

## Prenatal-to-3 State Policy Roadmap 2024

### EARLY INTERVENTION SERVICES

#### What progress have states made in the last year to increase access to early intervention services?

State	State Context and Policy Progress
Alabama	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b>            Alabama serves children born weighing &lt;1,000 grams (a more stringent requirement) on its list of diagnosed qualifying conditions for EI services.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>            In addition to extremely low birthweight, Alabama includes extremely preterm birth (earlier than 26 weeks) on its list of qualifying conditions for EI services. The state also makes efforts to connect children who do not qualify for EI to the statewide Help Me Grow program to receive alternative services that may support their healthy development. Alabama uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>            Alabama serves 5.2% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

<p>Alaska</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> No</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> No</p> <p><b>Has the state eliminated family fees?</b> No</p> <p><b>State Context and Policy Update</b>          Alaska does not serve children born low birthweight or preterm (at any threshold) based on its list of qualifying conditions for EI. The state, however, reports that it refers 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2022 federal data. Alaska uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators enacted H.B. 270/S.B. 188, which will provide nearly \$7.9 million to support EI infant learning programs in Fiscal Year 2025, as part of the state’s integrated comprehensive mental health program. Legislators also enacted H.B. 268, which will provide over \$1.8 million for operating expenses for EI infant learning programs in FY24-25.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>          Alaska serves 5.8% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>Arizona</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> No</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> No</p> <p><b>Has the state eliminated family fees?</b> Yes</p> <p><b>State Context and Policy Update</b>          Arizona does not serve children born low birthweight or preterm (at any threshold) based on its list of qualifying conditions for EI. The state does use private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators enacted H.B. 2137, which designates the Department of Economic Security as the lead agency for coordinating Part C programs, with support from an interagency coordinating council, and mandates intergovernmental agreements among various state departments to develop a comprehensive system of services. The bill also requires the department to maintain an electronic resource guide, and to provide information on community resources and service options to families during individualized family service plan meetings.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>          Arizona serves 4.7% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

<p>Arkansas</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> No</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> No</p> <p><b>Has the state eliminated family fees?</b> Yes</p> <p><b>State Context and Policy Update</b> Arkansas does not serve children born low birthweight or preterm (at any threshold) based on its list of qualifying conditions for EI services. The state does use private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b> Arkansas serves 2.5% of its population under age 3 in EI over the course of a year. This figure is less than half of the national median of 7.5% and is the lowest percentage of children served through EI among all states. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>California</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> Yes</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> Yes California is one of six states that report to the federal government that they choose to serve children who are at risk for delays or disabilities, even if they do not exhibit a developmental delay that meets the state's threshold or have a qualifying diagnosed condition.</p> <p><b>Has the state eliminated family fees?</b> No</p> <p><b>State Context and Policy Update</b> California requires that at-risk children have two or more of the factors on its list to qualify. In addition to factors such as very preterm birth (earlier than 32 weeks) and very low birthweight (&lt;1,500 grams), the state includes factors such as prenatal substance exposure and low Apgar scores, among others. California also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators introduced A.B. 1812/S.B. 917, which would have provided \$19.7 million to support EI services, as well as \$690,000 to improve transitions from Part C Services to Part B Special Education Services. Legislators also introduced A.B. 1876, which would have extended a COVID-era modification that allowed individualized family service plan meetings to be held by remote electronic communications. As of October 2024, the bills had not passed.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b> California serves 7.8% of its population under age 3 in EI over the course of a year, which is just above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

<p>Colorado</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> No          Colorado serves children born weighing ≤1,199 grams (a more stringent requirement) on its list of diagnosed qualifying conditions for EI services.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> No</p> <p><b>Has the state eliminated family fees?</b> Yes</p> <p><b>State Context and Policy Update</b>          Colorado serves children who are determined to be “small for gestational age” at specific gram thresholds between 33 and 40 weeks as part of its list of qualifying conditions for EI. Colorado was also one of the first states to use private insurance to support EI services, and the state has been recognized by the Early Childhood Technical Assistance Center for creating an administrative insurance trust to better manage the reimbursement of EI services and ensure more services are covered by private plans.</p> <p>In the last year, legislators enacted H.B. 1182 and H.B. 1430, which provide funding for EI programs for Fiscal Year 2025, including an additional \$4.9 million to fund provider rate increases (including EI providers) and an additional \$1.1 million to support EI caseload increases.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>          Colorado serves 7.9% of its population under age 3 in EI over the course of a year, which is just above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>Connecticut</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> Yes</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> No</p> <p><b>Has the state eliminated family fees?</b> No</p> <p><b>State Context and Policy Update</b>          Connecticut serves children born preterm (31 weeks or earlier), based on its list of qualifying conditions for EI. The state also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators enacted H.B. 5523, which appropriates \$607,000 of federal American Rescue Plan Act funds to the Office of Early Childhood to support the state’s Part C program, Birth to Three, in Fiscal Year 2025.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>          Connecticut serves 10.5% of its population under age 3 in EI over the course of a year, which is above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

