

118TH CONGRESS  
1ST SESSION

# H. R. 1620

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 HOUSE OF REPRESENTATIVES

MARCH 17, 2023

Ms. DEAN of Pennsylvania (for herself and Mr. MCGARVEY) 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

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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,*

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 com-  
25 munity-based recovery support services by  
26 eliminating coinsurance, copayments, and

1 deductibles otherwise applicable under  
2 parts B and D of title XVIII (including as  
3 such parts are applied under part C of  
4 such title) for the following items and serv-  
5 ices that are otherwise covered under such  
6 parts:

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

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

16 “(III) Recovery support services  
17 to maintain a healthy lifestyle fol-  
18 lowing opioid misuse treatment, such  
19 as peer counseling and transportation.

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

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

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

5 “(III) The State has a significant  
6 percentage of rural areas.

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

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

16 (a) IN GENERAL.—Title XXVII of the Public Health  
17 Service Act is amended by inserting after section 2719A  
18 (42 U.S.C. 300gg–19a) the following:

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

20 “A group health plan and a health insurance issuer  
21 offering group or individual health insurance coverage  
22 shall, at a minimum, provide coverage for and shall not  
23 impose any cost-sharing requirements for—

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



1 Columbia as medical assistance for medication-assisted  
2 treatment (as defined in subsection (ee)(1)).”.

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

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

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

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

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

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