigma, substance use in the workforce, prevention measures, available local resources, and the ways in which employers can amend and implement recovery-ready policies and practices to help their employees with substance use disorders;
- (3) Provide consultation, guidance, technical assistance, training and education, and other support to employers seeking to become participants or certified recovery-ready workplaces, as well as to current program participants and certified recovery-ready employers and key stakeholders within the workplace, such as human resources directors and union leaders;
- (4) Conduct outreach to key stakeholders within [state], including employers that are not engaged in the program, labor unions, and recovery support services organizations, to provide information regarding the program and program benefits;
- (5) Dependent on funding, hire or contract with at least one (1) recovery-ready workplace [advisor/consultant] for every [n]²⁹ participants or certified recovery-ready workplaces;
- (6) Assign a recovery-ready workplace [advisor/consultant] to each employer that has submitted a letter of intent, who will:
 - (A) Assist employers through the process of becoming a participant or certified recovery-ready workplace;

²⁹ Each state should determine the ratio of advisors to employers that works best for that state, after consideration of factors that might influence that decision, including a review of the duties to be performed by advisors, number of employers seeking to become recovery-ready, the number of employees represented by each employer engaged with the program, and available funds.

- (B) Provide information to employers regarding the state and federal laws and regulations that impact individuals with substance use disorder including, but not limited to, the federal Americans with Disabilities Act (42 U.S.C. § 12101, et. seq.), state disability laws, the Family Medical Leave Act (29 U.S.C. §§ 2601 – 2654), 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act (45 C.F.R., Part 160), through the provision of written materials, training, and/or referral to an individual or entity with the requisite knowledge;
- (C) Provide ongoing assistance to employers, including by:
- (i) Working with employers to review the employers’ policies and procedures and providing suggestions to make such policies and procedures more recovery-ready;
 - (ii) Providing referrals to program partners including, but not limited to, recovery community organizations, treatment providers, occupational medicine and health experts, peer support or recovery support specialists, human resource or employee assistance specialists, experts in employment and labor law, and others with specialized knowledge and expertise that might assist the employer in becoming or maintaining its status as recovery-ready or in revising its policies or procedures to better assist employees with substance use disorder, addressing stigma and building a recovery-supportive workplace culture, or in providing employees access to additional services and supports; and
 - (iii) Encouraging employee involvement in the process of becoming a participant or certified recovery-ready workplace or in maintaining such status, including through activities such as participating in a recovery-ready workplace policy design and implementation team, orienting new employees on the employer’s recovery-ready policies, monitoring the implementation process, and providing feedback on the employer’s recovery-ready workplace efforts; and

- (D) Assist employers in renewing their status as a participant or certified recovery-ready workplace through the completion of an annual review as set forth in Section V.
- (7) Provide each participating employer with a certificate or other documentation evidencing the employer's status as a participant in the program or as a certified recovery-ready workplace which shall reflect the name of the employer, the address(es) of the workplace(s) covered by the certificate, the date the certificate was issued, and the date of expiration;
- (8) Develop a recovery-ready workplace program website that provides resources and information on substance use in the workplace to employers, employees, and the general public or incorporate such information into the department's existing website;
- (9) Develop, or adopt already existing, educational and training resources for employers and employees that shall be posted to the program website and shall include materials such as guideline documents, flyers, posters, webinars, panel discussions, online interactive modules, and training modules tailored to specific employers or industries and may include interactive classroom-based training;
- (10) Develop or adopt already existing model recovery-ready policies and procedures for use by employers; and
- (11) Compile the information to be submitted to the department pursuant to Section VIII.

Commentary

As mentioned in Section II, the USDOL stated, “that the adoption of recovery-ready workplace policies can result in increased productivity, decreased healthcare costs, reduced turnover and related costs, and reduced exposure to substance-related accidents.”³⁰ However, knowing which policies and practices to adopt or identifying the potential harms that might result from policies and practices already in place can be difficult for employers without assistance from individuals with the knowledge and experience to assist them, which is where having a recovery-ready workplace program can fill that gap.

³⁰ U.S. DEP'T OF LAB., *supra* note 10.

