

STATE OF NEW YORK

3185--A

2025-2026 Regular Sessions

IN SENATE

January 24, 2025

Introduced by Sens. RIVERA, FERNANDEZ -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance -- recommitted to the Committee on Insurance in accordance with Senate Rule 6, sec. 8 -- 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-pharmacological treatments and non-opioid drugs 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 42 to read as follows:

3 (42) (A) Every policy that provides medical, major medical, or similar
4 comprehensive-type coverage that provides coverage for pain shall
5 provide outpatient coverage for a minimum of three non-pharmacological
6 treatments of chronic pain, and a minimum of two non-opioid drugs
7 approved by the United States Food and Drug Administration (FDA) for the
8 treatment of acute or chronic pain. Such non-pharmacological non-opioid
9 treatments shall include at least one of each of the following treatment
10 types: (i) restorative treatments such as massage therapy; (ii) behav-
11 ioral treatments such as cognitive behavioral therapy; and (iii) comple-
12 mentary treatments such as acupuncture. Access to non-pharmacological
13 treatments and non-opioid drugs shall be comparable to that of other
14 covered services. Coverage shall be comparable for services provided by
15 licensed professionals.

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

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

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1 treatment of chronic pain. Coverage under this paragraph shall not
2 disadvantage or discourage any non-opioid drug approved by the United
3 States Food and Drug Administration (FDA) for the treatment of chronic
4 or acute pain relative to any opioid drug for the treatment of chronic
5 or acute pain, where impermissible disadvantaging or discouragement
6 includes, without limitation: designating any such non-opioid drug as a
7 non-preferred drug if any opioid or narcotic drug is designated as a
8 preferred drug; or establishing more restrictive or more extensive
9 utilization controls including, but not limited to, more restrictive or
10 more extensive financial requirements, prior authorization, or step
11 therapy requirements, for such non-opioid drug than the least restric-
12 tive or extensive utilization controls applicable to any such opioid or
13 narcotic drug.

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

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

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

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

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

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

38 § 2. Subsection (1) of section 3221 of the insurance law is amended by
39 adding a new paragraph 24 to read as follows:

40 (24) (A) Every insurer delivering a group or blanket policy or issuing
41 a group or blanket policy for delivery in this state that provides
42 coverage for pain shall provide outpatient coverage for a minimum of
43 three non-pharmacological treatments of chronic pain, and a minimum of
44 two non-opioid drugs approved by the United States Food and Drug Admin-
45 istration (FDA) for the treatment of chronic or acute pain. Such non-
46 pharmacological non-opioid treatments shall include at least one of each
47 of the following treatment types: (i) restorative treatments such as
48 massage therapy; (ii) behavioral treatments such as cognitive behavioral
49 therapy; and (iii) complementary treatments such as acupuncture. Access
50 to non-pharmacological treatments and non-opioid drugs for the treatment
51 of acute or chronic pain shall be comparable to that of other covered
52 services. Coverage shall be comparable for services provided by licensed
53 professionals.

54 (B) Coverage under this subsection shall not apply financial require-
55 ments or treatment limitations to non-opioid treatment of chronic pain
56 that are more restrictive than either of the following: the predominant

1 financial requirements and treatment limitations applied to substantial-
2 ly all medical benefits covered by the contract; and the financial
3 requirements and treatment limitations applied to any opioid-based
4 treatment of chronic pain. Coverage under this paragraph shall not
5 disadvantage or discourage any non-opioid drug approved by the United
6 States Food and Drug Administration (FDA) for the treatment of chronic
7 or acute pain relative to any opioid drug for the treatment of chronic
8 or acute pain, where impermissible disadvantaging or discouragement
9 includes, without limitation: designating any such non-opioid drug as a
10 non-preferred drug if any opioid or narcotic drug is designated as a
11 preferred drug; or establishing more restrictive or more extensive
12 utilization controls including, but not limited to, more restrictive or
13 more extensive financial requirements, prior authorization, or step
14 therapy requirements, for such non-opioid drug than the least restric-
15 tive or extensive utilization controls applicable to any such opioid or
16 narcotic drug.

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
26 scope or duration of treatment and includes non-quantitative treatment
27 limitations such as: medical management standards limiting or excluding
28 benefits based on medical necessity, or based on whether the treatment
29 is experimental or investigational; standards for provider admission to
30 participate in a network, including reimbursement rates; methods for
31 determining usual, customary and reasonable charges; exclusions based on
32 failure to complete a course of treatment; and restrictions based on
33 geographic location, facility type, provider specialty, and other crite-
34 ria that limit the scope or duration of benefits for services provided
35 under the contract;

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

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

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

43 (xx) (1) Every contract issued by a hospital service corporation,
44 health service corporation or medical expense indemnity corporation that
45 includes coverage for pain shall provide outpatient coverage for a mini-
46 imum of three non-pharmacological treatments of chronic pain, and a mini-
47 imum of two non-opioid drugs approved by the United States Food and Drug
48 Administration (FDA) for the treatment of acute or chronic pain. Such
49 non-pharmacological non-opioid treatments shall include at least one of
50 each of the following treatment types: (A) restorative treatments such
51 as massage therapy; (B) behavioral treatments such as cognitive behav-
52 ioral therapy; and (C) complementary treatments such as acupuncture.
53 Access to non-pharmacological treatments and non-opioid drugs for the
54 treatment of acute or chronic pain shall be comparable to that of other
55 covered services. Coverage shall be comparable for services provided by
56 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. Coverage under this subsection shall not
8 disadvantage or discourage any non-opioid drug approved by the United
9 States Food and Drug Administration (FDA) for the treatment of chronic
10 or acute pain relative to any opioid drug for the treatment of chronic
11 or acute pain, where impermissible disadvantaging or discouragement
12 includes, without limitation: designating any such non-opioid drug as a
13 non-preferred drug if any opioid or narcotic drug is designated as a
14 preferred drug; or establishing more restrictive or more extensive
15 utilization controls including, but not limited to, more restrictive or
16 more extensive financial requirements, prior authorization, or step
17 therapy requirements, for such non-opioid drug than the least restric-
18 tive or extensive utilization controls applicable to any such opioid or
19 narcotic drug.

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

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

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

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

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

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

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