

INTRODUCTION

- Contingency management (CM) involves provision of incentives for positive health behaviors via a well-defined protocol.
- CM is among the most effective treatments for patients with substance use disorders (SUDs).
- An understanding of laws affecting incentives for health behaviors and outcomes could inform efforts to disseminate CM.

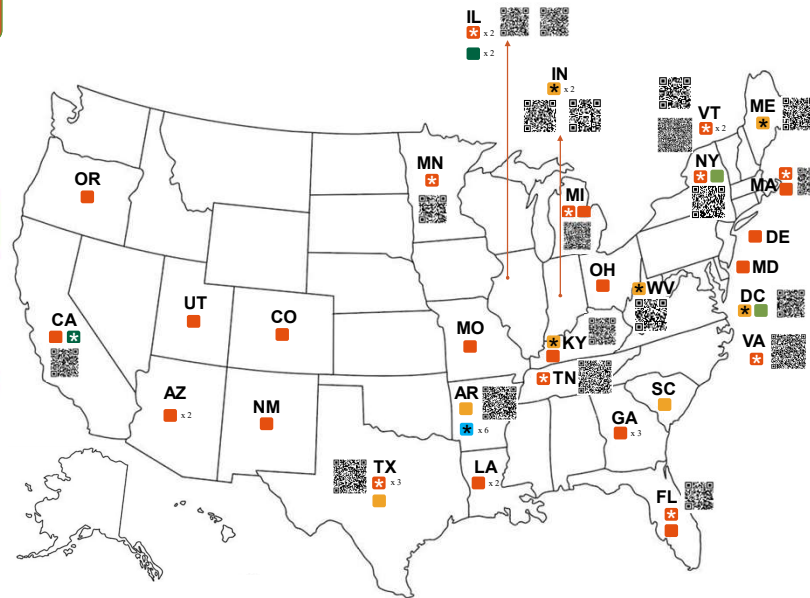
METHODS

Data collection:

- Under supervision of an attorney, 3 researchers independently searched Systematic NexisUni legal database for state statutes and regulations effective during 2022 meeting our inclusion criteria.
- Inclusion criteria:
 - state laws that explicitly permit or prohibit delivery of incentives to patients, employees, or insurance beneficiaries for *SUD-specific* behaviors or outcomes, or
 - state laws that explicitly permit delivery of incentives for *any* health behaviors or outcomes
- Exclusion criteria: state laws unrelated to health or healthcare, did not explicitly mention incentives for health behaviors or outcomes, and were not targeted toward provision of incentives to patients or health insurance beneficiaries (e.g., only discussed provision of incentives to physicians)
- Researchers compared search results, negotiating any disparities until a final sample was agreed upon.

Data analysis:

- Based on a review of 10% of search results and our research questions, we created a preliminary coding template.
- 3 researchers independently, deductively applied the coding template in Dedoose qualitative software, met to discuss coding discrepancies and negotiated until a final code was applied.
- During coding discussions, the researchers also inductively identified new codes – iteratively revising the codebook.
- Coded excerpts were exported into Excel sheets where the attorney reviewed them for trends in themes, identifying frequency of different categories of laws across states.



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| ■ Insurance (Health, Life, Disability) | ■ Government Public Health Promotion |
| ■ Employment Regulations (not specific to insurance) | ■ SUD Treatment Provider Licensing |
| ■ K-12 Public Education/Early Intervention Programs | ★ SUD-related Law (QR Codes link to each SUD-specific law) |

