

# STATE OF NEW YORK

9716

## IN ASSEMBLY

April 3, 2024

Introduced by M. of A. PAULIN -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to providing insurance coverage for chronic pain

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Subsection (i) of section 3216 of the insurance law is amended by adding a new paragraph 39 to read as follows:

(39) (A) Every policy that provides medical, major medical, or similar comprehensive-type coverage that provides coverage for pain management services shall provide outpatient coverage for non-opioid treatment of chronic pain including complementary and integrative treatments. Access to non-opioid treatment shall be comparable to that of other covered services. Coverage shall be comparable for services provided by licensed professionals.

(B) Coverage under this subsection shall not apply financial requirements or treatment limitations to non-opioid treatment of chronic pain that are more restrictive than either of the following: the predominant financial requirements and treatment limitations applied to substantially all medical benefits covered by the contract; and the financial requirements and treatment limitations applied to any opioid-based treatment of chronic pain.

(C) For the purposes of this paragraph the following terms shall have the following meanings:

(i) "financial requirement" means deductible, co-payments, co-insurance and out-of-pocket expenses;

(ii) "predominant" means that a financial requirement or treatment limitation is the most common or frequent of such type of limit or requirement;

(iii) "treatment limitation" means limits on the frequency of treatment, number of visits, days of coverage, or other similar limits on the scope or duration of treatment and includes non-quantitative treatment limitations such as: medical management standards limiting or excluding benefits based on medical necessity, or based on whether the treatment

EXPLANATION--Matter in italics (underscored) is new; matter in brackets [-] is old law to be omitted.

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1 is experimental or investigational; standards for provider admission to  
2 participate in a network, including reimbursement rates; methods for  
3 determining usual, customary and reasonable charges; exclusions based on  
4 failure to complete a course of treatment; and restrictions based on  
5 geographic location, facility type, provider specialty, and other crite-  
6 ria that limit the scope or duration of benefits for services provided  
7 under the contract; and

8 (iv) "Chronic pain" means pain that persists or recurs for more than  
9 three months.

10 § 2. Subsection (1) of section 3221 of the insurance law is amended by  
11 adding a new paragraph 22 to read as follows:

12 (22) (A) Every insurer delivering a group or blanket policy or issuing  
13 a group or blanket policy for delivery in this state that provides  
14 coverage for pain management services shall provide outpatient coverage  
15 for non-opioid treatment of chronic pain including complementary and  
16 integrative treatments. Access to non-opioid treatment shall be compara-  
17 ble to that of other covered services. Coverage shall be comparable for  
18 services provided by licensed professionals.

19 (B) Coverage under this subsection shall not apply financial require-  
20 ments or treatment limitations to non-opioid treatment of chronic pain  
21 that are more restrictive than either of the following: the predominant  
22 financial requirements and treatment limitations applied to substantial-  
23 ly all medical benefits covered by the contract; and the financial  
24 requirements and treatment limitations applied to any opioid-based  
25 treatment of chronic pain.

26 (C) For the purposes of this paragraph the following terms shall have  
27 the following meanings:

28 (i) "financial requirement" means deductible, co-payments, co-insu-  
29 rance and out-of-pocket expenses;

30 (ii) "predominant" means that a financial requirement or treatment  
31 limitation is the most common or frequent of such type of limit or  
32 requirement;

33 (iii) "treatment limitation" means limits on the frequency of treat-  
34 ment, number of visits, days of coverage, or other similar limits on the  
35 scope or duration of treatment and includes non-quantitative treatment  
36 limitations such as: medical management standards limiting or excluding  
37 benefits based on medical necessity, or based on whether the treatment  
38 is experimental or investigational; standards for provider admission to  
39 participate in a network, including reimbursement rates; methods for  
40 determining usual, customary and reasonable charges; exclusions based on  
41 failure to complete a course of treatment; and restrictions based on  
42 geographic location, facility type, provider specialty, and other crite-  
43 ria that limit the scope or duration of benefits for services provided  
44 under the contract; and

45 (iv) "chronic pain" means pain that persists or recurs for more than  
46 three months.

47 § 3. Section 4303 of the insurance law is amended by adding a new  
48 subsection (vv) to read as follows:

49 (vv) (1) Every contract issued by a hospital service corporation,  
50 health service corporation or medical expense indemnity corporation that  
51 includes coverage for pain management services shall provide outpatient  
52 coverage for non-opioid treatment of chronic pain including complementa-  
53 ry and integrative treatments. Access to non-opioid treatment shall be  
54 comparable to that of other covered services. Coverage shall be compara-  
55 ble for services provided by licensed professionals.

1     (2) Coverage under this subsection shall not apply financial require-  
2 ments or treatment limitations to non-opioid treatment of chronic pain  
3 that are more restrictive than either of the following: the predominant  
4 financial requirements and treatment limitations applied to substantial-  
5 ly all medical benefits covered by the contract; and the financial  
6 requirements and treatment limitations applied to any opioid-based  
7 treatment of chronic pain.

8     (3) For the purposes of this subsection the following terms shall have  
9 the following meanings:

10     (A) "financial requirement" means deductible, co-payments, co-insu-  
11 rance and out-of-pocket expenses;

12     (B) "predominant" means that a financial requirement or treatment  
13 limitation is the most common or frequent of such type of limit or  
14 requirement;

15     (C) "treatment limitation" means limits on the frequency of treatment,  
16 number of visits, days of coverage, or other similar limits on the scope  
17 or duration of treatment and includes non-quantitative treatment limita-  
18 tions such as: medical management standards limiting or excluding bene-  
19 fits based on medical necessity, or based on whether the treatment is  
20 experimental or investigational; standards for provider admission to  
21 participate in a network, including reimbursement rates; methods for  
22 determining usual, customary and reasonable charges; exclusions based on  
23 failure to complete a course of treatment; and restrictions based on  
24 geographic location, facility type, provider specialty, and other crite-  
25 ria that limit the scope or duration of benefits for services provided  
26 under the contract; and

27     (D) "chronic pain" means pain that persists or recurs for more than  
28 three months.

29     § 4. This act shall take effect the first day of January next succeed-  
30 ing the day on which it shall have become a law and shall apply to all  
31 policies and contracts issued, renewed, modified, altered, or amended on  
32 or after such date.