

STATE OF NEW YORK

283--A

2025-2026 Regular Sessions

IN ASSEMBLY

(Prefiled)

January 8, 2025

Introduced by M. of A. PAULIN, SAYEGH, BERGER, McMAHON, ROZIC, WALSH, HEVESI, GIGLIO, SANTABARBARA, ZINERMAN, MEEKS, DINOWITZ, GRIFFIN, CLARK -- read once and referred to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommended to said committee

AN ACT to amend the public health law, in relation to a review and recommendations of reimbursement adequacy and other matters relating to early intervention

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

1 Section 1. The public health law is amended by adding a new section
2 2557-a to read as follows:

3 § 2557-a. Early intervention program review. 1. The commissioner shall
4 contract with an independent entity to provide a comprehensive study and
5 review of the early intervention program including the models of service
6 delivery, modalities of service delivery such as in-person or tele-
7 health, and the rates of reimbursement for each such service and model
8 made through the early intervention program for efficacy, adequacy and
9 effectiveness of service delivery and the full implementation of indi-
10 vidualized family service plans. The review shall include:

11 (a) a comprehensive assessment of the existing methodology used to
12 determine payment for early intervention screenings, evaluations,
13 services and service coordination, including but not limited to:

14 (i) analysis of the state's early intervention rules, regulations, and
15 policies, including program policies and processes, including family
16 grievance procedures and revenue sources, and how such compare to other
17 states;

18 (ii) analysis of costs to providers participating in the early inter-
19 vention program, including time and cost of travel, service provision,
20 and administrative activities; and

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

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1 (iii) analysis by discipline and labor region of salary levels for
2 individuals providing early intervention services compared to the salary
3 levels for individuals in the same disciplines and labor regions provid-
4 ing services other than in the early intervention program;

5 (b) recommendations for improving the quality and efficiency of the
6 program and maintaining or changing reimbursement methodologies. Recom-
7 mendations under this paragraph shall be consistent with federal law and
8 shall include recommendations for appropriate changes in state law and
9 regulations. The recommendations shall consider appropriate payment
10 methodologies and rates for in-person and telehealth early intervention
11 evaluations and services, including enhanced rates or modifiers, to
12 address barriers in timely service provision as well as racial and
13 socioeconomic disparities in access, with consideration of factors
14 including, but not limited to, payment for bilingual services, travel
15 time, geographic variability, access to and cost of technology, cost of
16 living, historically underserved areas and other barriers to timely
17 service provision;

18 (c) the projected number of children who will need early intervention
19 services in the next five years disaggregated by county;

20 (d) the workforce needed to provide services in the next five years to
21 all children eligible for early intervention services, disaggregated by
22 county; and

23 (e) opportunities for stakeholder input, including but not limited to
24 parents, caregivers, providers and municipalities on current rate meth-
25 odologies and study design.

26 2. Such review shall also include an assessment of the accessibility
27 of the program and efficacy of program models for the provision of early
28 intervention services, including, but not limited to group services,
29 individual services, facility based services and home-based services and
30 the configurations of such service models. Such review shall include a
31 comprehensive assessment of the utilization of each model and configura-
32 tion, including barriers to fuller utilizations, and utilization disag-
33 gregated by clinical service.

34 3. Within two years after the effective date of this section, the
35 commissioner shall submit a report of the findings and recommendations
36 under this section to the governor, the temporary president of the
37 senate, the speaker of the assembly, and the chairs of the senate and
38 assembly committees on health, and shall post the report on the depart-
39 ment's website.

40 § 2. This act shall take effect immediately; provided, however, that
41 the department of health shall issue a request for proposals no later
42 than one hundred eighty days after this act shall have become a law.