

117TH CONGRESS
2D SESSION

S. 5008

To promote affordable access to evidence-based opioid treatments under the Medicare program and require coverage of medication assisted treatment for opioid use disorders, opioid overdose reversal medications, and recovery support services by health plans without cost-sharing requirements.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 29, 2022

Mr. CASEY introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To promote affordable access to evidence-based opioid treatments under the Medicare program and require coverage of medication assisted treatment for opioid use disorders, opioid overdose reversal medications, and recovery support services by health plans without cost-sharing requirements.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Maximizing Opioid Re-
5 covery Emergency Savings Act” or the “MORE Savings
6 Act”.

1 **SEC. 2. TESTING OF ELIMINATION OF MEDICARE COST-**
 2 **SHARING FOR EVIDENCE-BASED OPIOID**
 3 **TREATMENTS.**

4 Section 1115A(b)(2) of the Social Security Act (42
 5 U.S.C. 1315a(b)(2)) is amended—

6 (1) in subparagraph (A), in the last sentence,
 7 by inserting “, and shall include the model described
 8 in subparagraph (D) (which shall be implemented by
 9 not later than six months after the date of the en-
 10 actment of the Maximizing Opioid Recovery Emer-
 11 gency Savings Act)” before the period at the end;
 12 and

13 (2) by adding at the end the following new sub-
 14 paragraph:

15 “(D) AFFORDABLE ACCESS TO EVIDENCE-
 16 BASED OPIOID TREATMENTS.—

17 “(i) IN GENERAL.—The model de-
 18 scribed in this subparagraph is a model
 19 that seeks to provide affordable access to
 20 evidence-based opioid treatments and com-
 21 munity-based recovery support services by
 22 eliminating coinsurance, copayments, and
 23 deductibles otherwise applicable under
 24 parts B and D of title XVIII (including as
 25 such parts are applied under part C of
 26 such title) for the following items and serv-

ices that are otherwise covered under such parts:

“(I) Drugs and biologicals prescribed or furnished to treat opioid use disorders or reverse overdose.

“(II) Behavioral health and community support services furnished for the treatment of opioid use disorders, including treatment of addiction in non-hospital residential facilities licensed to furnish such treatment.

“(III) Recovery support services to maintain a healthy lifestyle following opioid misuse treatment, such as peer counseling and transportation.

“(ii) SELECTION OF SITES.—The CMI shall select 15 States in which to conduct the model under this subparagraph. A State shall meet each of the following criteria in order to be selected under the preceding sentence:

“(I) The State has a high proportion of Medicare beneficiaries.

“(II) The State has a high rate of overdose deaths due to opioids.

1 “(III) The State has a significant
2 percentage of rural areas.

3 “(iii) TERMINATION AND MODIFICA-
4 TION PROVISION NOT APPLICABLE FOR
5 FIRST FIVE YEARS OF THE MODEL.—The
6 provisions of paragraph (3)(B) shall apply
7 to the model under this subparagraph be-
8 ginning on the date that is five years after
9 such model is implemented, but shall not
10 apply to such model prior to such date.”.

11 **SEC. 3. COVERAGE OF OPIOID TREATMENTS.**

12 Title XXVII of the Public Health Service Act is
13 amended by inserting after section 2719A (42 U.S.C.
14 300gg–19a) the following:

15 **“SEC. 2720. COVERAGE OF OPIOID TREATMENTS.**

16 “A group health plan and a health insurance issuer
17 offering group or individual health insurance coverage
18 shall, at a minimum, provide coverage for and shall not
19 impose any cost-sharing requirements for—

20 “(1) prescription drugs for the treatment of
21 opioid use disorders or to reverse overdose;

22 “(2) behavioral health services for the treat-
23 ment of opioid use disorders, including treatment of
24 addiction in non-hospital residential facilities li-
25 censed to furnish such treatment; or

1 “(3) community recovery support services that
 2 are provided in conjunction with, where appropriate,
 3 medication-assisted treatment for an opioid use dis-
 4 order, such as peer counseling and transportation, to
 5 support the enrollee in maintaining a healthy life-
 6 style following opioid misuse treatment.”.

7 **SEC. 4. ENHANCED FEDERAL MATCH FOR MEDICATION-AS-**
 8 **SISTED TREATMENT AND RECOVERY SUP-**
 9 **PORT SERVICES UNDER MEDICAID.**

10 (a) IN GENERAL.—Section 1905(b) of the Social Se-
 11 curity Act (42 U.S.C. 1396d(b)) is amended by adding
 12 at the end the following: “Notwithstanding the first sen-
 13 tence of this subsection, the Federal medical assistance
 14 percentage shall be 90 percent with respect to amounts
 15 expended during the period described in subsection (a)(29)
 16 by a State that is one of the 50 States or the District
 17 of Columbia as medical assistance for medication-assisted
 18 treatment (as defined in subsection (ee)(1)).”.

19 (b) STATE OPTION TO PROVIDE RECOVERY SUP-
 20 PORT SERVICES AS PART OF MEDICATION-ASSISTED
 21 TREATMENT.—Section 1905(ee)(1) of the Social Security
 22 Act (42 U.S.C. 1396d(ee)(1)) is amended—

23 (1) in subparagraph (A), by striking “; and”
 24 and inserting a semicolon;

1 (2) in subparagraph (B), by striking the period
2 at the end and inserting “; and”; and

3 (3) by adding at the end the following new sub-
4 paragraph:

5 “(C) at the option of a State, includes re-
6 covery support services, such as peer counseling
7 and transportation, that are provided to an in-
8 dividual in conjunction with the provision of
9 such drugs and biological products to support
10 the individual in maintaining a healthy lifestyle
11 following opioid misuse treatment.”.

○