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:

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

(40) (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

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

LBD05350-01-5

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; and

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

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

(23) (A) Every insurer delivering a group or blanket policy or issuing a group or blanket policy for delivery in this state 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 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; and

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

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

(ww) (1) Every contract issued by a hospital service corporation, health service corporation or medical expense indemnity corporation that includes 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.

(2) 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.

(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; and

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

§ 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.