

# STATE OF NEW YORK

3185

2025-2026 Regular Sessions

## IN SENATE

January 24, 2025

Introduced by Sen. RIVERA -- read twice and ordered printed, and when printed to be committed 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:

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. Access  
7 to non-opioid treatment shall be comparable to that of other covered  
8 services. Coverage shall be comparable for services provided by licensed  
9 professionals.

10 (B) Coverage under this subsection shall not apply financial require-  
11 ments or treatment limitations to non-opioid treatment of chronic pain  
12 that are more restrictive than either of the following: the predominant  
13 financial requirements and treatment limitations applied to substantial-  
14 ly all medical benefits covered by the contract; and the financial  
15 requirements and treatment limitations applied to any opioid-based  
16 treatment of chronic pain.

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

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

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

24 (iii) "treatment limitation" means limits on the frequency of treat-  
25 ment, number of visits, days of coverage, or other similar limits on the

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

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1 scope or duration of treatment and includes non-quantitative treatment  
2 limitations such as: medical management standards limiting or excluding  
3 benefits based on medical necessity, or based on whether the treatment  
4 is experimental or investigational; standards for provider admission to  
5 participate in a network, including reimbursement rates; methods for  
6 determining usual, customary and reasonable charges; exclusions based on  
7 failure to complete a course of treatment; and restrictions based on  
8 geographic location, facility type, provider specialty, and other crite-  
9 ria that limit the scope or duration of benefits for services provided  
10 under the contract; and

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

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

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

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

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

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

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

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

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

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

52 (ww) (1) Every contract issued by a hospital service corporation,  
53 health service corporation or medical expense indemnity corporation that  
54 includes coverage for pain management services shall provide outpatient  
55 coverage for non-opioid treatment of chronic pain including complementa-  
56 ry and integrative treatments. Access to non-opioid treatment shall be

1 comparable to that of other covered services. Coverage shall be compara-  
2 ble for services provided by licensed professionals.

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

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

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

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

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

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

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