<p>Delaware</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b>                  Delaware serves children born weighing &lt;1,000 grams (a more stringent requirement) on its list of diagnosed qualifying conditions for EI services.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>                  Children born extremely preterm (28 weeks or earlier) are eligible for EI services in the state. Delaware also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators enacted S.B. 325, which appropriates nearly \$9.1 million to support the Part C program, Birth to Three, in Fiscal Year 2025, and creates two full-time positions to support the planned transition of the Part C program from the Department of Health and Social Services to the Department of Education by July 2028.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>                  Delaware serves 8.5% of its population under age 3 in EI over the course of a year, which is above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>District of Columbia</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b>                  The District of Columbia serves children born weighing &lt;1,000 grams (a more stringent requirement) on its list of diagnosed qualifying conditions for EI services (up to child age 6 months).</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>                  Children born extremely preterm (28 weeks or earlier) are eligible for EI in the District of Columbia. However, extremely low birthweight and extremely preterm conditions can only qualify children until they reach 6 months of age, after which they must meet other criteria. The District of Columbia does not use private insurance to support EI services.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>                  The District of Columbia serves 10.1% of its population under age 3 in EI over the course of a year, which is above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

Florida	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? Yes</b>  Florida serves infants born very low birthweight (defined by the state as 1,200 to 1,500 grams) through its at-risk criteria, but these children are entitled to a shorter list of services than children who qualify through a developmental delay or other diagnosed medical condition. Children whose birthweight is &lt;1,200 grams can receive a more expansive set of EI services, because birthweight in that range is considered an established condition rather than a risk factor.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? Yes</b>  Florida is one of six states that report to the federal government that they choose to serve children who are at risk for delays or disabilities, even if children do not exhibit a developmental delay that meets the state's threshold or have a qualifying diagnosed condition.</p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>  Florida serves infants with neonatal abstinence syndrome (drug exposure) through its at-risk criteria, and, like infants born very low birthweight, these children are entitled to a shorter list of services than children who qualify through a developmental delay or other diagnosed medical condition. The state also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators enacted H.B. 5001, the budget bill for Fiscal Year 2025, which appropriates funds for Florida's Part C program. In unveiling his budget, Governor DeSantis highlighted a provider shortage in EI. To address this, the budget includes nearly \$3,851,000 in nonrecurring funds from the Federal Grants Trust Fund provided to the Department of Health for replacement of its Early Steps administrative system.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>  Florida serves 5.3% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
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<p>Georgia</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b></p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? No</b></p> <p><b>State Context and Policy Update</b>          Georgia does not serve children born low birthweight or preterm (at any threshold) based on its list of qualifying conditions. The state does report that it refers nearly all (94.1%) eligible children who have experienced maltreatment to Part C agencies, based on 2022 federal data. Georgia also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators enacted H.B. 916, which allocates nearly \$776,000 to Georgia’s Part C program, Babies Can’t Wait, to increase reimbursement rates for early interventionists in Fiscal Year 2025.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>          Georgia serves 4.6% of its population under age 3 in EI over the course of a year. This figure is below the national median of 7.5%, placing Georgia among the bottom five states serving children through EI. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>Hawaii</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b></p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>          Hawaii does not serve children born low birthweight or preterm, unless they qualify through other criteria. In addition, the state does not use private insurance to support EI services.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>          Hawaii serves 6.2% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

