

119TH CONGRESS
1ST SESSION

S. 2072

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

JUNE 12, 2025

Mr. BLUMENTHAL (for himself, Mr. FETTERMAN, Mr. HEINRICH, Mr. LUJÁN, Ms. KLOBUCHAR, and Mr. WELCH) 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 (a) IN GENERAL.—

13 (1) PHSA.—Part D of title XXVII of the Pub-
14 lic Health Service Act (42 U.S.C. 300gg–111 et
15 seq.) is amended by adding at the end the following:

16 **“SEC. 2799A–11. COVERAGE OF OPIOID TREATMENTS.**

17 “A group health plan and a health insurance issuer
18 offering group or individual health insurance coverage
19 shall, at a minimum, with respect to a participant, bene-
20 ficiary, or enrollee in the plan or coverage, provide cov-
21 erage for and shall not impose any cost-sharing require-
22 ments for—

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

1 “(2) behavioral health services for the treat-
 2 ment of opioid use disorders, including treatment of
 3 opioid use disorders in non-hospital residential facili-
 4 ties licensed to provide such treatment; or

5 “(3) community recovery support services that
 6 are provided in conjunction with, where appropriate,
 7 medication-assisted treatment for an opioid use dis-
 8 order, such as peer counseling and transportation, to
 9 support the participant, beneficiary, or enrollee in
 10 maintaining a healthy lifestyle following opioid mis-
 11 use treatment.”.

12 (2) ERISA.—

13 (A) IN GENERAL.—Subpart B of part 7 of
 14 subtitle B of title I of the Employee Retirement
 15 Income Security Act of 1974 (29 U.S.C. 1185
 16 et seq.) is amended by adding at the end the
 17 following:

18 **“SEC. 726. COVERAGE OF OPIOID TREATMENTS.**

19 “A group health plan and a health insurance issuer
 20 offering group health insurance coverage shall, at a min-
 21 imum, with respect to a participant or beneficiary in the
 22 plan or coverage, provide coverage for and shall not im-
 23 pose any cost-sharing requirements for—

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

1 “(2) behavioral health services for the treat-
 2 ment of opioid use disorders, including treatment of
 3 opioid use disorders in non-hospital residential facili-
 4 ties licensed to provide such treatment; or

5 “(3) community recovery support services that
 6 are provided in conjunction with, where appropriate,
 7 medication-assisted treatment for an opioid use dis-
 8 order, such as peer counseling and transportation, to
 9 support the participant or beneficiary in maintaining
 10 a healthy lifestyle following opioid misuse treat-
 11 ment.”.

12 (B) CLERICAL AMENDMENT.—The table of
 13 contents in section 1 of the Employee Retire-
 14 ment Income Security Act of 1974 (29 U.S.C.
 15 1001 et seq.) is amended by inserting after the
 16 item relating to section 725 the following new
 17 item:

“Sec. 726. Coverage of opioid treatments.”.

18 (3) IRC.—

19 (A) IN GENERAL.—Chapter 100 of the In-
 20 ternal Revenue Code of 1986 is amended by
 21 adding at the end the following:

22 **“SEC. 9826. COVERAGE OF OPIOID TREATMENTS.**

23 “A group health plan shall, at a minimum, with re-
 24 spect to a participant or beneficiary in the plan, provide

1 coverage for and shall not impose any cost-sharing re-
 2 quirements for—

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

5 “(2) behavioral health services for the treat-
 6 ment of opioid use disorders, including treatment of
 7 opioid use disorders in non-hospital residential facili-
 8 ties licensed to provide such treatment; or

9 “(3) community recovery support services that
 10 are provided in conjunction with, where appropriate,
 11 medication-assisted treatment for an opioid use dis-
 12 order, such as peer counseling and transportation, to
 13 support the participant or beneficiary in maintaining
 14 a healthy lifestyle following opioid misuse treat-
 15 ment.”.

16 (B) CLERICAL AMENDMENT.—The table of
 17 sections for subchapter B of chapter 100 of the
 18 Internal Revenue Code of 1986 is amended by
 19 adding at the end the following new item:

“Sec. 9826. Coverage of opioid treatments.”.

20 (b) EFFECTIVE DATE.—The amendments made by
 21 subsection (a) shall apply with respect to plan years begin-
 22 ning on or after January 1, 2027.

1 **SEC. 4. ENHANCED FEDERAL MATCH FOR MEDICATION-AS-**
 2 **SISTED TREATMENT AND RECOVERY SUP-**
 3 **PORT SERVICES UNDER MEDICAID.**

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

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

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

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

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

25 “(C) at the option of a State, includes re-
 26 covery support services, such as peer counseling

1 and transportation, that are provided to an in-
2 dividual in conjunction with the provision of
3 such drugs and biological products to support
4 the individual in maintaining a healthy lifestyle
5 following opioid misuse treatment.”.

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