The recovery-ready workplace program envisioned by this Act proposes to facilitate engagement with the program by making the achievement of designation as a participant or as a certified recovery-ready workplace as simple as possible while ensuring that the designations established under this Act are meaningful. The duties listed in subsection (c) are intended to be minimum requirements. Programs and recovery-ready workplace advisors/ consultants should remain flexible and adaptive based on employers' needs and, to the extent possible, should tailor services to the industry, sector, organizational size, and available resources in their state or the program's area(s) of operation. Programs and recovery-ready workplace advisors should also provide assistance to certified recovery-ready employers that wish to exceed the minimum program requirements for certification.

Subsection (c) contemplates the assignment of a recovery-ready workplace advisor/ consultant who will work with employers throughout the lifetime of their participation in the program, with the understanding that employers will be assigned a new advisor/consultant as needed (*e.g.*, the employer's current advisor leaves employment with the program). Working group members recommended that such advisors act as "concierges," and have a great deal of flexibility in how they perform their roles with the program so as to maximize their benefit to employers. Subsection (c)(6)(A) – (D) sets forth a few of the ways in which advisors can assist employers in the program, including through reviewing an employer's policies and procedures and making recommendations on ways in which the employer can amend or implement new policies and procedures to become more recovery-ready. Working group members further recommended that the advisors have experience with, expertise in, or the ability to refer employers to program partners with such experience or expertise in: (1) hiring people with a history of substance use who haven't been diagnosed as having a substance use disorder or who are in recovery from a substance use disorder; (2) hiring individuals in recovery from a substance use disorder who have a history of or with current criminal justice system involvement; (3) implementing prevention measures in the workplace to decrease the risk and incidence of work-related causes of addiction, including by evaluating where employees are getting injured on the job, or are at elevated risk of injury, and taking steps to mitigate injury risk; (4) ways in which employers can institute practices that prioritize retaining employees with substance use disorder and assisting them in beginning or sustaining their recovery; and (5) ways in which employers can facilitate access to treatment and other services and effectively managing the return to work, including through reasonable accommodations and recovery support; and building a recovery-supportive work culture. Additionally, a working group member suggested that recovery-ready workplace advisors help employers and labor leaders gain insight into the perceptions and experiences of employees through the use of employee surveys, focus groups, and participative trainings.

This section also mentions "program partners." Programs should reach out to other public and private organizations to form partnerships, which may or may not be memorialized with a memorandum of understanding, in order to better serve the needs of employers and employees within the state and should make particular use of consultants for areas outside the program's expertise. As feasible, these partners should include, but not be limited to: recovery community organizations; treatment providers; supported employment programs; recovery residences; recovery organizations that employ peer support specialists; attorneys familiar with the state and federal employment and disability law and other areas of law relevant to individuals with

substance use disorders; healthcare professionals, including occupational medicine and occupational health specialists; and individuals with expertise in human resources, employee assistance and employee wellness programs, drug courts, and reentry programs.

Subsection (c)(9) requires the program to develop or adopt training and educational materials for employers and employees. Working group members recommended that these materials cover a wide range of topics including, but not limited to: (1) substance use in the workplace; (2) substance use prevention measures employers can take; (3) reduction of stigma and discrimination; (4) return-to-work policies and reasonable accommodations; (5) sustaining recovery in the workplace; (6) medications for the treatment of opioid use disorder and alcohol use disorder; (7) strategies for aligning Drug-Free Workplace, Department of Transportation, or other drug testing requirements with recovery-ready principles; (8) building trust in the employer and psychological safety in the workplace so that employees feel comfortable seeking help for substance use issues; and (9) developing the skills to cope with work-related and non-work-related stress, problem solving, communication, and peer pressure.

Subsection (b) allows departments to contract with another agency or organization, public or private, to perform some or all of the duties set forth in this section. A number of states have currently existing recovery-ready workplace programs or initiatives, and this Act does not seek to supplant or replace those programs but rather to allow states to contract with the organizations currently operating those programs or initiatives and take advantage of their existing expertise.

SECTION V. DESIGNATION AS A RECOVERY-READY WORKPLACE.³¹

(a) In general.—Employers seeking to participate in the recovery-ready workplace program may choose to do so as a participant or as a certified recovery-ready workplace.

(b) Participant.—

(1) The following are the minimum requirements for employers to become participants in the program:

(A) Submission of a letter of intent to the program in a form and manner prescribed by the program which shall include, at a minimum, the name and address of the employer and, if the employer has more than one workplace, the street address of each workplace located within [state] to which the letter of intent applies;

(B) Completion of the orientation process as required by the program, including completion of the orientation training module;

³¹ This section is taken in part from the Tennessee Caring Workplaces Initiative, [Join Us | A Caring Workplace \(caringworkplaces.org\)](https://www.caringworkplaces.org).