Idaho	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? Yes</b></p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b> Idaho serves children born very preterm (32 weeks or earlier) based on its list of qualifying conditions for EI. The state also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b> Idaho serves 6.6% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
Illinois	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b> Illinois serves children born weighing &lt;1,000 grams (a more stringent requirement) based on its list of diagnosed qualifying conditions.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? No</b></p> <p><b>State Context and Policy Update</b> Illinois does not serve children born premature based on its list of qualifying conditions. Illinois does, however, serve children who have various risk factors, including children experiencing homelessness, with teen parents, and whose parents have diagnosed mental health conditions, among other factors. Illinois does not report its at-risk criteria to the federal government in the same way that other states do, so it is not designated as one of the six states that serve at-risk children in federal data. The state does use private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators enacted S.B. 1, which consolidated early childhood services under one newly created agency, the Department of Early Childhood, beginning in July 2024. The Department of Early Childhood centralizes the administration of several programs, including EI. The Fiscal Year (FY) 2025 budget included \$14.2 million in operational funds for the new department. Legislators also appropriated nearly \$250 million in new state funding for child care, preschool, home visiting, and EI in the FY 2025 budget, including a \$6 million (3.8%) increase to accommodate EI caseload growth, but no additional funding for provider rate increases.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b> Illinois serves 10.2% of its population under age 3 in EI over the course of a year, which is above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>



<p>Indiana</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? Yes</b></p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? No</b></p> <p><b>State Context and Policy Update</b>          Indiana does not serve those born preterm (at any threshold) unless they qualify through other criteria. The state does use private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>          Indiana serves 11.0% of its population under age 3 in EI over the course of a year, which is above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>Iowa</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? Yes</b></p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>          Iowa serves children born very preterm (&lt;32 weeks) based on its list of qualifying conditions. The state also reports that it refers 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2022 federal data. Iowa does not use private insurance to support EI services. The state is, however, one of five birth mandate states, which means that children with disabilities are guaranteed a free appropriate public education from ages 0 to 21, including EI services (if eligible) from ages 0 to 3. Family fees are therefore prohibited.</p> <p>In the last year, legislators enacted S.F.2435, appropriating \$1,721,400 to support the expansion of the state's Part C program, Birth to Three, due to increased numbers of children qualifying for those services.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>          Iowa serves 5.7% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

Kansas	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention services? No</b>  Kansas serves children born weighing &lt;1,000 grams (a more stringent requirement) based on its list of diagnosed qualifying conditions.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>  Kansas serves children born extremely preterm (defined by the state as earlier than 27 weeks) based on its list of qualifying conditions for EI. The state does not use private insurance to support EI services.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>  Kansas serves 9.8% of its population under age 3 in EI over the course of a year, which is above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
Kentucky	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b></p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? No</b></p> <p><b>State Context and Policy Update</b>  Kentucky does not include low birthweight or prematurity (at any threshold) on its list of diagnosed conditions that can qualify children for EI. Kentucky does, however, use private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators introduced H.B. 675, which would have required the state to develop components of a comprehensive system of training and personnel development to build a qualified EI workforce. The bill did not pass this session.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>  Kentucky serves 6.5% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

<p>Louisiana</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> Yes</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> No</p> <p><b>Has the state eliminated family fees?</b> No</p> <p><b>State Context and Policy Update</b>  Louisiana serves children born very preterm (32 weeks or earlier) based on its list of qualifying conditions for EI. These conditions can qualify children until they are 12 months old; children older than 12 months must meet other criteria to qualify for EI services. The state also reports that it refers nearly all (92.1%) eligible children who have experienced maltreatment to Part C agencies, based on 2022 federal data. Louisiana does not use private insurance to support EI services.</p> <p>In the last year, legislators enacted H.B. 829, which transferred the powers, duties, functions, and responsibilities of the EarlySteps Program to the Louisiana Department of Health, effective May 23, 2024.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>  Louisiana serves 6.1% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>Maine</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> No  Maine serves children born weighing &lt;1,200 grams (a more stringent requirement) based on its list of diagnosed qualifying conditions.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> No</p> <p><b>Has the state eliminated family fees?</b> Yes</p> <p><b>State Context and Policy Update</b>  Maine also includes very preterm birth (earlier than 29 weeks) on its list of qualifying conditions for EI. The state reports that it refers 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2022 federal data. Maine also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>  Maine serves 7.3% of its population under age 3 in EI over the course of a year, which is just below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

