II

119TH CONGRESS
1ST SESSION

S. 3522

To amend title XIX of the Social Security Act to require that State Medicaid programs provide at least one formulation of each type of medication for the treatment of opioid use disorder without prior authorization or limitations on dosage, and for other purposes.

IN THE SENATE OF THE UNITED STATES

DECEMBER 17, 2025

Ms. HASSAN (for herself and Mr. JUSTICE) introduced the following bill; which was read twice and referred to the Committee on Finance

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A BILL

To amend title XIX of the Social Security Act to require that State Medicaid programs provide at least one formulation of each type of medication for the treatment of opioid use disorder without prior authorization or limitations on dosage, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''No Red Tape For Addiction Treatment Act''.

SEC. 2. PROVISION OF MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER WITHOUT PRIOR AUTHORIZATION OR LIMITATIONS ON DOSAGE UNDER MEDICAID.

(a) IN GENERAL.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—

(1) in subsection (a)(29), by striking ''(2) and (3)'' and inserting ''(2), (3), and (4)''; and

(2) in subsection (ee), by adding at the end the following new paragraph:

''(4) PROVISION OF MEDICATION-ASSISTED TREATMENT WITHOUT PRIOR AUTHORIZATION.—

''(A) IN GENERAL.—A State plan (or a waiver of such plan) shall provide coverage of at least 1 formulation of each drug and biological product described in paragraph (1)(A) (which shall include, if available with respect to such a drug or biological product, a formulation that is long-lasting and injectable) that is not subject to prior authorization or limitations on dosage as a condition of coverage or payment for such drug or biological product.

''(B) RULE OF CONSTRUCTION.—The requirement under subparagraph (A) to provide coverage of at least 1 formulation of each drug and biological product described in paragraph

(1)(A) shall not be construed as modifying or limiting the ability of a State to establish a formulary that is consistent with the requirements of section 1927(d)(4).''.

(b) CONFORMING AMENDMENT.—Section 1927(d)(1)(A) of the Social Security Act (42 U.S.C. 1396r–8(d)(1)(A)) is amended by striking ''A State'' and inserting ''Except as provided in section 1905(ee)(4), a State''.

(c) EFFECTIVE DATE.—

(1) IN GENERAL.—Subject to paragraph (2), the amendments made by this subsection shall apply with respect to medical assistance provided on or after the date that is 1 year after the date of enactment of this Act.

(2) EXCEPTION FOR STATE LEGISLATION.—In the case of a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) that the Secretary of Health and Human Services determines requires State legislation in order for such plan to meet any requirement imposed by the amendments made by this section, such plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet such an additional requirement before the first day

of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be considered to be a separate regular session of the State legislature.

SEC. 3. MACPAC REPORT ON UTILIZATION OF MANAGEMENT CONTROLS ON THE TREATMENT OF OPIOID USE DISORDER UNDER MEDICAID.

Not later than 1 year after the date of enactment of this section, the Medicaid and CHIP Payment and Access Commission shall submit to Congress a report on issues related to utilization management controls for medication-assisted treatment of opioid use disorder under the Medicaid program. Such report shall include—

(1) an analysis and description of the use of utilization management controls for medication-assisted treatment furnished through the Medicaid program across all States (as defined in section 1101(a)(1) of the Social Security Act (42 U.S.C. 1301(a)(1)) for purposes of title XIX of such Act), including dosing restrictions, age limits, counseling requirements, and psychological screening requirements;

(2) an assessment of the extent to which such utilization management controls impose an administrative burden on clinicians and other providers; and

(3) an assessment of other Medicaid policies, at both the Federal and State level, that impede patient access to medication-assisted treatment and complicate clinician or provider prescribing practices.

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