- (C) Drafting of a recovery-ready workplace pledge or statement, or use of a form provided by the program, which identifies the values or principles informing the commitment and briefly describes the key recovery-ready workplace steps the employer will undertake as a participant; and
 - (D) Notification to all employees and the members of the employer's board of directors, if any, in writing of the intent to become a recovery-ready participant and provision of a copy of the recovery-ready workplace pledge or statement.
- (2) Upon submission of the letter of intent, the employer will be assigned a recovery-ready workplace [advisor/consultant].
- (3) An employer that completes the minimum requirements as set forth in subsection (b)(1) to become a participant in the program shall:
- (A) Be listed on the program website as a participant; and
 - (B) Receive a certificate or other documentation evidencing the employer's status as a participant in the recovery-ready workplace program which shall include the date of issuance, the expiration date, the address(es) of each workplace covered by the certificate, and which shall be valid for a period of at least one (1) year from the date of issuance.
- (c) Certified recovery-ready workplace.—
- (1) The following are the minimum requirements for employers to become a certified recovery-ready workplace:
- (A) Complete all steps set forth in subsection (b)(1) for becoming a program participant;
 - (B) With their recovery-ready workplace [advisor/consultant], complete a standardized assessment of the employer's current policies, procedures, and practices that impact current and prospective employees with substance use disorders and determine where improvements can be made; and
 - (C) With their recovery-ready workplace [advisor/consultant], set time-limited goals to make select improvements identified in (c)(1)(B) to be completed within the one (1) year term of the certification, unless an extension of time is granted by the program.

- (2) Upon submission of the letter of intent, the employer will be assigned a recovery-ready workplace [advisor/consultant].
 - (3) An employer that completes the minimum requirements as set forth in subsection (c)(1) to become certified shall be listed on the program website as a certified recovery-ready workplace and shall have its company logo prominently displayed on the program website.
 - (4) Upon completion of the minimum requirements as set forth in subsection (c)(1) to become certified, the employer shall receive a certificate or other documentation suitable for display confirming the employer's status as a certified recovery-ready workplace which shall include the date of issuance, the address(es) of each workplace covered by the certificate, and which shall be valid for at least one (1) year from the date of issuance.
 - (5) Certified recovery-ready workplace employers shall also be recognized through program press releases and program-sponsored events throughout the year.
- (d) Program renewal.—At least [60/90] days prior to the expiration of a certificate designating an employer as a participant or as a certified recovery-ready workplace, the employer shall:
- (1) Meet with its recovery-ready workplace [advisor/consultant] to complete a review of the employer's recovery-ready-related activities for the past year, which might include, but not be limited to, revising workplace policies to better assist employees with substance use disorder, implementing policies to encourage the hiring of individuals in recovery from substance use disorder, decreasing or eliminating barriers for employees seeking treatment, establishing a recovery-ready workplace task force or committee, and taking steps to reduce stigma in the workplace;
 - (2) In consultation with the recovery-ready workplace [advisor/consultant], set goals for the upcoming year; and
 - (3) Complete a written or electronic program satisfaction survey.
- (e) Termination of participation.—An employer may choose to terminate its participation in the program:

- (1) If such termination will take effect prior to the expiration of the employer’s current designation, by providing written notice to the program of the intent to terminate participation within [n] days prior to the proposed date of termination; or
 - (2) If such termination will take effect on the expiration of the employer’s current designation, by providing written notice to the program of the employer’s intent not to renew its designation as a participant or a certified recovery-ready workplace.
- (f) Revocation and failure to renew.—The program may revoke or decline to renew a certification for any employer that:
- (1) Violates any of the requirements of this Act;
 - (2) Violates any rules or regulations implemented by the department in relation to this Act; or
 - (3) Fails to take the necessary steps to renew its participation or certification within the time allowed by the program.
- (g) Effect of revocation or failure to renew.—Participants and certified recovery-ready workplaces whose designation is revoked or who do not seek renewal of their designation shall be removed from the program website and shall lose all benefits associated with such designation.
- (h) Extension of time to renew.—The program shall be flexible in granting extensions to participants and certified recovery-ready workplaces that begin the process of renewing their designation but fail to complete the process before their current designation expires.

