



Senator Scott Wiener, 11th Senate District

Senate Bill 110 – The Recovery Incentives Act

SUMMARY

SB 110, the Recovery Incentives Act, addresses a crisis in California that has only worsened through the COVID-19 pandemic: methamphetamine (meth) use disorder. According to a report from the laboratory Millennium Health, urine samples from patients across the U.S. tested positive for methamphetamines at a roughly 20 percent higher rate between March and May of 2020 than previous samples taken between January and March 12, the day before the federal government declared a national emergency over the coronavirus pandemic. Deaths due to methamphetamine overdose have also risen dramatically in the last few years.

There is no medicine available that treats meth use disorder, unlike with opioid addiction where methadone is available. One of the only evidence-based, scientifically-proven treatments for meth addiction is called contingency management (CM) intervention. Despite the urgency and intensity of the meth crisis, this treatment is not available in most areas in the state, and programs that employ this treatment cannot access state funding through Medi-Cal. CM is thus functionally prohibited under state law. Now more than ever, it is critical to use every evidence-based tool at our disposal to treat substance use disorder.

SB 110 will require Medi-Cal to reimburse CM interventions as a covered benefit, as it covers other substance use disorder treatments. This bill also clarifies that these CM programs are not in violation of state

laws prohibiting profiteering or “kickbacks” from courses of treatment.

BACKGROUND

Our nation is in the midst of an overdose and substance use disorder crisis. Overdose deaths have continued to rise across the country; we lost more than 70,000 people in 2019 with massive increases being seen during the first few months of 2020. More people die from overdoses than motor vehicle accidents. In San Francisco in 2019, roughly 60% of all overdose deaths were meth-related, and in Los Angeles County between 2008 and 2017, the number of meth poisoning deaths and meth-related overdoses rose 707%.

The long-term impact of COVID-19 on unemployment and mental health will likely continue to result in rising rates of meth and other drug addiction. A survey of more than 1,000 people conducted by the Addiction Policy Forum found that 20 percent of participants said they or a family member have increased substance use since COVID-19 began. Noting this, unlike most other drugs including opioids, there are no approved medication options for treating methamphetamine addiction and few forms of pharmacotherapy that work for stimulant use disorder. The lack of effective medication leaves limited options for treatment for those with a meth addiction.

PROBLEM

Contingency management is a form of cognitive behavioral therapy that encourages positive behavior through rewards or incentives. For example, a

participant could receive gift cards or vouchers in exchange for a negative drug test, remaining in a treatment program, meeting health goals, or reducing substance use. CM can be used in conjunction with other forms of therapy, including pharmacotherapy, but does not require medication. CM can be provided as a low-threshold intervention, welcoming people who may not feel ready for, or in need of, more intensive treatment programs.

CM programs have shown significant levels of effectiveness in addressing substance use disorders, particularly methamphetamine and other stimulants, and alcohol. It has been used by the Veterans Administration for years and is recognized by the National Institute of Justice as an effective intervention. Multiple research studies have found strong evidence of its effectiveness at reducing substance use.

One program offering CM in San Francisco has showed that in one year 63% of their patients stopped using methamphetamines entirely, with 19% reducing their usage.

Currently, CM programs are not eligible for reimbursement under Medi-Cal, leaving many programs without viable funding sources from which to provide lifesaving services. Additionally, current interpretation of “anti-kickback” laws has put a chilling effect on the initiation of new CM programs for fear of violating state law.

SOLUTION

This bill will require Medi-Cal to cover contingency management programs as a covered benefit. This bill also clarifies that these CM programs are not in violation of state law that prohibits profiteering or “kickbacks” from courses of treatments.

This bill will equip California with another tool to combat the substance use and overdose crises raging in our communities.

SUPPORT

- San Francisco AIDS Foundation (Co-Sponsor)
- Equality California (Co-sponsor)
- HealthRIGHT360 (Co-sponsor)
- APLA Health (Co-sponsor)
- CA Association of Alcohol and Drug Program Executives (Co-sponsor)

FOR MORE INFORMATION

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