<p>Maryland</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b>  Maryland serves children born weighing &lt;1,200 grams (a more stringent requirement), based on its list of diagnosed qualifying conditions.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>  Maryland does not serve children born preterm unless they qualify through other conditions or delays. Additionally, Maryland does not access private insurance to support EI services. Because Maryland is one of five birth mandate states, children with disabilities are guaranteed a free appropriate public education from ages 0 to 21, including EI services (if eligible) from ages 0 to 3.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>  Maryland serves 8.2% of its population under age 3 in EI over the course of a year, which is above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>Massachusetts</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b>  Massachusetts serves children born weighing &lt;1,200 grams (a more stringent requirement) through its at-risk criteria.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? Yes</b>  Massachusetts is one of six states that report to the federal government that they choose to serve children who are at risk for delays or disabilities, even if children do not exhibit a developmental delay that meets the state's threshold or have a qualifying diagnosed condition.</p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>  Massachusetts requires that children have four or more of the risk factors on the state's list to qualify through the at-risk policy. In addition to factors such as very preterm birth (earlier than 32 weeks) and very low birthweight, the state includes factors such as lead levels in the blood, insecure attachment, trauma, feeding difficulties, and others. Massachusetts also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children. The state also stands out in its efforts to maximize Medicaid funding for EI through close collaboration and data sharing between its Medicaid agency and Part C program, which contributes to the high percentage of children served in the state.</p> <p>In the last year, legislators enacted the Fiscal Year 2025 budget, which appropriates \$30.9 million to the Department of Health for the EI program.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>  Massachusetts serves 20.2% of children under age 3 in EI over the course of a year. This figure is nearly triple the national median of 7.5% and is the highest percentage of children served through EI among all states. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

Michigan	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? Yes</b></p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b> Children born preterm are not eligible for EI services, unless they qualify through other criteria. Michigan is one of five birth mandate states, which means that children with disabilities are guaranteed a free appropriate public education from ages 0 to 21, including EI services (if eligible) from ages 0 to 3.</p> <p>In the last year, legislators enacted the Fiscal Year 2025 budget, which includes a \$1.36 million increase for the state's Part C program, Early On, bringing the total program funding to \$23.67 million.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b> Michigan serves 7.9% of its population under age 3 in EI over the course of a year, which is just above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
Minnesota	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? Yes</b> Minnesota serves children born very low birthweight based on its list of diagnosed qualifying conditions for EI services, but only until age 2.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b> Minnesota does not serve children born preterm based on its qualifying conditions list unless they qualify through other criteria. The state reports that it refers nearly all (96.6%) eligible children who have experienced maltreatment to Part C agencies, based on 2022 federal data. Minnesota is also one of five birth mandate states, which means that children with disabilities are guaranteed a free appropriate public education from ages 0 to 21, including EI services (if eligible) from ages 0 to 3. Minnesota does not use private insurance to support EI services. The state works to provide a seamless transition for children from Part C into the special education system at later ages, because Part C is housed in its Department of Education and Minnesota's EI providers are licensed as part of the public school system.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b> Minnesota serves 5.8% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

<p>Mississippi</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? Yes</b></p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>  Mississippi serves children born very preterm (earlier than 32 weeks) based on its list of qualifying conditions for EI. Mississippi also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators enacted S.B. 3006, which appropriates \$250,000 for Fiscal Year 2025 to study the EI system in Mississippi. The bill also provides an additional \$600,000 to support the EI Task Force established during the 2023 legislative session. Legislators also enacted S.B. 2727, which reconstitutes this Task Force and directs it to develop recommendations on reforming the current EI system, with a goal of increasing access to services for children from birth to age 3. The task force must prepare recommendations by January 1, 2025.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>  Mississippi serves 3.7% of its population under age 3 in EI over the course of a year. This figure is approximately half of the national median of 7.5%, placing Mississippi among the bottom five states serving children through EI. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>Missouri</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? Yes</b>  Missouri serves children born very low birthweight, based on its list of qualifying conditions, but children must also have a second condition to accompany very low birthweight (such as a low Apgar score) to qualify. These conditions can only qualify children until they are 12 months old.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? No</b></p> <p><b>State Context and Policy Update</b>  Missouri does not serve children who are born preterm unless they qualify through other criteria. The state does use private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators enacted H.B. 2002, a budget bill which appropriates \$69.7 million for Missouri's Part C program for Fiscal Year 2025.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>  Missouri serves 6.8% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

