

STATE OF NEW YORK

2898

2023-2024 Regular Sessions

IN ASSEMBLY

February 1, 2023

Introduced by M. of A. CARROLL -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to requiring certain insurance policies to cover neuropsychological exams for dyslexia

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. This act shall be known and may be cited as the "dyslexia
2 diagnosis access act".

3 § 2. Legislative findings and intent. The legislature hereby finds and
4 declares the following:

5 a. Dyslexia is a specific learning disability that is neurobiological
6 in origin. It is characterized by difficulties with accurate and/or
7 fluent word recognition and impaired spelling and decoding abilities.
8 These difficulties typically result from a deficit in the phonological
9 component of language within the brain that is often discordant with the
10 person's intelligence and other cognitive abilities. Secondary effects
11 of undetected and unaddressed dyslexia include anxiety, depression,
12 worsened health, decreased life expectancy, lower education rates,
13 lower employment and income rates, and increased poverty and incarceration
14 rates.

15 b. Studies indicate that as many as one in five children may have
16 dyslexia or another phonemic awareness issue. However, lack of access to
17 appropriate screening and diagnostic testing poses a barrier to compre-
18 hensively tracking the incidence of dyslexia and students are unlikely
19 to receive the intervention required to overcome dyslexia without a
20 positive diagnosis. Comprehensive neuropsychological exams are recog-
21 nized as the most effective way to positively diagnose dyslexia. Such
22 exams are often administered over the course of two days and currently
23 may cost in excess of six thousand dollars but are typically not paid
24 for by health insurance, making them unaffordable to many families.

25 § 3. Subsection (i) of section 3216 of the insurance law is amended by
26 adding a new paragraph 39 to read as follows:

27 (39) (A) Every policy that provides coverage for physician services,
28 medical, major medical or similar comprehensive-type coverage shall

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

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1 provide coverage for testing for suspected dyslexia in accordance with
2 this paragraph and shall not exclude coverage for the screening, diagno-
3 sis or treatment of medical conditions otherwise covered by the policy.

4 (i) Coverage shall include comprehensive neuropsychological examina-
5 tions for the purposes of diagnosing dyslexia, pursuant to this para-
6 graph.

7 (ii) Clinicians' neuropsychological reports shall include comprehen-
8 sive recommendations regardless of diagnosis, including a psychological,
9 emotional, and educational wellness plan for the individual evaluated.

10 (B) Coverage under this paragraph is only required if one or more of
11 the following criteria are met:

12 (i) the insured is at an increased hereditary risk for dyslexia owing
13 to a family history of dyslexia; or

14 (ii) the individual is a student who has failed two (if in kindergar-
15 ten or first grade) or one (if in second grade or above) readily avail-
16 able literacy screening benchmark(s) of proven psychometric value; and
17 is deemed at risk according to their instructor, school, or other super-
18 vising educational body; or

19 (iii) the individual's pediatrician identifies the individual as at
20 risk for dyslexia as indicated by findings from a valid and reliable
21 screeener and recommends a neuropsychological examination; or

22 (iv) the individual is a student with a history of risk factor(s)
23 known to impact learning and educational outcomes, including but not
24 limited to: fetal toxin exposure, prematurity, and history of neurologi-
25 cal disorder, such as epilepsy.

26 (C) Coverage required by this paragraph shall be capped at six thou-
27 sand dollars, indexed to inflation to be adjusted every two years
28 according to consumer price index for all urban consumers for the
29 nation, as prepared by the United States department of labor, for the
30 calendar year preceding the calendar year in which the adjustment to the
31 maximum benefit amount is promulgated.

32 § 4. Section 3221 of the insurance law is amended by adding a new
33 subsection (u) to read as follows:

34 (u) (1) (A) Every policy that provides coverage for physician
35 services, medical, major medical or similar comprehensive-type coverage
36 shall provide coverage for testing for suspected dyslexia in accordance
37 with this subsection and shall not exclude coverage for the screening,
38 diagnosis or treatment of medical conditions otherwise covered by the
39 policy.