Commentary

According to the USDOL, a recovery-ready workplace is one that adopts policies and practices geared toward addressing substance use in the workplace. On its Recovery-ready Resource Hub, the USDOL lists a number of policies and practices, including: (1) expanding employment opportunities for people in or seeking recovery; (2) facilitating access to treatment for employees with substance use disorder seeking help; (3) ensuring access to needed services, including treatment, recovery and peer support, and mutual aid; (4) reducing the risk of substance misuse (meaning the use of prescription drugs in ways other than as prescribed or without a prescription, “problem use of alcohol, or any use of illegal drugs”) through education and by taking steps to prevent workplace injuries; and (5) “[educating] all levels of the organization on [substance use disorder] and recovery, working to reduce stigma and misunderstanding, including by facilitating open discussion on the topic.”³²

³² *Recovery-ready Workplace Resource Hub*, U.S. DEP’T OF LAB., [Recovery-Ready Workplace Resource Hub | U.S. Department of Labor \(dol.gov\)](https://www.dol.gov/recovery-ready-workplace-resource-hub).

While this section does not direct employers interested in becoming a participant or certified recovery-ready workplace to implement those policies and practices, it does require that employers seeking to become certified conduct a review of their existing policies and practices with their recovery-ready workplace advisor/consultant and implement improvements to those policies and practices within a time agreed upon by the employer and advisor. It also requires all employers engaging with the program to set forth, in writing, the key steps the employer will take to become recovery-ready and ensures, through the renewal evaluation process, that employers have taken such steps.

The benefits to employers that institute recovery-ready workplace policies include: (1) better meeting workforce needs through hiring of people in recovery, including those who may have current or past criminal justice system involvement; (2) improvements in productivity and the building of a more cohesive organization by addressing employee substance use as a health condition; (3) a more educated organization on substance use disorder and recovery that helps reduce stigma and increase employee morale resulting in employee retention and a reduction in costs associated with employee turnover; and (4) the creation of a culture that celebrates and is supportive of recovery.

According to the U.S. Department of Justice, Bureau of Justice Statistics, “more than half (58%) of state prisoners and two-thirds (63%) of sentenced jail inmates met the criteria for drug dependence or abuse.”³³ Further, “more than 80% of people in jail or prison [reported] having used illicit substances in their lifetimes.”³⁴ Additionally, a 2016 survey of prison inmates conducted by the Bureau of Justice Statistics found that 31 percent of state prisoners and 25 percent of federal prisoners reported drinking alcohol at the time of the offense for which they were imprisoned, while 39 percent of state prisoners and 31 percent of federal prisoners reported using drugs at the time of offense.³⁵ Employer policies and procedures that exclude individuals with a history of criminal justice system involvement may also exclude individuals with a history of substance use disorder, as well. Therefore, it is important for employers to avoid excluding individuals based solely on a history of criminal justice system involvement in this context because it will likely disproportionately exclude individuals who are in recovery from substance use disorder. Under its Workforce Recovery initiative, Indiana developed an illustrative second chance policy graphic that applies to both the hiring of individuals in recovery, including those with a history of criminal justice system involvement, and the employer response to substance misuse or substance use disorder in current employees. An adapted version can be found at the

³³ Bronson, Jennifer, et al., *Drug Use, Dependence, and Abuse among State Prisoners and Jail Inmates, 2007-2009*, U.S. DEP’T OF JUST., OFF. OF JUST. PROGRAMS, BUREAU OF JUST. STAT. (rev. Aug. 10, 2020), [Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009 \(ojp.gov\)](https://www.ojp.gov/ncjrs/pdffiles1/246207.pdf).

³⁴ Chamberlain, Adam, et al., *Illicit Substance Use after Release from Prison among Formerly Incarcerated Primary Care Patients: A Cross-sectional Study*, 14:7 ADDICTION SCI. & CLINICAL PRAC. 2 (2019), [Illicit substance use after release from prison among formerly incarcerated primary care patients: a cross-sectional study | Addiction Science & Clinical Practice | Full Text \(biomedcentral.com\)](https://doi.org/10.1186/s12916-019-1477-9).

