

2026 -- H 7586

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

A N A C T

RELATING TO HEALTH AND SAFETY -- MATERNAL AND CHILD HEALTH SERVICES
FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Introduced By: Representatives Cotter, Read, Chippendale, Casimiro, Fogarty, Donovan,
Shallcross Smith, Potter, Furtado, and McGaw
Date Introduced: February 06, 2026

Referred To: House Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. Legislative findings.

2 The general assembly hereby finds and declares the following:

3 (1) The Rhode Island early intervention program, a program established under part C of
4 the federal Individuals with Disabilities Education Act and overseen and managed by the executive
5 office of health and human services, is a core component of the state’s commitment to ensuring
6 that families with infants and toddlers with or at substantial risk for developmental delays and
7 disabilities receive high-quality services as early as possible in order that children can develop to
8 their fullest potential and succeed in school and life.

9 (2) According to the center on the developing child at Harvard University, healthy
10 development in the early years (particularly birth to age three (3)) provides the building blocks for
11 educational achievement, economic productivity, responsible citizenship, and lifelong health.
12 Effective early intervention services help infants and toddlers make developmental progress and
13 can help them catch up with their peers. Research has shown that about one-third (1/3) of children
14 who receive early intervention services no longer had a developmental delay or special education
15 need in kindergarten.

16 (3) Due to the twenty (20) year Medicaid rate freeze, state-certified early intervention
17 programs experienced significant difficulties paying competitive wages and benefits to attract and
18 retain qualified staff. These staffing challenges became so severe that in November 2021, the state

1 established a waiting list for early intervention.

2 (4) Rate increases enacted in state fiscal year 2023 and 2025 have greatly improved staffing
3 and reduced the size of the waiting list for early intervention but there are still over one hundred
4 (100) children who wait more than forty-five (45) days for an evaluation and staff vacancies persist,
5 particularly for speech, occupational, and physical therapists.

6 SECTION 2. Section 23-13-22 of the General Laws in Chapter 23-13 entitled "Maternal
7 and Child Health Services for Children with Special Health Care Needs" is hereby amended to read
8 as follows:

9 **23-13-22. ~~Early intervention program for developmentally disabled infants.~~ Early**
10 **intervention program for infants and toddlers with developmental delays and/or disabilities.**

11 (a) ~~The director of the department of human services shall ensure that all developmentally~~
12 ~~disabled infants from birth to three (3) years of age shall be enrolled in the early intervention~~
13 ~~program~~ The secretary of the executive office of health and human services (EOHHS) shall ensure
14 that all infants and toddlers with developmental delays and/or disabilities who are under the age of
15 three (3) are provided with early intervention services as required under Part C of the federal
16 Individuals with Disabilities Education Act (IDEA), 42 U.S.C § 1470 et seq. Regulations governing
17 the delivery of services under this program, including eligibility criteria, shall be promulgated by
18 the ~~department of human services~~ executive office of health and human services, with the advice
19 of the interagency coordinating council; ~~provided, however, that all regulations promulgated by the~~
20 ~~department of health shall remain in full force and effect until the time they are replaced by~~
21 ~~regulations promulgated by the department of human services.~~ The regulations shall stipulate, at a
22 minimum, the following provisions that are consistent with the intent of this chapter:

23 (1) The ~~director~~ secretary shall develop and maintain a procedure for the earliest possible
24 identification and efficient referral and evaluation of all ~~developmentally disabled infants~~ children
25 under age three (3) who may be eligible for services under part C of IDEA and shall ensure
26 individualized family service plans are developed and IDEA services are provided in a timely
27 fashion for eligible children;

28 (2) ~~The director shall ensure that every infant identified and referred to this program is~~
29 ~~enrolled as soon as possible after birth; and further, that for infants placed on a waiting list for~~
30 ~~facility-based group programming, an early intervention program shall be made available within a~~
31 ~~thirty (30) day period from the time a need is identified in the individual program plan;~~

32 (3) ~~Unless parents refuse the service, the home visiting component of the program shall~~
33 ~~commence as soon as the infant has been identified as having a possible developmental disability;~~

34 (4) Any parent(s) who is/are dissatisfied with ~~decisions or termination of service~~

1 evaluations, eligibility determinations, the amount and type of early intervention services offered
2 under Part C of IDEA or with practices and procedures of a particular certified early intervention
3 agency or the ~~department of human services~~ EOHHS shall notify the ~~director of the department of~~
4 ~~human services~~ secretary of the EOHHS in writing within thirty (30) calendar days and the
5 complaint shall be reviewed in accordance with ~~department of health~~ EOHHS policy and
6 procedures, as amended, and the Administrative Procedures Act, chapter 35 of title 42. The EOHHS
7 shall post clear information about the right and process for parents to make a complaint about early
8 intervention services delivered under the Part C of IDEA on the main public webpage for early
9 intervention consumers. The office shall ensure information about the right of parents to complain
10 and the process to file a complaint is translated accurately into most common languages spoken by
11 families in the state using the office's website translation system.

