

Maximizing Opioid Recovery Emergency Savings (MORE Savings) Act (S. 1424)

Blunting our nation's opioid crisis requires a multi-pronged strategy that includes prevention, treatment, law enforcement and recovery support. Assured access to evidence-based treatment is particularly important to sustain the health and well-being of the more than [20 million Americans](#) with an opioid use disorder. Every day, more than 115 Americans overdose and die from opioid misuse.

Securing the preferred treatment, Medication-Assisted Treatment (MAT), for an opioid use disorder is fraught with challenges, including unrelenting stigma, limited access to health care providers and outpatient treatment centers and the out-of-pocket costs associated with prolonged intervention. Similar barriers prevent people with opioid use disorders from securing naloxone.

Treating opioid misuse does not end after accessing medications and treatments. Recovery is a personal and life-long journey that requires individual, family and community support. Recovery supports are vital components to ensuring the long-term success of recovery and can include peer mentoring as well as service navigation.

The **MORE Savings Act** would eliminate cost-sharing (including copayments, deductibles and coinsurance) for opioid treatment and recovery support services under private insurance plans and through a demonstration in Medicare, while providing increased funding for Medicaid programs to offer these services. Specifically, the bill would:

- Require insurers offering individual or group health insurance to cover prescription drugs and behavioral health services used to treat opioid use disorders and to reverse overdoses as well as recovery support services in conjunction with treatment with no cost-sharing.
- Establish a 5-year demonstration program in 15 states to eliminate Medicare cost-sharing for prescription drugs and behavioral health services used to treat opioid use disorders, to reverse overdose and to provide for recovery support services.
- Provide a Federal Medical Assistance Percentages (FMAP) increase for Medicaid programs to provide prescription drugs and behavioral health services used to treat opioid use disorders, to reverse overdose and to provide for recovery support services.

These proposals draw on innovations advanced in public and private health sectors. As examples, [Massachusetts](#) eliminated cost-sharing for MAT in its statewide marketplace, [New York State](#) launched a copayment assistance program for naloxone and several private health plans opted to lower or eliminate cost-sharing for specific opioid treatments. Further, the use of [peer providers](#), people who are also in recovery from substance use disorders, shows great promise to help people new to recovery and bolster behavioral health workforce numbers.

Importantly, the **MORE Savings Act** is informed by the success of the Affordable Care Act's (ACA) provisions to eliminate cost-sharing for proven preventive services. The values embodied in the ACA—namely that cost should not prevent any American from accessing essential, evidence-based, high-quality treatment—are the very same values that should be applied as lawmakers seek to lessen the scourge of our nation's opioid epidemic.