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May 6, 2026

RE: AN ACT amend the insurance law, in relation to requiring health insurers provide coverage for speech therapy for stuttering

S.8969-A (Bailey)

**MEMORANDUM IN OPPOSITION**

Submitted on behalf of the Blue Cross and Blue Shield Plans

The New York State Conference of Blue Cross and Blue Shield Plans opposes the enactment of this legislation, which would add yet another costly New York insurance coverage mandate, which will unnecessarily drive up the cost of insurance. Specifically, this bill would require coverage for speech therapy for stuttering, including habilitative speech therapy treatment and rehabilitative speech therapy treatment for stuttering. Coverage of such additional benefits, which are largely already accessible through the public school system, will have an adverse impact on state resources and increase premiums for all New Yorkers.

Stuttering is a speech disorder characterized by repetition of sounds, syllables, or words; prolongation of sounds; and interruptions in speech. Stuttering can impact the social life of students, as the disorder can make communication challenging, and if suffered through adulthood, can result in diminished career opportunities and mental health impacts. Stuttering can be diagnosed by a speech-language pathologist, and there are no known medications to treat the disorder.[1] The only available treatment options include stuttering therapy by which the affected individual learns ways to minimize stuttering when speaking, such as speaking slower, regulating their breath, or gradually progressing from single-syllable responses to longer words and more complex sentences.

While the Sponsor's Memo correctly states that stuttering can occur in childhood, can result from an underlying adverse medical conditions, or can develop due to a genetic predisposition of the

[1] National Institutes of Health, National Institute of Deafness and other Communication Disorders, available at: https://www.nidcd.nih.gov/health/stuttering.

person, stuttering occurs most often in children between the ages of two (2) and six (6), with 75% of such children growing out of their symptoms on their own.[2] In 2023, 29.8% of the total number of adolescents receiving special education in public schools received services related to speech or language impairment.[3] Therefore, a large number of New Yorkers suffering from stuttering are likely to recover on their own, or through access to speech-language pathologists at school.

New York currently has one of the most extensive lists of health insurance mandates in the nation and a myriad of other bills proposing more mandates have already been introduced during this session. Adding to the state's current list of mandates to encompass treatment of stuttering, which is available to most children attending public school, would result in the inappropriate use of health insurance coverage and increased premiums for New York employers and consumers.

Further, coverage for unlimited speech therapy is not included in New York's Essential Health Benefits ("EHB"). Under the EHB-benchmark plan, rehabilitative speech therapy is covered for 60 visits per condition per year following a surgery or hospital stay. Coverage for habilitative speech therapy is limited to 60 visits per condition per year. Under the Patient Protection and Affordable Care Act ("ACA"), the State must pay the full cost of any State mandates that are in addition to EHB enacted on or after January 1, 2012, for all individual and small group health insurance coverage, unless the benefit is added due to federal requirements.[4] There is a proposed federal rule change which would strictly enforce this requirement.[5] Thus, this legislation may require the State to incur the cost of providing the coverage for speech therapy that exceed current coverage under EHB.

Although this bill's Sponsor's Memorandum currently states that this bill would limit this mandate to large group coverage, presumably to avoid the State defrayal associated with individual and small group health insurance, as currently drafted, this bill would still invoke these costs. Although as amended this bill would not apply to individual commercial coverage, it would still apply to individual and small group coverage issued by HMOs and Article 43 corporations. As such, there is risk of significant State dollars having to be used to defray the full cost of this mandate.

For all the foregoing reasons, the New York Conference of Blue Cross and Blue Shield Plans opposes the enactment of this bill.

Respectfully submitted,

HINMAN STRAUB ADVISORS, LLC.
Legislative Counsel for the Blue Cross and Blue Shield Plans of New York

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[2] *Id*.
[3] NYSED.gov, *Data Summaries*, *available at*: https://www.p12.nysed.gov/sedcar/goal2data.htm
[4] 42 U.S.C. § 18031(d)(3)(B) and 45 C.F.R. § 155.170(a).
[5] 91 FR 6292.