

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

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.

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 “No Red Tape For Ad-
5 diction Treatment Act”.

1 **SEC. 2. PROVISION OF MEDICATION-ASSISTED TREATMENT**
 2 **FOR OPIOID USE DISORDER WITHOUT PRIOR**
 3 **AUTHORIZATION OR LIMITATIONS ON DOS-**
 4 **AGE UNDER MEDICAID.**

5 (a) IN GENERAL.—Section 1905 of the Social Secu-
 6 rity Act (42 U.S.C. 1396d) is amended—

7 (1) in subsection (a)(29), by striking “(2) and
 8 (3)” and inserting “(2), (3), and (4)”; and

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

11 “(4) PROVISION OF MEDICATION-ASSISTED
 12 TREATMENT WITHOUT PRIOR AUTHORIZATION.—

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

23 “(B) RULE OF CONSTRUCTION.—The re-
 24 quirement under subparagraph (A) to provide
 25 coverage of at least 1 formulation of each drug
 26 and biological product described in paragraph

1 (1)(A) shall not be construed as modifying or
 2 limiting the ability of a State to establish a for-
 3 mulary that is consistent with the requirements
 4 of section 1927(d)(4).”.

5 (b) CONFORMING AMENDMENT.—Section
 6 1927(d)(1)(A) of the Social Security Act (42 U.S.C.
 7 1396r–8(d)(1)(A)) is amended by striking “A State” and
 8 inserting “Except as provided in section 1905(ee)(4), a
 9 State”.

10 (c) EFFECTIVE DATE.—

11 (1) IN GENERAL.—Subject to paragraph (2),
 12 the amendments made by this subsection shall apply
 13 with respect to medical assistance provided on or
 14 after the date that is 1 year after the date of enact-
 15 ment of this Act.

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

1 of the first calendar quarter beginning after the
2 close of the first regular session of the State legisla-
3 ture that begins after the date of the enactment of
4 this Act. For purposes of the previous sentence, in
5 the case of a State that has a 2-year legislative ses-
6 sion, each year of the session shall be considered to
7 be a separate regular session of the State legislature.

8 **SEC. 3. MACPAC REPORT ON UTILIZATION OF MANAGE-**
9 **MENT CONTROLS ON THE TREATMENT OF**
10 **OPIOID USE DISORDER UNDER MEDICAID.**

11 Not later than 1 year after the date of enactment
12 of this section, the Medicaid and CHIP Payment and Ac-
13 cess Commission shall submit to Congress a report on
14 issues related to utilization management controls for medi-
15 cation-assisted treatment of opioid use disorder under the
16 Medicaid program. Such report shall include—

17 (1) an analysis and description of the use of
18 utilization management controls for medication-as-
19 sisted treatment furnished through the Medicaid
20 program across all States (as defined in section
21 1101(a)(1) of the Social Security Act (42 U.S.C.
22 1301(a)(1)) for purposes of title XIX of such Act),
23 including dosing restrictions, age limits, counseling
24 requirements, and psychological screening require-
25 ments;

- 1 (2) an assessment of the extent to which such
2 utilization management controls impose an adminis-
3 trative burden on clinicians and other providers; and
4 (3) an assessment of other Medicaid policies, at
5 both the Federal and State level, that impede pa-
6 tient access to medication-assisted treatment and
7 complicate clinician or provider prescribing practices.

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