

2026 -- H 7627

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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 -- EARLY INTERVENTION
EXTENSION--BRIDGE TO PRESCHOOL

Introduced By: Representatives Tanzi, Ajello, Speakman, Boylan, Donovan, Carson,
Cotter, Shanley, McGaw, and Bennett

Date Introduced: February 11, 2026

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Legislative findings.

2 The general assembly finds and declares the following:

3 (1) Rhode Island has long been committed to delivering high-quality services to support
4 positive early childhood development and learning of children with developmental delays and
5 disabilities under Part C and Part B, Section 619 of the federal Individuals with Disabilities
6 Education Act ("IDEA") from infancy to kindergarten entry.

7 (2) Early identification and delivery of high-quality early childhood IDEA services to
8 children with developmental challenges, developmental delays, and disabilities can improve
9 educational outcomes, reduce long-term costs of special education, and maximize the long-term
10 potential of children succeeding in school and life.

11 (3) Effective early childhood IDEA services can help children make substantial
12 developmental progress. In Rhode Island, two (2) out of three (3) children with disabilities who
13 entered preschool below age expectations substantially increased their acquisition of knowledge
14 and skills to close or narrow the gap with same-age peers.

15 (4) The Rhode Island early intervention program established pursuant to § 23-13-22,
16 managed by the Rhode Island Executive Office of Health and Human Services, is the state's
17 comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention
18 services for infants and toddlers with developmental delays and disabilities and their families, as

1 described and partially funded through Part C of the federal Individuals with Disabilities Education
2 Act.

3 (5) The Rhode Island Department of Education oversees the state's early childhood special
4 education services providing free, appropriate, public education to all eligible children ages three
5 (3) to five (5) with developmental delays and disabilities, partially funded through a preschool
6 formula grant under Part B, Section 619 of the IDEA.

7 (6) Currently in Rhode Island, there is a strict cut off at a child's third birthday of Part C
8 early intervention services. For children enrolled in early intervention who have spring or summer
9 birthdays, this cutoff can lead to a gap of services before they start the early childhood special
10 education services in September. Gaps are also created when a child's transition from Part C to Part
11 B services is delayed for other reasons.

12 (7) Federal law allows states to create an option for families to extend early intervention
13 services beyond a child's third birthday. See 34 C.F.R. § 303.211.

14 (8) Six (6) states (CO, CT, IL, MD, MO, TN) and the District of Columbia (DC) have
15 implemented federally-approved frameworks to allow families to extend early intervention beyond
16 the child's third birthday. This helps ensure continuity of services, fewer gaps in services and more
17 students starting school in September with services in place.

18 (9) Under 34 C.F.R. § 303.734, the federal government reserves fifteen percent (15%) of
19 any Part C appropriations in excess of four hundred sixty million dollars (\$460,000,000) for states
20 with federally-approved early intervention extension options. In federal fiscal year 2023, the federal
21 government appropriated five hundred forty million dollars (\$540,000,000) for Part C, meaning
22 that the funds reserved for early intervention extension states totaled twelve million dollars
23 (\$12,000,000).

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

27 **23-13-22. Early intervention program for developmentally disabled infants.**

28 (a) The ~~director~~ secretary of the ~~department of human services~~ executive office of health
29 and human services (EOHHS) shall ensure that all developmentally disabled infants from birth to
30 three (3) years of age shall be enrolled in the early intervention program. Beginning July 1, 2026,
31 EOHHS and the department of education shall create a plan to allow children to remain in early
32 intervention until September 1 after their third birthday, as allowed by federal law 20 U.S.C. §
33 1435(c). Further, such plan shall include, but not be limited to, seeking any federal approvals
34 necessary or desirable to implement the aforesaid policy. By January 1, 2028, EOHHS shall allow

1 [children who turn three \(3\) years old between May 1 and August 31 to remain in early intervention](#)
2 [until September 1 after the child's third birthday.](#) Regulations governing the delivery of services
3 under this program, including eligibility criteria, shall be promulgated by the ~~department of human~~
4 ~~services~~ [EOHHS](#), with the advice of the interagency coordinating council; provided, however, that
5 all regulations promulgated by the department of health shall remain in full force and effect until
6 the time they are replaced by regulations promulgated by the ~~department of human services~~
7 [EOHHS](#). The regulations shall stipulate, at a minimum, the following provisions that are consistent
8 with the intent of this chapter:

9 (1) The ~~director~~ [secretary](#) shall develop and maintain a procedure for the earliest possible
10 identification and efficient referral of all developmentally disabled infants;

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

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

17 (4) Any parent(s) who is/are dissatisfied with decisions or termination of service or with
18 practices and procedures of a particular agency or the ~~department of human services~~ [EOHHS](#) shall
19 notify the ~~director~~ [secretary](#) of the ~~department of human services~~ [EOHHS](#) in writing within thirty
20 (30) calendar days and the complaint shall be reviewed in accordance with ~~department of health~~
21 [EOHHS](#) policy and procedures, as amended, and the Administrative Procedures Act, chapter 35 of
22 title 42.

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

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

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

8 (d) Within twelve (12) months after August 1, 2005 a final report shall include the progress
9 of the coordination efforts between the department of health and the department of human services
10 and department of elementary and secondary education, interagency coordinating council and shall
11 include any recommendations regarding modifications to the comprehensive array of educational,
12 developmental, health and social services provided on a calendar year basis to eligible infants,
13 children and their families as specified in an early intervention system.

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

21 (f) In developing and implementing the plan to extend early intervention services beyond
22 age three (3) as provided in subsection (a) of this section, the secretary shall:

23 (1) Appoint and convene an implementation advisory committee to advise on the
24 implementation of the plan. The committee shall include:

25 (i) The individual designated by the state to serve as the coordinator for Part C in EOHHS;

26 (ii) The individual designated by the state to serve as the coordinator for Section 619 of the
27 Individuals with Disabilities Education Act (IDEA) in the department of education;

28 (iii) Not fewer than three (3) representatives of early intervention provider agencies;

29 (iv) Not fewer than two (2) representatives of local education agencies (“LEA”);

30 (v) Not fewer than two (2) advocates or experts with demonstrated expertise in early
31 intervention or early childhood special education; and

32 (vi) Not fewer than two (2) parents of children who have received early intervention
33 services and have transitioned to early childhood special education within the preceding three (3)
34 years.

- 1 (2) The implementation advisory committee shall:
- 2 (i) Meet for a period of at least one year following the official effective date of the extension
- 3 policy;
- 4 (ii) Identify strategies to reduce administrative burdens on families, early intervention
- 5 providers, LEA, and the state including, but not limited to, the use of federal funds earmarked for
- 6 early intervention extension to the extent allowable;
- 7 (iii) Earmark appropriate federal early intervention funding and develop shared resources
- 8 to support training and development for early intervention providers and LEA regarding the
- 9 extension option; and
- 10 (iv) Develop strategies to maximize providers' ability to support the new over-three (3)
- 11 population during spring and summer months, including through the appropriate use of group-based
- 12 therapies while maintaining services necessary to meet individualized developmental needs.
- 13 (3) All meetings of the implementation advisory committee shall be open to the public and
- 14 conducted in accordance with chapter 46 of title 42.
- 15 (4) Not later than September 30, 2031, the secretary shall prepare and submit to the speaker
- 16 of the house of representatives and the president of the senate a report evaluating the
- 17 implementation of the extension plan provided for in subsection (a) of this section. The report shall
- 18 include, but not be limited to: data regarding the number of families who elected to extend early
- 19 intervention services and the number of families who declined to extend early intervention services;
- 20 and an assessment of the impact of the extension provided for in subsection (a) of this section on
- 21 children, families, early intervention providers, LEA, and the state.

22 SECTION 3. Section 27-18-64 of the General Laws in Chapter 27-18 entitled "Accident

23 and Sickness Insurance Policies" is hereby amended to read as follows:

24 **27-18-64. Coverage for early intervention services.**

25 (a) Every individual or group hospital or medical expense insurance policy or contract

26 providing coverage for dependent children, delivered or renewed in this state on or after July 1,

27 2004, shall include coverage of early intervention services which coverage shall take effect no later

28 than January 1, 2005. Such coverage shall not be subject to deductibles and coinsurance factors.