³⁵ Maruschak, Laura M., et al., *Alcohol and Drug Use and Treatment Reported by Prisoners: Survey of Prison Inmates, 2016*, U.S. DEP’T OF JUST., OFF. OF JUST. PROGRAMS, BUREAU OF JUST. STAT. (July 2021), [Alcohol and Drug Use and Treatment Reported by Prisoners: Survey of Prison Inmates, 2016 | Bureau of Justice Statistics \(ojp.gov\)](https://www.ojp.gov/ncjrs/pdffiles1/246207.pdf).

Recovery-ready Workplace Resource Hub here: [Recruitment and Employment of People in Recovery | U.S. Department of Labor \(dol.gov\)](#).

Working group members emphasized that employees need to be involved in the recovery-ready process from the beginning and that employers and/or their recovery-ready workplace advisors cultivate champions among the workforce. Working group members also recommended that, where it makes sense, employers create a recovery-ready task force or committee reflecting different components of the workforce and including different levels of staff to lead recovery-ready workplace policy development and implementation and/or to continuously review and update the employer's policies and practices to make them more recovery-ready.

Each of the steps set forth in this section related to becoming a participant or certified recovery-ready workplace are intended to reflect the commitment of the employer to the process. For example, requiring employers to notify both their employees and board of directors, if any, of their intent to become recovery-ready helps to ensure that the employer will be held accountable by its workforce to make the needed changes to its policies and may help secure support from employees for embracing the necessary principles, policies, and practices. Further, requiring that employers undergo an orientation process, including completing an orientation training module, ensures that every employer will have a baseline knowledge of the participation and certification requirements, the prevalence and costs of substance misuse in the workplace, the impact of stigma, the treatment and recovery process, and the benefits of adopting recovery-ready workplace policies.

The working group discussed requiring that all state agencies and entities operating under contract with the state become certified recovery-ready workplaces. However, it was ultimately decided that such a requirement might act as a disincentive for states looking to enact this Act. Working group members did state that agencies within the state executive branch should strive to become recovery-ready but stopped short of making it a statutory requirement.

SECTION VI. RECOVERY-READY WORKPLACE ADVISORY COMMITTEE.

- (a) Establishment.—There is hereby established a recovery-ready workplace advisory committee within the [program/department].
- (b) Committee membership.—The recovery-ready workplace advisory committee should consist of a diverse group of individuals and include representatives from business and industry as well as experts in substance use disorder and people in recovery. Members should include individuals from the following areas:
 - (1) Representatives from [list of potential industry partners, including, but not limited to, the construction and hospitality fields, unions, and other interested business industries] in [state];
 - (2) Individuals with lived experience of substance use disorder and recovery;

- (3) State agencies, including public health;
 - (4) Human resources and employee assistance program professionals;
 - (5) Health care, including occupational health;
 - (6) Substance use and mental health experts;
 - (7) Representatives of recovery community organizations or other peer/recovery support specialists/experts;
 - (8) Workforce development stakeholders; and
 - (9) Reentry or return to work stakeholders.
- (c) Terms of membership.—
- (1) Upon creation of the committee, half of the members selected under subsection (b) shall serve an initial three (3) -year term, and the remaining members shall serve an initial two (2) -year term to enable the staggering of terms.
 - (2) Except for the initial terms established in subsection (c)(1), each committee member shall serve a three (3) -year term, with each term ending on [date].
- (d) Chair.—The members of the advisory committee shall select an individual from among the committee members to serve as chair. The chair shall be subject to the same term limits as other members.
- (e) Vacancy.—If a member of the committee resigns prior to expiration of that person’s term or is removed by the chair, the vacancy should be filled in the same manner as the original appointment, and the newly appointed individual should serve out the remainder of the term.
- (f) Term limits.—No committee member shall serve more than two (2) consecutive three (3) -year terms.
- (g) Duties of committee.—The committee shall have the following duties:
- (1) Upon request of the program, provide input to the recovery-ready workplace program regarding the development or adoption of:
 - (A) Educational and training materials;
 - (B) Model employer recovery-ready policies and procedures;
 - (C) The orientation process for new employers;
 - (D) Sample recovery-ready workplace pledges or statements;
 - (E) Implementation checklists;