<p>Montana</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b></p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>          Montana does not include low birthweight or prematurity (at any threshold) on its list of diagnosed conditions that can qualify children for EI. The state does use private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>Montana did not hold a regular legislative session this year.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>          Montana serves 3.9% of its population under age 3 in EI over the course of a year. This figure is well below the national median of 7.5%, placing Montana among the bottom five states serving children through EI. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>Nebraska</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b></p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>          Nebraska does not include low birthweight or prematurity (at any threshold) on its list of diagnosed conditions that can qualify children for EI. The state reports, however, that it refers 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2022 federal data. Nebraska does not use private insurance to support EI services. The state is, however, one of five birth mandate states, which means that children with disabilities are guaranteed a free appropriate public education from ages 0 to 21, including EI services (if eligible) from ages 0 to 3.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>          Nebraska serves 5.4% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

Nevada	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b> Nevada serves children who are born weighing <math>\leq 1,000</math> grams (a more stringent requirement) based on its list of qualifying conditions, but only until children are 18 months old.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b> Nevada serves children who are born extremely preterm (27 weeks or earlier) based on its list of qualifying conditions. Also, preterm conditions can only qualify children until they are 18 months old (adjusted for prematurity). The state reports that it refers nearly all (95.4%) eligible children who have experienced maltreatment to Part C agencies, based on 2022 federal data. Nevada uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>Nevada did not hold a regular legislative session this year.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b> Nevada serves 6.5% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
New Hampshire	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? Yes</b> New Hampshire serves children who are born low birthweight (defined as approximately <math>\leq 1,814</math> grams, which is a more generous definition of very low birthweight) based on its list of qualifying conditions.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? Yes</b> New Hampshire is one of six states that report to the federal government that they choose to serve children who are at risk for delays or disabilities, even if they do not exhibit a developmental delay that meets the state's threshold or have a qualifying diagnosed condition.</p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b> New Hampshire requires children to have five or more risk factors on its list to qualify for EI through an at-risk designation, and these factors include extremely preterm birth (defined by the state as born earlier than 27 weeks), low birthweight, a history of abuse or neglect, and prenatal drug exposure, among others. New Hampshire uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b> New Hampshire serves 11.1% of its population under age 3 in EI over the course of a year, which is above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>



<p>New Jersey</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> No</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> No</p> <p><b>Has the state eliminated family fees?</b> No</p> <p><b>State Context and Policy Update</b>          New Jersey does not include low birthweight or prematurity (at any threshold) on its list of diagnosed conditions that can qualify children for EI. New Jersey also does not use private insurance to support EI services.</p> <p>In the last year, legislators introduced A.B. 1019, which would allow eligible toddlers who are receiving Part C services on the child’s third birthday to continue receiving services until the child is 6 years of age, or is eligible to enter kindergarten, whichever occurs first. As of October 2024, the bill had not passed.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>          New Jersey serves 11.0% of its population under age 3 in EI over the course of a year, which is above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>New Mexico</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> Yes          New Mexico serves children who are born low birthweight (defined as ≤1,750 grams, which is a more generous definition of very low birthweight), through its at-risk criteria.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> Yes          New Mexico is one of six states that report to the federal government that they choose to serve children who are at risk for delays or disabilities, even if children do not exhibit developmental delays that meet the state’s threshold or have a qualifying diagnosed condition.</p> <p><b>Has the state eliminated family fees?</b> Yes</p> <p><b>State Context and Policy Update</b>          New Mexico’s at-risk criteria include very low birthweight, very preterm birth (earlier than 32 weeks), and a variety of other factors, including prenatal drug or alcohol exposure, child maltreatment, and domestic violence. The state also includes extreme preterm birth (earlier than 28 weeks) based on its listed of diagnosed qualifying conditions. New Mexico uses private insurance to support EI, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>          New Mexico serves 17.1% of its population under age 3 in EI over the course of a year. This figure is more than double the national median of 7.5%, placing New Mexico among the top five states serving children through EI. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