| Context | State | Citation(s) | |
|---|------------------------------------|-------------------------------------|--------------------------------|
| Health, Life, or Disability Insurance | AZ | A.R.S. § 20-2310 | |
| | CA | A.R.S. § 20-450 | |
| | CA | Cal. Welf. & Inst. Code § 14407.1 | |
| | CO | § Colo. Code Regs. § 702-4-2-2-46 | |
| | DE | Code Del. Regs. 1405-7.0 | |
| | FL | * Fla. Stat. § 409.973 | |
| | FL | Fla. Stat. Ann. § 626.9541 | |
| | FL | Fla. Stat. Ann. § 627.4105 | |
| | FL | Fla. Stat. Ann. § 641.3903 | |
| | GA | Ga. Comp. R. & Regs. r. 120-2-96-05 | |
| | GA | O.C.G.A. § 33-51-2 | |
| | GA | O.C.G.A. § 33-24-59.13 | |
| | IL | * 50 Ill. Adm. Code 2001.9 | |
| | IL | * 215 ILCS 5/356e.17 | |
| | KY | KRS § 304.17A-098 | |
| | LA | La. R.S. § 46:979.3 | |
| | LA | La. Rev. Stat. § 22:1017 | |
| | MA | * 211 CMR 151.15 | |
| | MD | ALM GL ch. 1761...13 | |
| | MD | COMAR 31.11.14.03 | |
| MI | * MCL § 400.105b | | |
| MI | MCL § 500.3517 | | |
| MN | * Minn. Stat. § 256B.021 | | |
| MO | 22 CSR 10-2-120 | | |
| NM | 13.10.22.13 NMAC | | |
| NY | * NY CLS Ins § 3229(c)(2)(D) | | |
| OH | ORC Ann. 3901.56 | | |
| OR | ORS § 743.824 | | |
| TN | * Tenn. Code Ann. § 56-8-112 | | |
| TX | * 28 TAC § 21.4706 | | |
| TX | * 28 TAC § 21.4707 | | |
| TX | * 28 TAC § 21.4708 | | |
| UT | Utah Code Ann. § 31A-2-218 | | |
| VA | * Va. Code Ann. § 38.2-3454 | | |
| VT | * CVR 21-040-018 | | |
| VT | * 2008 VT Regulation Text 1181 | | |
| Employment Regulations | AR | A.C.A. § 21-4-106 | |
| | BC | * CDCR 26-0201 | |
| | IN | * Burns Ind. Code Ann. § 22-5-4-1 | |
| | IN | * 2007 IN Regulation Text 7673 | |
| | KY | * KRS § 65.159 | |
| | ME | * 36 M.R.S. § 5219-FF | |
| | SC | S.C. Code Ann. § 1-11-715 | |
| | TX | Tex. Gov't Code § 664.061 | |
| | WV | * W. Va. Code § 5-16-8.DOCK | |
| | DC | CDCR 22-A3603 | |
| K-12 Public Education / Early Intervention Programs | NY | 10 NYCRR § 69-4.9 | |
| | CA | * Cal Health & Saf Code § 104565 | |
| | | IL | 20 ILCS 1605/21.14 |
| | Government Public Health Promotion | IL | 20 ILCS 2310/2310-628 |
| | | AR | * 016 04 CARR 004 |
| | | | * 016 04 CARR 005 |
| | | | * 2003 AR Regulation Text 3611 |
| | SUD Treatment Provider Licensing | AR | * 2010 AR Regulation Text 5865 |
| | | AR | * 2019 AR Regulation Text 8796 |
| | | AR | * 2020 AR Regulation Text 9048 |
| AR | | * 2020 AR Regulation Text 9048 | |

RESULTS

SUD-related laws:

- 25 laws across 16 jurisdictions explicitly permit delivery of incentives for SUD-related behaviors or outcomes, typically in the context of wellness programs.
- No state laws were identified that explicitly prohibit SUD-specific incentives.

Laws in any context:

- 56 laws across 29 jurisdictions permitted incentives for *any* health outcomes (both SUD- and non-SUD-related).
- These laws occurred in the contexts of wellness programs, K-12/early childhood education, government public health promotion, and SUD treatment provider licensing.
- Laws in the context of wellness programs were most common.

DISCUSSION & CONCLUSIONS

Discussion:

- A wide range of laws across many states already explicitly permit provision of incentives to patients or health insurance beneficiaries for health outcomes or behaviors (e.g., weight loss, tobacco cessation).
- Most laws occur in the context of wellness programs, which could provide useful models for development of future SUD-focused incentive laws.
- There is urgent need to expand CM throughout the US, especially in rural and underserved areas.
- Our findings could inform efforts to develop laws explicitly permitting provision of incentives in SUD care.

Limitations:

- We did not examine state anti-kickback laws or prohibitions against inducing treatment, unless such laws met our specific search criteria.
- We only examined state statutes and regulations; the present analysis did not examine federal laws.