- (F) Employer self-assessment and progress monitoring tools; and
 - (G) Strategies for raising public awareness of the program through outreach efforts and for enrolling additional employers from diverse industries and sectors.
- (2) Review the satisfaction data collected from employer renewal surveys, identify any gaps in program performance, and make recommendations to the program on how to address those gaps;
 - (3) After consultation with the program and program partners, provide recommendations to the department and the legislature regarding changes to existing, or creation of new, regulations and statutes related to substance use in the workplace, establishing best practices for recovery-ready workplaces, and identifying incentives for hiring individuals with substance use disorder; and
 - (4) Any other duties as determined by the department by rule or policy.
- (h) Meetings.—The committee shall meet at least once every [month/other month/quarter] and at such other times as a majority of the members may agree. Members may attend meetings in person, remotely by audiovisual means, or by audio-only means.
 - (i) Quorum.—A majority of the members of the committee shall represent a quorum.
 - (j) Reimbursement.—Committee members may be reimbursed for actual and necessary expenses incurred in carrying out their duties pursuant to [reference to state law], including mileage.

Commentary

This section establishes a recovery-ready workplace advisory committee for the purpose of providing its expertise to the recovery-ready workplace program, the department, and the legislature. To ensure inclusion of diverse perspectives on substance misuse and recovery in the workplace, the advisory committee should include representatives from state agencies, employers' associations, employee associations, including labor unions, the recovery community, substance use disorder, mental health, and other medical professionals, and any other stakeholders the department may deem appropriate. Working group members recommended that representatives from labor/business make up at least 50 percent of committee membership. Further, the committee should include a diverse group of individuals with varying backgrounds, expertise, and experience with substance use disorders or co-occurring disorders and the workplace, and individuals with lived experience should be well represented on the committee.

Rather than include a specific list of members that should be included on the committee, working group members preferred to simply include broad categories of areas from which to draw for committee membership. They also recommended that the selection of committee members should not be by political appointment. States should choose a selection process that fits their needs.

Depending on the size of membership in the advisory committee, committees may also benefit from the creation of subcommittees to undertake some of the duties contemplated by this section.

SECTION VII. INCENTIVES.

- (a) Tax credit.—The [state] department of [revenue or similar agency] shall collaborate with the department to create a state tax credit of at least [\$] for each employer that is certified as a recovery-ready workplace.
- (b) Stipend for nonprofit employers.—The [state] department of [appropriate state agency] shall provide a monetary stipend of at least [\$] for each nonprofit employer that is certified as a recovery-ready workplace. Such stipend shall be equal to the amount of the tax credit available to for-profit employers pursuant to subsection (a).
- (c) Eligibility.—An employer who is certified as recovery-ready under the recovery-ready workplace program and whose certificate has not expired shall, upon providing a copy of such certificate with its state tax return, be eligible for the tax credit or stipend pursuant to the provisions of this section.

Commentary

Currently, there are two states – Illinois and New York – that provide a tax credit for employers that hire eligible employees.³⁶ In both states, employers must annually apply to the department of revenue to receive a certificate of tax credit which must be included with the employer's tax return.³⁷ Under these laws, qualified employers will only receive a tax credit of \$1 for each hour worked by an eligible employee, up to \$2,000 per eligible employee.³⁸ Both states also put a cap on the aggregate amount of all credits that may be awarded to employers in the state under these laws, so employers may ultimately only receive a pro rata share of the credit and not the entire credit to which they would otherwise be entitled.³⁹ Further, applying for these

³⁶ See 35 ILL. COMP. STAT. ANN. 50/3-15 (West 2023) and N.Y. MENTAL HYG. LAW § 32.38 (McKinney 2023). An eligible employee in Illinois is one who is employed on a full- or part-time basis by an employer and is in recovery from a substance use or mental health disorder. In New York, an eligible employee is one who is in recovery from a substance use disorder.

³⁷ *Id.*

³⁸ *Id.*

³⁹ *Id.* The cap in Illinois is \$2,000,000 per calendar year. The New York law does not include a specific dollar amount.

credits is a laborious endeavor and relies on employees to self-identify as being in recovery, making it unattractive as an incentive for employers. Therefore, the tax credit contemplated by this section is intended to be a flat rate credit in order to relieve some of the administrative burden on both employers in filing for, and the state in applying, the credit. Although the working group members did not recommend a dollar amount for the credit, they did recommend that it be sufficient to provide an actual incentive to employers who are certified under the program. States might consider instituting tax credit/stipend “brackets” based, for example, on the total number of employees employed by certified employers.