<p>New York</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> No                  New York serves children born weighing &lt;1,000 grams (a more stringent requirement) based on its list of qualifying conditions for EI.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> No</p> <p><b>Has the state eliminated family fees?</b> Yes</p> <p><b>State Context and Policy Update</b>                  New York serves children born extremely preterm (earlier than 28 weeks), based on its list of qualifying conditions for EI. New York does not, however, use private insurance to support EI services.</p> <p>In the last year, legislators enacted the Fiscal Year 2025 budget, which includes \$19.5 million for a 5% rate increase for EI services, as well as a 4% rate modifier for rural areas and underserved communities.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>                  New York serves 9.9% of its population under age 3 in EI over the course of a year, which is above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>North Carolina</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> No                  North Carolina serves children born weighing &lt;1,000 grams (a more stringent requirement) based on its list of qualifying conditions for EI.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> No</p> <p><b>Has the state eliminated family fees?</b> No</p> <p><b>State Context and Policy Update</b>                  North Carolina serves children born extremely preterm (defined by the state as earlier than 27 weeks), based on its list of qualifying conditions. The state also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators enacted H.B. 960, which appropriates funding to support EI for Fiscal Year 2025. The bill includes \$20 million in recurring funds to improve the NC Infant-Toddler Program, including funding for staffing increases, interpreter services, a centralized provider network system, professional development, and addressing salary inequities for early interventionists. The bill also includes \$20 million to conduct a feasibility study on expanding eligibility for the NC Infant-Toddler Program. Finally, the bill appropriates \$54.2 million in recurring funds to provide services for up to an additional 10,000 children who may become eligible for the NC Infant-Toddler Program based on new eligibility standards resulting from the feasibility study. The budget allows up to 5% of these allocated funds to be used for public awareness regarding expansion of eligibility for the NC Infant-Toddler Program, to increase efforts to identify children eligible to receive services under new eligibility standards.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>                  North Carolina serves 5.4% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

<p>North Dakota</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? Yes</b>          North Dakota serves children born very low birthweight based on its list of qualifying conditions, but children must have an additional birth complication to qualify.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>          North Dakota includes very preterm birth (&lt;32 weeks) on its list of qualifying conditions for EI. The state does report that it refers nearly all (96.3%) eligible children who have experienced maltreatment to Part C agencies, based on 2022 federal data. North Dakota does not use private insurance to support EI services.</p> <p>North Dakota did not hold a regular legislative session this year.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>          North Dakota serves 10.6% of its population under age 3 in EI over the course of a year, which is above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>Ohio</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? Yes</b>          Ohio serves children born very low birthweight, based on its list of qualifying conditions, but children must have an additional birth complication to qualify.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? No</b></p> <p><b>State Context and Policy Update</b>          Ohio does not include prematurity (at any threshold) on its list of qualifying conditions for EI. The state does report that it refers 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2022 federal data. Ohio also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators introduced H.B. 7, which would add extreme prematurity (earlier than 28 weeks) as a qualifying condition to Ohio's eligibility criteria for Part C. The bill would also provide for a home visit for developmental screening for children born between 28 weeks and 38 weeks gestational age and, if appropriate based on the results of the screening, a referral for Part C program services. The bill would also appropriate \$2 million to cover expanded eligibility. As of October 2024, the bill had not passed.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>          Ohio serves 6.9% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

<p>Oklahoma</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b>                  Oklahoma serves children born weighing ≤1,200 grams (a more stringent requirement) based on its list of qualifying conditions for EI until age 2.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>                  Oklahoma does not include prematurity (at any threshold) on its list of qualifying conditions. However, children who are designated as “small for gestational age” born between 34 and 40 weeks may qualify until age 12 months based on specific combinations of birthweight and gestational age. The state does not use private insurance to support EI services.</p> <p>In the last year, legislators introduced H.B. 3531, which would have created a task force to study and make recommendations for improving access to, and increasing the quantity of, high-quality early childhood services, including EI. The bill did not pass this session.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>                  Oklahoma serves 3.6% of its population under age 3 in EI over the course of a year. This figure is approximately half of the national median of 7.5%, placing Oklahoma among the bottom five states serving children through EI. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>Oregon</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b>                  Oregon serves children born weighing &lt;1,200 grams (a more stringent requirement) based on its list of qualifying conditions.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>                  Oregon does not include prematurity (at any threshold) on its list of qualifying conditions for EI. The state also does not use private insurance to support EI services.</p> <p>In the last year, legislators enacted S.B. 5701, which increases the EI budget for Fiscal Year 2025 by over \$22.1 million to accommodate caseload growth.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>                  Oregon serves 6.2% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

