

119TH CONGRESS
2D SESSION

H. R. 10254

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

SEPTEMBER 3, 2026

Ms. DEAN of Pennsylvania introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and Workforce, 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 com-
25 munity-based recovery support services by
26 eliminating coinsurance, copayments, and

deductibles otherwise applicable under parts B and D of title XVIII (including as such parts are applied under part C of such title) for the following items and services 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:

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.—

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

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

21 “A group health plan and a health insurance issuer
22 offering group or individual health insurance coverage
23 shall, at a minimum, with respect to a participant, bene-
24 ficiary, or enrollee in the plan or coverage, provide cov-

1 erage for and shall not impose any cost-sharing require-
 2 ments 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, beneficiary, or enrollee in
 14 maintaining a healthy lifestyle following opioid mis-
 15 use treatment.”.

16 (2) ERISA.—

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

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

23 “A group health plan and a health insurance issuer
 24 offering group health insurance coverage shall, at a min-
 25 imum, with respect to a participant or beneficiary in the

1 plan or coverage, provide coverage for and shall not im-
 2 pose any cost-sharing requirements 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 contents in section 1 of the Employee Retirement
 18 Income Security Act of 1974 (29 U.S.C.
 19 1001 et seq.) is amended by inserting after the
 20 item relating to section 725 the following new
 21 item:

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

22 (3) IRC.—

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

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

2 “A group health plan shall, at a minimum, with re-
3 spect to a participant or beneficiary in the plan, provide
4 coverage for and shall not impose any cost-sharing re-
5 quirements for—

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

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

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

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

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

23 (b) EFFECTIVE DATE.—The amendments made by
24 subsection (a) shall apply with respect to plan years begin-
25 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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