There were a number of incentives under consideration for this section, including a reduction in workers’ compensation insurance premiums, reimbursement to employers for funds expended on employee training and education programs, wage subsidies for on-the-job training provided to individuals with substance use disorder, and employer scholarship funds. However, after discussing the benefits and drawbacks of such incentives, working group members decided to limit the incentives included in this section to the tax credit (for for-profit employers) and stipend (for non-profit employers) to encourage their participation in the program.

The main issue for states to consider regarding all of the incentives listed above, including the tax credit and stipend, is the potential monetary cost to the state. There are benefits to including incentives including encouraging employers to hire individuals with substance use disorder by providing wage subsidies and offering training and education programs to employees. States should consider whether the administrative burden and the cost to the state outweighs potential benefits. States may wish to consider whether such incentives may already be available through other programs or private grants.

Examples of alternative incentives considered for this section included:

- Five percent reduction in workers’ compensation insurance premiums;
- Reimbursement of funds expended on education and training programs related to substance use and recovery-ready policies and procedures;
- Reimbursement of funds expended on the development or improvement, including legal review, of substance use and recovery-ready policies and procedures;
- Wage subsidies for on-site workplace training provided to individuals in recovery who are not currently employed;
- Reimbursement of 50 percent of employee salary for on-the-job training for individuals under contract that sets out the agreed upon salary, number of hours required to complete the training, and maximum amount of reimbursement based on the wage paid;
- Wage retention supplement for employers who hire and retain individuals in recovery;
- Employer scholarship funds which can be used to fund activities that establish, implement, and sustain recovery-ready workplace culture, policies, and procedures. Such activities include, but are not limited to, hiring of peer support specialists or

safety coaches, subsidizing substance use disorder treatment expenses for employees, and implementing a policy to hire individuals in recovery.⁴⁰

SECTION VIII. DATA COLLECTION.

- (a) Report to advisory committee.—Beginning one (1) year after the date of enactment of this Act, and on a(n) [annual/quarterly/monthly] basis thereafter, the program shall collect and aggregate the satisfaction data obtained as the result of the renewal process set forth in Section V, subsection (d), and shall present such information in the form of a report to the advisory committee for the purpose of program review.
- (1) The information contained in this report shall be confidential and not subject to the open records act [insert reference to state law].
- (b) Report to department.—On a(n) [annual/quarterly/monthly] basis, the program shall collect and aggregate data regarding the following and shall submit such data to the department:
- (1) The number of employers within [state] who became participants in the recovery-ready workplace program, including information regarding the types of industries represented and number of employees, if available;
- (2) The number of employers within [state] who became certified recovery-ready workplaces, including information regarding the types of industries represented and number of employees, if available;
- (3) The number of participants who became certified recovery-ready workplaces;
- (4) The number of online and in-person trainings conducted by the program, not including the orientation training, including the topic(s), number of attendees, industries represented, and whether such trainings were conducted at the request of one or more employers; and
- (5) Any other information required by the department by rule or policy.
- (c) Program evaluation.—The department may, within available appropriations, conduct an evaluation of the effectiveness of the recovery-ready workplace program and identify

⁴⁰ For examples of the incentives considered by the working group, see the following: N.Y. COMP. CODES R. & REGS. tit. 12, § 60-1.4 (2022) and *Financial Incentives for Employers at Silver State Works*, [Employer Options | Silver State Works - Financial Incentives for Nevada Employers](#).

ways to improve the program. The department may hire an outside contractor to perform such evaluation.

- (d) Submission to legislature.—Within one (1) year of the date this Act is enacted, and annually by January 15 thereafter, the department shall submit a report to the legislature, the [committees on labor and workforce development], and the governor, regarding the data collected pursuant to subsection (a) and shall make such reports available on the department’s website.

Commentary

This section requires the program to collect and report certain data. Subsection (a) requires the program to aggregate satisfaction data collected pursuant to the annual workplace renewal process set forth in Section V and present that data in a report to the advisory committee. One of the committee’s duties is to review that data and evaluate the program’s performance, identify where improvements might be made, and make recommendations to the program based on that evaluation.

Subsection (b) requires the program to report certain other data to the department, which is then required to submit a report to the legislature, and to make such information available to the public. The purpose for this is to enable interested parties to obtain an overview of employer participation in the program.

SECTION IX. FUNDING.