40 (B) Coverage shall include comprehensive neuropsychological examina-
41 tions for the purposes of diagnosing dyslexia, pursuant to this
42 subsection.

43 (C) Clinicians' neuropsychological reports shall include comprehensive
44 recommendations regardless of diagnosis, including a psychological,
45 emotional, and educational wellness plan for the individual evaluated.

46 (2) Coverage under this subsection is only required if one or more of
47 the following criteria are met:

48 (A) the insured is at an increased hereditary risk for dyslexia owing
49 to a family history of dyslexia; or

50 (B) the individual is a student who has failed two (if in kindergarten
51 or first grade) or one (if in second grade or above) readily available
52 literacy screening benchmark(s) of proven psychometric value; and is
53 deemed at risk according to their instructor, school, or other supervis-
54 ing educational body; or

1 (C) the individual's pediatrician identifies the individual as at risk
2 for dyslexia as indicated by findings from a valid and reliable screener
3 and recommends a neuropsychological examination; or

4 (D) the individual is a student with a history of risk factor(s) known
5 to impact learning and educational outcomes, including but not limited
6 to: fetal toxin exposure, prematurity, and history of neurological
7 disorder, such as epilepsy.

8 (3) Coverage required by this subsection shall be capped at six thou-
9 sand dollars, indexed to inflation to be adjusted every two years
10 according to consumer price index for all urban consumers for the
11 nation, as prepared by the United States department of labor, for the
12 calendar year preceding the calendar year in which the adjustment to the
13 maximum benefit amount is promulgated.

14 § 5. Section 4303 of the insurance law is amended by adding a new
15 subsection (uu) to read as follows:

16 (uu) (1) (A) Every policy that provides coverage for physician
17 services, medical, major medical or similar comprehensive-type coverage
18 shall provide coverage for testing for suspected dyslexia in accordance
19 with this subsection and shall not exclude coverage for the screening,
20 diagnosis or treatment of medical conditions otherwise covered by the
21 policy.

22 (B) Coverage shall include comprehensive neuropsychological examina-
23 tions for the purposes of diagnosing dyslexia, pursuant to this
24 subsection.

25 (C) Clinicians' neuropsychological reports shall include comprehensive
26 recommendations regardless of diagnosis, including a psychological,
27 emotional, and educational wellness plan for the individual evaluated.

28 (2) Coverage under this subsection is only required if one or more of
29 the following criteria are met:

30 (A) the insured is at an increased hereditary risk for dyslexia owing
31 to a family history of dyslexia; or

32 (B) the individual is a student who has failed two (if in kindergarten
33 or first grade) or one (if in second grade or above) readily available
34 literacy screening benchmark(s) of proven psychometric value; and is
35 deemed at risk according to their instructor, school, or other supervis-
36 ing educational body; or

37 (C) the individual's pediatrician identifies the individual as at risk
38 for dyslexia as indicated by findings from a valid and reliable screener
39 and recommends a neuropsychological examination; or

40 (D) the individual is a student with a history of risk factor(s) known
41 to impact learning and educational outcomes including, but not limited
42 to: fetal toxin exposure, prematurity, and history of neurological
43 disorder, such as epilepsy.

44 (3) Coverage required by this subsection shall be capped at six thou-
45 sand dollars, indexed to inflation to be adjusted every two years
46 according to consumer price index for all urban consumers for the
47 nation, as prepared by the United States department of labor, for the
48 calendar year preceding the calendar year in which the adjustment to the
49 maximum benefit amount is promulgated.

50 § 6. This act shall take effect on the first of January next succeed-
51 ing the date on which it shall have become a law and shall apply to all
52 policies and contracts issued, renewed, modified, altered, or amended on
53 or after such date. Effective immediately, the addition, amendment
54 and/or repeal of any rule or regulation necessary for the implementation
55 of this act on its effective date are authorized to be made and
56 completed on or before such date.