

S 3502 -- Redline

Introduced to Amended -- Requires health insurance and Medicaid coverage for treatment of stuttering.*

Deletions ~~struck~~ · Insertions underlined

S3502 1R [First Reprint] SENATE, No.

Senator JAMES BEACH District 6 (Burlington and Camden) ~~Senator ROBERT W. SYNOPSIS Requires health insurance and Medicaid coverage for the treatment of stuttering.~~

SINGER CURRENT District VERSION 30 OF (Monmouth TEXT and Ocean) As introduced. Co-Sponsored by: Senators Bramnick and Lagana SYNOPSIS Requires health insurance and Medicaid coverage for treatment of stuttering.

CURRENT VERSION OF TEXT As reported by the Senate Commerce Committee on May 18, 2026, with amendments.

1. a. A hospital service corporation contract that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide benefits to any subscriber for medical expenses incurred in the treatment of stuttering, including habilitative speech therapy and rehabilitative speech therapy, as determined to be medically necessary for neurogenic or developmental by the subscriber's medical ~~doctor, doctor~~ for licensed speech-language pathologist. The benefits shall be provided whether the services are delivered in-person or through telemedicine or telehealth. ~~The~~ The benefits shall be provided without the imposition of any prior authorization or other utilization management ~~requirements, requirements.~~ 1
b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the contract 1[, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed]1.

~~b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the contract, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed.~~

1"Speech-language pathologist" shall have the same meaning as provided in section 2 of P.L.1983, c.420 (C.45:3B-2).1

2. a. A medical service corporation contract that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, shall provide benefits to any subscriber for medical expenses incurred in the treatment of stuttering, including habilitative speech therapy and rehabilitative speech therapy, as determined to be medically necessary for neurogenic or developmental by the subscriber's medical ~~doctor, doctor~~ for licensed speech-language pathologist. The benefits shall be provided whether the services are delivered in-person or through telemedicine or telehealth. ~~The~~ The benefits shall be provided without the imposition of any prior authorization or other utilization management ~~requirements, requirements.~~ 1
b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the contract 1[, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed]1.

~~b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the contract, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed.~~

1"Speech-language pathologist" shall have the same meaning as provided in section 2 of P.L.1983, c.420 (C.45:3B-2).1

3. a. A health service corporation contract that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et al.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, shall provide benefits to any subscriber for medical expenses incurred in the treatment of stuttering, including habilitative speech therapy and rehabilitative speech therapy, as determined to be medically necessary for neurogenic or developmental by the subscriber's medical ~~doctor, doctor~~ for licensed speech-language pathologist. The benefits shall be provided whether the services are delivered in-person or through telemedicine or telehealth. ~~The~~ The benefits shall be provided without the imposition of any prior authorization or other utilization management ~~requirements, requirements.~~ 1
b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the contract 1[, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed]1.

~~b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the contract, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed.~~

1"Speech-language pathologist" shall have the same meaning as provided in section 2 of P.L.1983, c.420

(C.45:3B-2).1 4. a. An individual health insurance policy that provides hospital and medical expense benefits and is delivered, issued, executed, or renewed in this State pursuant to chapter 26 of Title 17B of the New Jersey Statutes, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide benefits to any insured for medical expenses incurred in the treatment of stuttering, including habilitative speech therapy and rehabilitative speech therapy, as determined 1to be1 medically necessary 1or neurogenic or developmental1 by the insured's medical ~~doctor,~~ doctor 1or licensed speech-language pathologist1. The benefits shall be provided whether the services are delivered in-person or through telemedicine or telehealth. ~~The1~~The benefits shall be provided without the imposition of any prior authorization or other utilization management ~~requirements,~~ requirements.1 b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the policy1[, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed]1.

~~b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the policy, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed.~~

1"Speech-language pathologist" shall have the same meaning as provided in section 2 of P.L.1983, c.420 (C.45:3B-2).1 5. a. A group health insurance policy that provides hospital and medical expense benefits and is delivered, issued, executed, or renewed in this State pursuant to chapter 27 of Title 17B of the New Jersey Statutes, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide benefits to any insured for medical expenses incurred in the treatment of stuttering, including habilitative speech therapy and rehabilitative speech therapy, as determined 1to be1 medically necessary or 1neurogenic or developmental1 by the insured's medical ~~doctor,~~ doctor 1or licensed speech-language pathologist1. The benefits shall be provided whether the services are delivered in-person or through telemedicine or telehealth. ~~The1~~The benefits shall be provided without the imposition of any prior authorization or other utilization management ~~requirements,~~ requirements.1 b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the policy1[, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed]1.

~~b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the policy, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed.~~

1"Speech-language pathologist" shall have the same meaning as provided in section 2 of P.L.1983, c.420 (C.45:3B-2).1 6. a. An individual health benefits plan that provides hospital and medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide benefits to any covered person for medical expenses incurred in the treatment of stuttering, including habilitative speech therapy and rehabilitative speech therapy, as determined 1to be1 medically necessary 1or neurogenic or developmental1 by the covered person's medical ~~doctor,~~ doctor or 1licensed speech-language pathologist1. The benefits shall be provided whether the services are delivered in-person or through telemedicine or telehealth. ~~The1~~The benefits shall be provided without the imposition of any prior authorization or other utilization management ~~requirements,~~ requirements.1 b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the health benefits plan1[, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed]1.

