



OREGON PSYCHIATRIC
PHYSICIANS ASSOCIATION

Date: April 23, 2025

To: The Honorable Chairs Sen. Floyd Prozanski and Rep. Jason Kropf
The Honorable Vice-Chair Rep. Kevin Mannix
Members of the Joint Committee on Addiction and Community Safety
Response

From: Bennett Garner MD, Vice Chair
Oregon Psychiatric Physicians Association

RE: OPPA support for HB 2481-1, Drug Treatment and Recovery Fund

Co-Chairs Prozanski and Kropf, Co-Vice Chair Mannix, and Members of the Committee:

My name is Dr. Bennett Garner. I am a child, adolescent, and adult psychiatrist and Vice Chair of the Oregon Psychiatric Physicians Association (OPPA) Legislative Committee. The OPPA is the Oregon district branch of the American Psychiatric Association and represents psychiatrists across the state.

The OPPA supports HB 2481 – Dash 1 but believes the bill would be significantly strengthened by explicitly allowing contingency management (CM) grant funds to be used for digital applications that deliver CM services. This is particularly important in Oregon, as CM is by far the most effective treatment for stimulant use disorders, including methamphetamine use disorder.

Oregon is currently submitting an 1115 waiver to make CM a covered benefit under the Oregon Health Plan (OHP). CM rewards achievement of treatment goals—such as negative drug screens and appointment attendance—with incentives. Unfortunately, the proposed waiver restricts these incentives to gift cards and vouchers. This limitation would effectively prevent the use of digital CM platforms, which rely on direct payments to reinforce engagement and healthy behaviors. Ensuring that risk-protected smart debit cards are included among allowable incentives would enable the use of these platforms.

There are at least two companies currently capable of delivering digital CM statewide. Both operate in multiple other states, and one is already working on a limited basis in Oregon.

I have spoken with individuals currently implementing CM who report that developing CM programs independently at the provider level is cost-prohibitive. Among the barriers is the complexity of tracking incentives and ensuring compliance with federal anti-kick-back and beneficiary inducement statutes. In my own experience over the years—as a

medical director in several community mental health programs and as interim executive director of Clatsop Behavioral Healthcare—I can attest that creating and sustaining a robust CM program without statewide infrastructure is extremely difficult, if not impossible.

One digital CM platform reports that 50% of participants remain in treatment one year after initiation—six months after cash incentives end. This suggests that CM can promote long-term recovery, even after direct reinforcement ends. These results include individuals experiencing homelessness and Medicaid enrollees.

Digital platforms also offer significant practical advantages. They support remote drug testing seven days a week, removing the need for in-person visits. In contrast, clinic-based programs typically require patients to come in and are unable to provide testing on weekends. Digital CM also supports incentives for meeting other treatment goals, such as attending therapy sessions and completing online modules. While essential to CM's effectiveness, such payments can raise concerns under federal anti-kickback and beneficiary inducement statutes.

These legal concerns were addressed in OIG Advisory Opinion No. 22-04, issued on March 2, 2022 ([link](#)). In that opinion, the Office of Inspector General concluded it would not impose sanctions on the app-based CM program under review.

Given this guidance, and the urgent need to address stimulant use disorders in Oregon, the OPPA urges the Committee to clarify in HB 2481 that grant funds for CM may be used to support digital applications. Doing so will expand access, improve sustainability, and ensure Oregon can take full advantage of the most effective treatment available for stimulant use.

Thank you for your attention and for your continued commitment to addressing substance use disorders in Oregon.