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:

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

§ 2557-a. Early intervention program review. 1. The commissioner shall contract with an independent entity to provide a comprehensive study and review of the early intervention program including the models of service delivery, modalities of service delivery such as in-person or telehealth, and the rates of reimbursement for each such service and model made through the early intervention program for efficacy, adequacy and effectiveness of service delivery and the full implementation of individualized family service plans. The review shall include:

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

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

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

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(ii) analysis of costs to providers participating in the early intervention program, including time and cost of travel, service provision, and administrative activities; and

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

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

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

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

(e) opportunities for stakeholder input, including but not limited to parents, caregivers, providers and municipalities on current rate methodologies and study design.

2. Such review shall also include an assessment of the accessibility of the program and efficacy of program models for the provision of early intervention services, including, but not limited to group services, individual services, facility based services and home-based services and the configurations of such service models. Such review shall include a comprehensive assessment of the utilization of each model and configuration, including barriers to fuller utilizations, and utilization disaggregated by clinical service.

3. Within two years after the effective date of this section, the commissioner shall submit a report of the findings and recommendations under this section to the governor, the temporary president of the senate, the speaker of the assembly, and the chairs of the senate and assembly committees on health, and shall post the report on the department's website.

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