

On February 8, 2021, the Senate Health Committee asked CHBRP to analyze the version of SB 110 that was introduced on January 6, 2021.

On March 11, 2021, the Senate Health Committee asked CHBRP to analyze the language with proposed amendments. The version below includes those amendments.

AMENDED IN SENATE MARCH 15, 2021

CALIFORNIA LEGISLATURE— 2021–2022 REGULAR SESSION

SENATE BILL

NO. 110

**Introduced by Senator Wiener
(Principal coauthor: Assembly Member Chiu)
(Coauthor: Assembly Member Friedman)**

January 06, 2021

An act to add Section 14021.38 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

SB 110, as amended, Wiener. Substance use disorder services: contingency management services.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services, including substance use disorder services that are delivered through the Drug Medi-Cal Treatment Program and the Drug Medi-Cal organized delivery system. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.

To the extent funds are made available in the annual Budget Act, this bill would expand substance use disorder services to include contingency management services, as specified, subject to utilization ~~controls~~ *controls, and would require contingency management services to be provided as one of the evidence-based practices within covered substance use disorder services.* The bill would require the department to issue guidance and training to providers on their use of contingency management services for Medi-Cal beneficiaries who access substance use disorder services under any Medi-Cal delivery system,

including the Drug Medi-Cal Treatment Program and the Drug Medi-Cal organized delivery system. The bill would provide that contingency management services are not a rebate, refund, commission preference, patronage dividend, discount, or any other gratuitous consideration. The bill would authorize the department to implement these provisions by various means, including provider bulletin, without taking regulatory action, and would condition the implementation of these provisions to the extent permitted by federal law, the availability of federal financial participation, and the department securing federal approval.

DIGEST KEY

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

BILL TEXT

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS
FOLLOWS:

SECTION 1.

Section 14021.38 is added to the Welfare and Institutions Code, immediately following Section 14021.37, to read:

14021.38.

(a) To the extent funds are made available in the annual Budget Act for this express purpose, substance use disorder services shall include contingency management services as a covered benefit, subject to utilization controls, as described in Section 14133. Contingency management services shall include ~~all of the following components:~~ *an incentive structure, including, but not limited to, scaling rewards for continued evidence of specified behaviors or adherence to treatment goals, that rewards participants for specified behaviors, such as negative urinalysis.*

~~(1) Periodic urinalysis on patients.~~

~~(2) An incentive structure, which includes scaling rewards for continued evidence of specified behaviors or adherence to treatment goals, that rewards participants for specified behaviors, such as a negative urinalysis.~~

~~(3) Other supportive substance use disorder services, including counseling, therapy, or other proven medical alternatives, as necessary to meet the health needs of Medi-Cal beneficiaries.~~

(b) Contingency management services shall be provided as one of the evidence-based practices within covered substance use disorder services.

~~(b)~~

(c) The department shall issue guidance and training to providers on their use of contingency management services for Medi-Cal beneficiaries who access substance use disorder services under any Medi-Cal delivery system, including, but not limited to, the Drug Medi-Cal Treatment Program and the Drug Medi-Cal organized delivery system.

~~(e)~~

(d) Contingency management services are not a rebate, refund, commission preference, patronage dividend, discount, or any other gratuitous consideration, as described in Section 51478 of Title 22 of the California Code of Regulations.

~~(d)~~

(e) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement this section by means of a provider bulletin or similar instruction, without taking regulatory action.

(e)

(f) For purposes of implementing this section, the department shall seek any necessary federal approvals, including approvals of any state plan amendments or federal waivers, by the federal Centers for Medicare and Medicaid Services.

(g)

(1) This section shall only be implemented to the extent permitted by federal law.

(2) This section shall be implemented only to the extent that federal financial participation is available and any necessary federal approvals have been obtained