12 ~~(5)~~(3) An early intervention program for purposes of this section shall mean a
13 comprehensive array of educational, developmental, health, and social services provided on a
14 calendar year basis to eligible infants, children, and their families as specified in program
15 regulations.

16 (b) Within ninety (90) days after October 1, 2004, an evaluation plan describing outcome
17 measures that document the program's successes and shortcomings from the previous fiscal year
18 shall be submitted to the speaker of the house of representatives, the president of the senate and the
19 house oversight committee and the governor and the interagency coordinating council.
20 Development of the plan shall be made in consultation with the entities with expertise in this area
21 and the interagency coordinating council. The plan shall include a memorandum of understanding
22 between the department of health, department of human services and the department of elementary
23 and secondary education that demonstrates coordination and continuity of early intervention
24 services among these departments.

25 (c) Within six (6) months after January 1, 2005 where prescribed outcomes documented in
26 the evaluation plan have not been accomplished the responsible agencies shall submit written
27 explanations for the shortfalls, together with their proposed remedies. The report shall also include
28 evaluation of the progress of the coordination efforts between the department of health and the
29 department of human services and the department of elementary and secondary education and the
30 interagency coordinating council and shall include any recommendations regarding modifications
31 of the reimbursement mechanisms of this chapter.

32 (d) Within twelve (12) months after August 1, 2005 a final report shall include the progress
33 of the coordination efforts between the department of health and the department of human services
34 and department of elementary and secondary education, interagency coordinating council and shall

1 include any recommendations regarding modifications to the comprehensive array of educational,
2 developmental, health and social services provided on a calendar year basis to eligible infants,
3 children and their families as specified in an early intervention system.

4 (e) All reports or documents required to be produced pursuant to 20 U.S.C. § 1471 et seq.,
5 shall be submitted to the speaker of the house, president of the senate and the chairpersons of the
6 appropriate house of representatives and senate oversight committees and the governor and the
7 interagency coordinating council. Adherence to such plans and reporting requirements, and budgets
8 and the timely achievement of goals contained therein shall be considered by the oversight
9 committees of the house of representatives and senate, among other relevant factors, in determining
10 appropriations or other systemic changes.

11 (f) The EOHHS shall:

12 (1) Pursue a Medicaid state plan amendment and allocate sufficient state general revenue,
13 estimated at two hundred eleven thousand two hundred dollars (\$211,200), to increase Medicaid
14 payment rates for early intervention services by the amount recommended in the 2025 social and
15 human service programs review report by the Rhode Island office of the health insurance
16 commissioner. Rate increases will be implemented on or before October 1, 2026, to ensure rates
17 enable early intervention service providers to cover the costs of adequately staffing the program
18 with qualified service coordinators, early educators, and licensed professionals to deliver all
19 services required under Part C of the Individuals with Disabilities Education Act.

20 (2) Maintain at least two (2) years of data on the early intervention data dashboard on the
21 office's public website, and include:

22 (i) Monthly updates on the number of active children receiving IDEA Part C services, the
23 number of children who have been waiting more than forty-five (45) days for an evaluation by city
24 or town of child residence, and the average number of days the children with delayed evaluations
25 have been waiting.

26 (ii) Regular updates, at least every six (6) months, on the number of unique staff and full-
27 time equivalent staff providing IDEA Part C services directly to children and their families and the
28 number and percentage change of staff vacancies by occupation.

29 SECTION 3. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
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RELATING TO HEALTH AND SAFETY -- MATERNAL AND CHILD HEALTH SERVICES
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- 1
- This act would update the description of the early intervention program and the agency
- 2
- responsible for the program under Part C of the federal Individuals with Disabilities Education Act.
- 3
- Furthermore, the act would direct the executive office of health and human services (EOHHS) to
- 4
- increase Medicaid rates for early intervention service providers by the amount recommended in the
- 5
- 2025 rate review and require that the office maintain and regularly update the existing early
- 6
- intervention data dashboard on a public website.
- 7
- This act would take effect upon passage.

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