

STATE OF NEW YORK

1222--A

Cal. No. 1213

2025-2026 Regular Sessions

IN SENATE

January 8, 2025

Introduced by Sens. RIVERA, ASHBY, BROUK, COONEY, FAHY, FERNANDEZ, GALLIVAN, GONZALEZ, HELMING, MYRIE, ROLISON, SALAZAR, WEBB -- read twice and ordered printed, and when printed to be committed to the Committee on Disabilities -- reported favorably from said committee and committed to the Committee on Finance -- reported favorably from said committee, ordered to first and second report, ordered to a third reading, amended and ordered reprinted, retaining its place in the order of third reading

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;

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

LBD00007-03-5

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

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

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

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

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

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

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

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

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