

118TH CONGRESS  
1ST SESSION

# S. 818

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.

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## IN THE SENATE OF THE UNITED STATES

MARCH 15, 2023

Mr. CASEY (for himself, Mr. BLUMENTHAL, Ms. KLOBUCHAR, and Mr. FETTERMAN) introduced the following bill; which was read twice and referred to the Committee on Finance

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## 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-

1 ices that are otherwise covered under such  
2 parts:

3 “(I) Drugs and biologicals pre-  
4 scribed or furnished to treat opioid  
5 use disorders or reverse overdose.

6 “(II) Behavioral health and com-  
7 munity support services furnished for  
8 the treatment of opioid use disorders,  
9 including treatment of addiction in  
10 non-hospital residential facilities li-  
11 censed to furnish such treatment.

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           (a) IN GENERAL.—Title XXVII of the Public Health  
13 Service Act is amended by inserting after section 2719A  
14 (42 U.S.C. 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                   opioid use disorders in non-hospital residential facili-  
25                   ties licensed to provide 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           (b) EFFECTIVE DATE.—The amendment made by  
 8           subsection (a) shall apply with respect to plan years begin-  
 9           ning on or after January 1, 2025.

10   **SEC. 4. ENHANCED FEDERAL MATCH FOR MEDICATION-AS-**  
 11                           **SISTED TREATMENT AND RECOVERY SUP-**  
 12                           **PORT SERVICES UNDER MEDICAID.**

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

24           (b) STATE OPTION TO PROVIDE RECOVERY SUP-  
 25           PORT SERVICES AS PART OF MEDICATION-ASSISTED

1 TREATMENT.—Section 1905(ee)(1) of the Social Security  
2 Act (42 U.S.C. 1396d(ee)(1)) is amended—

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

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

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

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

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