## U.S. SENATOR BOB CASEY CHAIRMAN Special Committee on Aging

## The Maximizing Opioid Recovery Emergency Savings (MORE) Savings Act of 2022

U.S. Senator Bob Casey

Every day, more than 115 Americans overdose and die from opioid misuse. Tackling our nation's opioid crisis requires a multi-pronged strategy that includes prevention, treatment and recovery support. Assured access to evidence-based care is essential for recovery for the more than 20 million Americans with an opioid use disorder (OUD).

Securing the preferred treatment for OUD, Medication-Assisted Treatment (MAT), is fraught with challenges, including unrelenting stigma, limited access to health care providers and outpatient treatment centers and long-term out-of-pocket costs. Similar barriers prevent people with an OUD from securing naloxone. However, treating opioid misuse is not solely reliant on access to medication and treatment—recovery peer and community supports are also integral in ensuring that long-term recovery is successful.

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 pilot program, 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 OUDs and to reverse overdoses as well as recovery support services in conjunction with treatment with no cost-sharing.
- Establish a 5-year pilot program in 15 states to eliminate Medicare cost-sharing for prescription drugs and behavioral health services used to treat OUDs, to reverse overdose and to provide for recovery support services.
- Provide a Federal Medical Assistance Percentage (FMAP) increase for Medicaid programs to provide
  prescription drugs and behavioral health services used to treat OUDs, to reverse overdose and to
  provide for recovery support services.

These provisions draw from proven models that have demonstrated increases in treatment success in various states, including MAT cost-sharing elimination and copayment assistance for naloxone. 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.

**Endorsements:** Drug & Alcohol Service Providers Organization of Pennsylvania, Pennsylvania Recovery Organizations Alliance