

STATE OF NEW YORK

1921--A

2025-2026 Regular Sessions

IN ASSEMBLY

January 14, 2025

Introduced by M. of A. PAULIN, LEVENBERG -- read once and referred to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the insurance law, in relation to providing insurance coverage for non-opioid treatment of chronic pain

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

1 Section 1. Subsection (i) of section 3216 of the insurance law is
2 amended by adding a new paragraph 40 to read as follows:

3 (40) (A) Every policy that provides medical, major medical, or similar
4 comprehensive-type coverage that provides coverage for pain management
5 services shall provide outpatient coverage for non-opioid treatment of
6 chronic pain including complementary and integrative treatments and
7 non-opioid drugs approved by the United States Food and Drug Adminis-
8 tration (FDA) for the treatment of acute or chronic pain. Access to
9 non-opioid treatment shall be comparable to that of other covered
10 services. Coverage shall be comparable for services provided by licensed
11 professionals.

12 (B) Coverage under this subsection shall not apply financial require-
13 ments or treatment limitations to non-opioid treatment of chronic pain
14 that are more restrictive than either of the following: the predominant
15 financial requirements and treatment limitations applied to substantial-
16 ly all medical benefits covered by the contract; and the financial
17 requirements and treatment limitations applied to any opioid-based
18 treatment of chronic pain. Coverage under this paragraph shall not
19 disadvantage or discourage any non-opioid drug approved by the United
20 States Food and Drug Administration (FDA) for the treatment of chronic
21 or acute pain relative to any opioid drug for the treatment of chronic
22 or acute pain, where impermissible disadvantaging or discouragement
23 includes, without limitation: designating any such non-opioid drug as a
24 non-preferred drug if any opioid or narcotic drug is designated as a

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

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1 preferred drug; or establishing more restrictive or more extensive
2 utilization controls including, but not limited to, more restrictive or
3 more extensive financial requirements, prior authorization, or step
4 therapy requirements, for such non-opioid drug than the least restric-
5 tive or extensive utilization controls applicable to any such opioid or
6 narcotic drug.

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

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

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

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

26 (iv) "chronic pain" means pain that persists or recurs for more than
27 three months; and

28 (v) "acute pain" means pain whether resulting from disease, accidental
29 or intentional trauma, or other causes that is reasonably expected to
30 last only a short period of time.

31 § 2. Subsection (1) of section 3221 of the insurance law is amended by
32 adding a new paragraph 23 to read as follows:

33 (23) (A) Every insurer delivering a group or blanket policy or issuing
34 a group or blanket policy for delivery in this state that provides
35 coverage for pain management services shall provide outpatient coverage
36 for non-opioid treatment of chronic pain including complementary and
37 integrative treatments and non-opioid drugs approved by the United
38 States Food and Drug Administration (FDA) for the treatment of chronic
39 or acute pain. Access to non-opioid treatment and drugs for the treat-
40 ment of acute or chronic pain shall be comparable to that of other
41 covered services. Coverage shall be comparable for services provided by
42 licensed professionals.

43 (B) Coverage under this subsection shall not apply financial require-
44 ments or treatment limitations to non-opioid treatment of chronic pain
45 that are more restrictive than either of the following: the predominant
46 financial requirements and treatment limitations applied to substantial-
47 ly all medical benefits covered by the contract; and the financial
48 requirements and treatment limitations applied to any opioid-based
49 treatment of chronic pain. Coverage under this paragraph shall not
50 disadvantage or discourage any non-opioid drug approved by the United
51 States Food and Drug Administration (FDA) for the treatment of chronic
52 or acute pain relative to any opioid drug for the treatment of chronic
53 or acute pain, where impermissible disadvantaging or discouragement
54 includes, without limitation: designating any such non-opioid drug as a
55 non-preferred drug if any opioid or narcotic drug is designated as a
56 preferred drug; or establishing more restrictive or more extensive

1 utilization controls including, but not limited to, more restrictive or
2 more extensive financial requirements, prior authorization, or step
3 therapy requirements, for such non-opioid drug than the least restric-
4 tive or extensive utilization controls applicable to any such opioid or
5 narcotic drug.

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

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

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

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

25 (iv) "chronic pain" means pain that persists or recurs for more than
26 three months; and

27 (v) "acute pain" means pain whether resulting from disease, accidental
28 or intentional trauma, or other causes that is reasonably expected to
29 last only a short period of time.

30 § 3. Section 4303 of the insurance law is amended by adding a new
31 subsection (ww) to read as follows:

32 (ww) (1) Every contract issued by a hospital service corporation,
33 health service corporation or medical expense indemnity corporation that
34 includes coverage for pain management services shall provide outpatient
35 coverage for non-opioid treatment of chronic pain including complementa-
36 ry and integrative treatments, and non-opioid drugs approved by the
37 United States Food and Drug Administration (FDA) for the treatment of
38 acute or chronic pain. Access to non-opioid treatment shall be compara-
39 ble to that of other covered services. Coverage shall be comparable for
40 services provided by licensed professionals.

41 (2) Coverage under this subsection shall not apply financial require-
42 ments or treatment limitations to non-opioid treatment of chronic pain
43 that are more restrictive than either of the following: the predominant
44 financial requirements and treatment limitations applied to substantial-
45 ly all medical benefits covered by the contract; and the financial
46 requirements and treatment limitations applied to any opioid-based
47 treatment of chronic pain. Coverage under this subsection shall not
48 disadvantage or discourage any non-opioid drug approved by the United
49 States Food and Drug Administration (FDA) for the treatment of chronic
50 or acute pain relative to any opioid drug for the treatment of chronic
51 or acute pain, where impermissible disadvantaging or discouragement
52 includes, without limitation: designating any such non-opioid drug as a
53 non-preferred drug if any opioid or narcotic drug is designated as a
54 preferred drug; or establishing more restrictive or more extensive
55 utilization controls including, but not limited to, more restrictive or
56 more extensive financial requirements, prior authorization, or step

therapy requirements, for such non-opioid drug than the least restrictive or extensive utilization controls applicable to any such opioid or narcotic drug.

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

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

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

(C) "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 is experimental or investigational; standards for provider admission to participate in a network, including reimbursement rates; methods for determining usual, customary and reasonable charges; exclusions based on failure to complete a course of treatment; and restrictions based on geographic location, facility type, provider specialty, and other criteria that limit the scope or duration of benefits for services provided under the contract;

(D) "chronic pain" means pain that persists or recurs for more than three months; and

(E) "acute pain" means pain whether resulting from disease, accidental or intentional trauma, or other causes that is reasonably expected to last only a short period of time.

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