~~b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the health benefits plan, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed.~~

1"Speech-language pathologist" shall have the same meaning as provided in section 2 of P.L.1983, c.420 (C.45:3B-2).1 7. a. A small employer health benefits plan that provides hospital and medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide benefits to any covered person for medical expenses incurred in the treatment of stuttering, including habilitative speech therapy and rehabilitative speech therapy, as determined 1to be1 medically necessary 1or neurogenic or developmental1 by the covered person's medical ~~doctor,~~ doctor or 1licensed speech-language pathologist1. The benefits shall be provided whether the services are delivered in-person or through telemedicine or telehealth. ~~The1~~The benefits shall be provided without the imposition of any prior authorization or other utilization management ~~requirements,~~ requirements.1 b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the health benefits plan1[, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed]1.

~~b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the health benefits plan, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed.~~

1"Speech-language pathologist" shall have the same meaning as provided in section 2 of P.L.1983, c.420 (C.45:3B-2).1

8. a. A health maintenance organization contract for health care services that is delivered, issued, executed, or renewed in this State pursuant to P.L.1973, c.337 (C.26:23-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide benefits to any enrollee for medical expenses incurred in the treatment of stuttering, including habilitative speech therapy and rehabilitative speech therapy, as determined 1to be1 medically necessary 1or neurogenic or developmental1 by the enrollee's medical ~~doctor,~~ doctor 1or licensed speech-language pathologist1. The benefits shall be provided whether the services are delivered in-person or through telemedicine or telehealth. ~~The1~~The benefits shall be provided without the imposition of any prior authorization or other utilization management ~~requirements,~~requirements.1

b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the contract1[, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed]1.

~~b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the contract, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed.~~

1"Speech-language pathologist" shall have the same meaning as provided in section 2 of P.L.1983, c.420 (C.45:3B-2).1

9. a. The State Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of this act that provides hospital and medical expense benefits shall provide benefits to any covered person for medical expenses incurred in the treatment of stuttering, including habilitative speech therapy and rehabilitative speech therapy, as determined 1to be1 medically necessary 1or neurogenic or developmental1 by the covered person's medical ~~doctor,~~ doctor 1or licensed speech-language pathologist1. The benefits shall be provided whether the services are delivered in-person or through telemedicine or telehealth. ~~The1~~The benefits shall be provided without the imposition of any prior authorization or other utilization management ~~requirements,~~requirements.1

b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the contract1[, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed]1.

~~b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the contract, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed.~~

1"Speech-language pathologist" shall have the same meaning as provided in section 2 of P.L.1983, c.420 (C.45:3B-2).1

10. a. The School Employees' Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of this act that provides hospital and medical expense benefits shall provide benefits to any covered person for medical expenses incurred in the treatment of stuttering, including habilitative speech therapy and rehabilitative speech therapy, as determined 1to be1 medically necessary 1or neurogenic or developmental1 by the covered person's medical ~~doctor,~~ doctor 1or licensed speech-language pathologist1. The benefits shall be provided whether the services are delivered in-person or through telemedicine or telehealth. ~~The1~~The benefits shall be provided without the imposition of any prior authorization or other utilization management ~~requirements,~~requirements.1

b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the contract1[, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed]1.

~~b. The benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the contract, except that no deductible, coinsurance, copayment, annual benefit limit, or any other cost-sharing requirement shall be imposed.~~

1"Speech-language pathologist" shall have the same meaning as provided in section 2 of P.L.1983, c.420 (C.45:3B-2).1

11. a. ~~Notwithstanding~~ Notwithstanding any State law or regulation to the contrary, the Department of Human Services shall ensure provide benefits to persons served under the Medicaid program, established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.), for medical expenses incurred in the treatment of stuttering, including habilitative speech therapy and rehabilitative speech therapy, as determined 1to be1 medically necessary 1or neurogenic or developmental1 by the person's medical ~~doctor,~~ doctor 1or licensed speech-language pathologist1. The benefits shall be provided whether the services are delivered in-person or through telemedicine or telehealth. ~~The1~~The benefits shall be provided without the imposition of any prior authorization or other utilization management ~~requirements,~~requirements.1

b. 1[Any copayment, coinsurance, deductible, or annual benefit limit that may be required pursuant to the contract for services covered pursuant to subsection a.

~~b. Any copayment, coinsurance, deductible, or annual benefit limit that may be required pursuant to the contract for services covered pursuant to subsection a.~~

~~c.~~ c.1 The department may take any administrative action necessary to effectuate the provisions of this section, including modifying or amending any applicable contract or promulgating, amending, or repealing any guidance, guidelines, or rules, which rules or amendments thereto shall be effective immediately upon filing with the Office of Administrative Law for a period not to exceed 12 months, and may, thereafter, be amended, adopted or readopted in accordance with the provisions of the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.).

~~d.~~ 1[d.] c.1 As used in this section:

1"Speech-language pathologist" shall have the same meaning as provided in section 2 of P.L.1983, c.420 (C.45:3B-2).1 12. This act shall take effect on the 90th day next following enactment and shall apply to policies, plans, and contracts delivered, executed, issued, or renewed on or after that date.

~~STATEMENT This bill requires health insurers (health, hospital and medical service corporations, commercial individual and group health insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program) and the State Medicaid program to provide coverage for medical expenses incurred in the treatment of stuttering, including habilitative speech therapy and rehabilitative speech therapy. Whether treatment is a medical necessity is to be determined by the covered person's medical doctor.~~

~~The bill requires coverage to be provided whether the services are delivered in-person or through telemedicine or telehealth, without the imposition of any prior authorization or other utilization management requirements, and without cost sharing.~~

~~Pursuant to the bill, "habilitative speech therapy" means speech therapy that helps a person keep, learn, or improve skills and functioning for daily living;~~

~~and "rehabilitative speech therapy" means speech therapy that helps a person restore or improve skills and functioning for daily living that have been lost or impaired.~~