29 Any amount paid by an insurer under this section for a dependent child shall not be applied to any

30 annual or lifetime maximum benefit contained in the policy or contract. For the purpose of this

31 section, "early intervention services" means, but is not limited to, speech and language therapy,

32 occupational therapy, physical therapy, evaluation, case management, nutrition, service plan

33 development and review, nursing services, and assistive technology services and devices for:

34 (1) ~~dependents~~ Dependents from birth to age three (3) who are certified by the executive

1 office of health and human services ("EOHHS") as eligible for services under ~~part~~ Part C of the
2 Individuals with Disabilities Education Act (20 U.S.C. § 1471 et seq.); or

3 (2) Dependents who are older than age three (3) and are eligible for services pursuant to §
4 23-13-22 and are certified by the EOHHS as eligible for services under Part C of the Individuals
5 with Disabilities Education Act (20 U.S.C. § 1431 et seq.).

6 (b) Insurers shall reimburse certified, early intervention providers, who are designated as
7 such by the ~~executive office of health and human services~~ (EOHHS), for early intervention services
8 as defined in this section at rates of reimbursement equal to, or greater than, the prevailing
9 integrated state Medicaid rate for early intervention services as established by the ~~executive office~~
10 ~~of health and human services~~ (EOHHS).

11 (c) This section shall not apply to insurance coverage providing benefits for: (1) Hospital
12 confinement indemnity; (2) Disability income; (3) Accident only; (4) Long-term care; (5) Medicare
13 supplement; (6) Limited benefit health; (7) Specified disease indemnity; (8) Sickness or bodily
14 injury or death by accident or both; and (9) Other limited benefit policies.

15 SECTION 4. Section 27-19-55 of the General Laws in Chapter 27-19 entitled "Nonprofit
16 Hospital Service Corporations" is hereby amended to read as follows:

17 **27-19-55. Coverage for early intervention services.**

18 (a) Every individual or group hospital or medical expense insurance policy or contract
19 providing coverage for dependent children, delivered or renewed in this state on or after July 1,
20 2004, shall include coverage of early intervention services which coverage shall take effect no later
21 than January 1, 2005. The coverage shall be limited to a benefit of five thousand dollars (\$5,000)
22 per dependent child per policy or calendar year and shall not be subject to deductibles and
23 coinsurance factors. Any amount paid by an insurer under this section for a dependent child shall
24 not be applied to any annual or lifetime maximum benefit contained in the policy or contract. For
25 the purpose of this section, "early intervention services" means, but is not limited to: speech and
26 language therapy, occupational therapy, physical therapy, evaluation, case management, nutrition,
27 service plan development and review, nursing services, and assistive technology services and
28 devices for:

29 (1) ~~dependents~~ Dependents from birth to age three (3) who are certified by the ~~department~~
30 ~~of executive office of health and~~ human services ("EOHHS") as eligible for services under ~~part~~
31 Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.); or

32 (2) Dependents who are older than age three (3) and are eligible for services pursuant to §
33 23-13-22 and are certified by the EOHHS as eligible for services under Part C of the Individuals
34 with Disabilities Education Act (20 U.S.C. § 1431 et seq.).

1 (b) Subject to the annual limits provided in this section, insurers shall reimburse certified
2 early intervention providers, who are designated as such by the ~~department of human services~~
3 [EOHHS](#), for early intervention services as defined in this section at rates of reimbursement equal
4 to or greater than the prevailing integrated state/Medicaid rate for early intervention services as
5 established by the ~~department of human services~~ [EOHHS](#).

6 (c) This section shall not apply to insurance coverage providing benefits for: (1) Hospital
7 confinement indemnity; (2) Disability income; (3) Accident only; (4) Long-term care; (5) Medicare
8 supplement; (6) Limited benefit health; (7) Specified disease indemnity; (8) Sickness or bodily
9 injury or death by accident, or both; and (9) Other limited benefit policies.

10 SECTION 5. Section 27-20-50 of the General Laws in Chapter 27-20 entitled "Nonprofit
11 Medical Service Corporations" is hereby amended to read as follows:

12 **27-20-50. Coverage for early intervention services.**

13 (a) Every individual or group hospital or medical expense insurance policy or contract
14 providing coverage for dependent children, delivered or renewed in this state on or after July 1,
15 2004, shall include coverage of early intervention services which coverage shall take effect no later
16 than January 1, 2005. The coverage shall be limited to a benefit of five thousand dollars (\$5,000)
17 per dependent child per policy or calendar year and shall not be subject to deductibles and
18 coinsurance factors. Any amount paid by an insurer under this section for a dependent child shall
19 not be applied to any annual or lifetime maximum benefit contained in the policy or contract. For
20 the purpose of this section, "early intervention services" means, but is not limited to: speech and
21 language therapy; occupational therapy; physical therapy; evaluation; case management; nutrition;
22 service plan development and review; nursing services; and assistive technology services and
23 devices for:

24 (1) ~~dependents~~ Dependents from birth to age three (3) who are certified by the ~~department~~
25 ~~of executive office of health and~~ human services ("[EOHHS](#)") as eligible for services under ~~part~~
26 [Part C](#) of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.); or

27 (2) Dependents who are older than age three (3) and are eligible for services pursuant to §
28 23-13-22 and are certified by the EOHHS as eligible for services under Part C of the Individuals
29 with Disabilities Education Act (20 U.S.C. § 1431 et seq.).

30 (b) Subject to the annual limits provided in this section, insurers shall reimburse certified
31 early intervention providers, who are designated as such by the ~~department of human services~~
32 [EOHHS](#), for early intervention services as defined in this section at rates of reimbursement equal
33 to or greater than the prevailing integrated state/Medicaid rate for early intervention services as
34 established by the ~~department of human services~~ [EOHHS](#).

1 (c) This section shall not apply to insurance coverage providing benefits for: (1) Hospital
2 confinement indemnity; (2) Disability income; (3) Accident only; (4) Long-term care; (5) Medicare
3 supplement; (6) Limited benefit health; (7) Specified disease indemnity; (8) Sickness or bodily
4 injury or death by accident or both; and (9) Other limited benefit policies.

5 SECTION 6. Section 27-41-68 of the General Laws in Chapter 27-41 entitled "Health
6 Maintenance Organizations" is hereby amended to read as follows:

7 **27-41-68. Coverage for early intervention services.**

8 (a) Every individual or group hospital or medical expense insurance policy or contract
9 providing coverage for dependent children, delivered or renewed in this state on or after July 1,
10 2004, shall include coverage of early intervention services which coverage shall take effect no later
11 than January 1, 2005. The coverage shall be limited to a benefit of five thousand dollars (\$5,000)
12 per dependent child per policy or calendar year and shall not be subject to deductibles and
13 coinsurance factors. Any amount paid by an insurer under this section for a dependent child shall
14 not be applied to any annual or lifetime maximum benefit contained in the policy or contract. For
15 the purpose of this section, "early intervention services" means, but is not limited to: speech and
16 language therapy, occupational therapy, physical therapy, evaluation, case management, nutrition,
17 service plan development and review, nursing services, and assistive technology services and
18 devices for:

19 (1) ~~dependents~~ Dependents from birth to age three (3) who are certified by the ~~department~~
20 ~~of executive office of health and~~ human services ("EOHHS") as eligible for services under ~~part~~
21 Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.); or

22 (2) Dependents who are older than age three (3) and are eligible for services pursuant to §
23 23-13-22 and are certified by the EOHHS as eligible for services under Part C of the Individuals
24 with Disabilities Education Act (20 U.S.C. § 1431 et seq.).

25 (b) Subject to the annual limits provided in this section, insurers shall reimburse certified
26 early intervention providers, who are designated as such by the ~~department of human services~~
27 EOHHS, for early intervention services as defined in this section at rates of reimbursement equal
28 to or greater than the prevailing integrated state/Medicaid rate for early intervention services as
29 established by the ~~department of human services~~ EOHHS.

30 (c) This section shall not apply to insurance coverage providing benefits for: (1) Hospital
31 confinement indemnity; (2) Disability income; (3) Accident only; (4) Long-term care; (5) Medicare
32 supplement; (6) Limited benefit health; (7) Specified disease indemnity; (8) Sickness or bodily
33 injury or death by accident or both; and (9) Other limited benefit policies.

1 SECTION 7. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO HEALTH AND SAFETY -- MATERNAL AND CHILD HEALTH SERVICES
FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS -- EARLY INTERVENTION
EXTENSION--BRIDGE TO PRESCHOOL

1 This act would permit children with diagnosed developmental disabilities whose third
2 birthday is between May 1 and August 31 to continue to receive early intervention services through
3 September 1 after the child's third birthday. Further, this act would direct the EOHHS to develop
4 and implement a plan to ensure continuity of services and minimize gaps in support as children
5 with services transition to early childhood special education. Additionally, this act would require
6 private health insurers to cover this extended early intervention option.

7 This act would take effect upon passage.

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