- (a) Budget allocation.—Unless otherwise fully funded through another funding source, the legislature shall appropriate sufficient funds for each fiscal year to the department for the purpose of:
- (1) Establishing, implementing, operating, and overseeing the recovery-ready workplace certification program; and
 - (2) Contracts with one (1) or more public or private agencies or organizations to perform one (1) or more of the duties required under this Act, including acting as the recovery-ready workplace program administrator.
- (b) Funding of recovery-ready workplace advisory committee.—Unless otherwise fully funded through another funding source, the legislature shall appropriate [\$] for fiscal year [year] and every year thereafter to cover the expenses related to the activities of the recovery-ready workplace advisory committee including, but not limited to,

administrative costs and member reimbursement for travel and other expenses associated with committee participation.

- (c) Additional appropriations.—In addition to any other funds received by the department, the legislature shall appropriate [\$] for fiscal year [year] and each year thereafter to the department for the purposes of funding:
- (1) The outreach efforts required by this Act;
 - (2) The data collection and reporting requirements;
 - (3) The creation, dissemination, and periodic updating of the education and training materials, technologies, and capacities required to implement this Act; and
 - (4) The evaluation of the program and of the implementation of recovery-ready policies in specific workplaces and their impacts.
- (d) Pursuit of funding.—The department, any contracted public or private agency, and the recovery-ready workplace advisory committee may pursue all federal funding, matching funds, and foundation or other charitable funding for the initial start-up and ongoing activities required under this Act as allowable under [state] law.
- (e) Acceptance of gifts.—The [department] and any public or private agency or organization acting under contract with the department, may accept such gifts, grants, and endowments, from public or private sources, as may be made from time to time, in trust or otherwise, for the use and benefit of the purposes of this Act and expend the same or any income derived from it according to the terms of the gift, grant, or endowment, as allowed by state and federal law.

Commentary

Funding sections in model laws can be complicated, as states fund projects through legislation in a variety of ways, and there is no “one size fits all” approach. However, if the Model Act omits the funding discussion altogether, the legislation could give the appearance of an unfunded mandate. Potential funding sources include state general revenue, the SAMHSA Substance Use Prevention, Treatment, and Recovery Support Block Grant, which can be used to fund substance use prevention, education, treatment, and recovery support services, as well as opioid settlement funds. Additionally, State Opioid Response grants and other discretionary grants from SAMHSA may be able to support some components of the recovery-ready workplace program or some of the services offered under the program. Other potential funding sources include the National Dislocated Worker grant program and other grants from the USDOL’s Employment and Training Administration and the Appalachian Regional Commission’s INvestments Supporting Partnerships in Recovery Ecosystems (INSPIRE) grant

program, which supports efforts to create or expand recovery ecosystems that will lead to workforce entry or re-entry.

In order to facilitate their engagement in the process, working group members suggested that the state also provide funding to program partners, including, but not limited to, recovery community organizations, treatment providers, occupational medicine and health experts, peer support or recovery support specialists, and others with specialized knowledge and expertise that might assist an employer in becoming or maintaining its status as recovery-ready.

SECTION X. RULES AND REGULATIONS.

The department shall promulgate such rules and regulations as are necessary to effectuate this Act.

SECTION XI. SEVERABILITY.

If any provision of this Act or application thereof to any individual or circumstance is held invalid, the invalidity does not affect other provisions or applications of the Act that can be given effect without the invalid provisions or applications, and to this end, the provisions of this Act are severable.

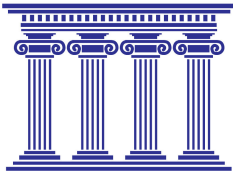
SECTION XII. EFFECTIVE DATE.

This Act shall be effective on [specific date or reference to normal state method of determination of the effective date]. The activities required under this Act shall commence within [*n*] [months/years] of the effective date to allow for the completion of start-up activities, such as development of website and training materials, as required by the Act.

ABOUT THE LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

Based in Washington D.C., and led by and comprised of experienced attorneys, the Legislative Analysis and Public Policy Association is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

LAPPA produces timely model laws and policies that can be used by national, state, and local public health, public safety, and substance use disorder practitioners who want the latest comprehensive information on law and policy as well as up-to-the-minute comparative analyses, publications, educational brochures, and other tools ranging from podcasts to fact sheets. Examples of topics on which LAPPA has assisted stakeholders include naloxone laws, law enforcement/community engagement, alternatives to incarceration for those with substance use disorders, medication-assisted treatment in correctional settings, and the involuntary commitment and guardianship of individuals with alcohol or substance use disorders.



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