



Testimony to the Assembly Financial Institutions Committee

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Assembly Bill 3745 - *requires health insurance and Medicaid coverage for the treatment of stuttering.*

Good morning, Chairman Freiman and members of the Assembly Financial Institutions Committee. My name is Dr. Erik Raj. I am a licensed and certified speech-language pathologist, a researcher, and a professor at Monmouth University in the Department of Speech-Language Pathology, where I specialize in stuttering. I am here this morning as a representative of the New Jersey Speech-Language-Hearing Association. Thank you for the opportunity to address you today.

Throughout my professional career, I have had the privilege of working with children, teenagers, and adults who stutter. That experience has taught me very clearly that no two people experience stuttering in exactly the same way. What we hear in a person's speech is only one part of the picture.

One of the biggest misconceptions about stuttering is that it can be treated quickly and can be easily measured by counting moments of disfluency. Stuttering is far more complex than that. It is a neurodevelopmental communication disorder, and its effects can involve not only speech, but also physical tension, avoidance, fear, negative thoughts and feelings about communication, and participation in everyday life.

Stuttering is also remarkably variable. A person may communicate relatively easily in one situation and struggle significantly in another. Sometimes the person who appears to stutter the least is actually working the hardest to hide it by changing words, avoiding situations, or choosing not to speak. In stuttering, less visible does not necessarily mean less severe.

That is why treatment must be individualized and why progress is often nonlinear. Successful therapy may mean easier speech, less struggle and avoidance, greater confidence, and greater participation at school, at work, and in the community. A relatively fluent therapy session does not necessarily mean treatment is complete. Often, the next step is helping that person translate the progress made in the therapy room into real-life speaking situations outside of therapy.

Current insurance utilization-management practices are not always built for that reality. Short authorization cycles, session limits, and medical-necessity criteria can fail to capture the long-term, individualized nature of stuttering treatment. **That is why we believe that utilization management, when applied, should reflect the clinical reality of stuttering rather than expect progress to follow an overly simplified, predetermined timeline.**

As originally introduced last session, this bill actually **prohibited** the imposition of any prior authorization or other utilization management requirements on stuttering therapy. Subsequently, these important consumer protections were unfortunately amended out of the bill – first during this committee's initial consideration of the bill last session in April 2025, and then in the Senate Commerce Committee earlier this session, in May 2026.

We have developed draft language which attempts **not** to reinstate entirely the prohibition on utilization-management requirements but rather would **appropriately limit utilization management in a manner that is suitable for stuttering therapy specifically**. We have had the opportunity to speak with the sponsor briefly, and we look forward to discussing more fully with Assemblywoman Collazos-Gill before the bill advances further. Finally, we do appreciate the amendment in the bill which recognizes the role of the licensed SLP, alongside a medical doctor, to determine the medical necessity of the stuttering therapy.

I would be happy to answer any questions. Thank you.