

116TH CONGRESS
2^D SESSION

H. R. 7627

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 HOUSE OF REPRESENTATIVES

JULY 16, 2020

Ms. DEAN introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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,*

1 **SECTION 1. SHORT TITLE.**

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

5 **SEC. 2. TESTING OF ELIMINATION OF MEDICARE COST-**
6 **SHARING FOR EVIDENCE-BASED OPIOID**
7 **TREATMENTS.**

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

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

17 (2) by adding at the end the following new sub-
18 paragraph:

19 “(D) AFFORDABLE ACCESS TO EVIDENCE-
20 BASED OPIOID TREATMENTS.—

21 “(i) IN GENERAL.—The model de-
22 scribed in this subparagraph is a model
23 that seeks to provide affordable access to
24 evidence-based opioid treatments and re-
25 covery support services by eliminating coin-
26 surance, copayments, and deductibles oth-

1 otherwise applicable under parts B and D of
2 title XVIII (including as such parts are ap-
3 plied under part C of such title) for the
4 following items and services that are other-
5 wise covered under such parts:

6 “(I) Drugs and biologicals pre-
7 scribed or furnished to treat opioid
8 use disorders or reverse overdose.

9 “(II) Behavioral health services
10 furnished for the treatment of opioid
11 use disorders.

12 “(III) Recovery support services
13 to maintain a healthy lifestyle fol-
14 lowing opioid misuse treatment, such
15 as peer counseling and transportation.

16 “(ii) SELECTION OF SITES.—The CMI
17 shall select 15 States in which to conduct
18 the model under this subparagraph. A
19 State shall meet each of the following cri-
20 teria in order to be selected under the pre-
21 ceding sentence:

22 “(I) The State has a high pro-
23 portion of Medicare beneficiaries.

24 “(II) The State has a high rate
25 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; or

24 “(3) recovery support services that are provided
25 in conjunction with medication-assisted treatment

1 for an opioid use disorder, such as peer counseling
2 and transportation, to support the enrollee in main-
3 taining a healthy lifestyle following opioid misuse
4 treatment.”.

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

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

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

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

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

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

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

○