<p>Pennsylvania</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> No</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> No</p> <p><b>Has the state eliminated family fees?</b> Yes</p> <p><b>State Context and Policy Update</b>                  Pennsylvania does not include low birthweight or prematurity (at any threshold) on its list of diagnosed conditions that can qualify children for EI. The state also does not use private insurance to support EI services.</p> <p>In the last year, legislators included a \$9.1 million increase for the Part C program in the Department of Human Services budget. Legislators also introduced H.B. 1593, which would add postpartum depression to other at-risk categories that qualify infants and toddlers for EI tracking, assessment, and care. As of October 2024, the bill had not passed.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>                  Pennsylvania serves 11.7% of its population under age 3 in EI over the course of a year, which is above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>Rhode Island</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> Yes</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> No</p> <p><b>Has the state eliminated family fees?</b> Yes</p> <p><b>State Context and Policy Update</b>                  Rhode Island does not include prematurity (at any threshold) on its list of qualifying conditions for EI. The state does, however, report that it refers nearly all (98.7%) eligible children who have experienced maltreatment to Part C agencies, based on 2022 federal data. Rhode Island also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators enacted H.B. 7225, which provided \$1.7 million in general revenue to fully fund a rate increase for EI providers in Fiscal Year 2025. Legislators also introduced H.B. 7334/S.B. 2359, which would have directed the Executive Office of Health and Human Services to submit a state plan amendment to increase the reimbursement rate by 25%. The bill called for an annual rate increase to improve wages as one tool to attract a workforce to meet demand. Legislators also introduced H.B. 7438, which would have established an EI task force. The bills did not pass this session.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>                  Rhode Island serves 12.7% of its population under age 3 in EI services over the course of a year. This figure is well above the national median of 7.5%, placing Rhode Island among the top five states serving children through EI. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

<p>South Carolina</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b>                  South Carolina serves children born weighing ≤1,200 grams (a more stringent requirement) based on its list of qualifying conditions, but only until age 2 in the state.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>                  South Carolina includes extremely preterm birth (earlier than 28 weeks) on its list of qualifying conditions for EI. Very low birthweight and extreme prematurity can only qualify children until age 2 in the state. South Carolina does not use private insurance to support EI services.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>                  South Carolina serves 9.5% of its population under age 3 in EI over the course of a year, which is above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>South Dakota</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b></p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>                  South Dakota does not include low birthweight (at any threshold) on its list of conditions that qualify a child for EI services, but it does include prematurity (28 weeks or earlier) as a qualifying condition. The state does not use private insurance to support EI services.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>                  South Dakota serves 6.2% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

<p>Tennessee</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> No</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> No</p> <p><b>Has the state eliminated family fees?</b> Yes</p> <p><b>State Context and Policy Update</b>  Tennessee does not include low birthweight (at any threshold) as a qualifying condition for EI, but it does include very preterm birth (defined by the state as earlier than 30 weeks) on its list of qualifying conditions. Tennessee also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>  Tennessee serves 8.0% of its population under age 3 in EI over the course of a year, which is above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>Texas</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> Yes</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> No</p> <p><b>Has the state eliminated family fees?</b> No</p> <p><b>State Context and Policy Update</b>  Texas does not include prematurity (at any threshold) on its list of conditions that qualify children for EI services. The state does, however, use private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>Texas did not hold a regular legislative session this year.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>  Texas serves 5.9% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

<p>Utah</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> Yes Utah serves children born very low birthweight based on its list of qualifying conditions, but children must also be very preterm to qualify.</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> No</p> <p><b>Has the state eliminated family fees?</b> No</p> <p><b>State Context and Policy Update</b> Utah includes very preterm (defined by the state as 28 through 31 weeks) among its conditions that qualify children for EI, but children must also be born with very low birthweight. The state also reports that it refers 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2022 federal data. Utah does not use private insurance to support EI services.</p> <p>In the last year, legislators enacted H.B. 8, which provided details of the sliding scale used for family fees for EI, effective July 1, 2024.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b> Utah serves 7.7% of its population under age 3 in EI services over the course of a year, which is just above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>Vermont</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?</b> No</p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services?</b> No</p> <p><b>Has the state eliminated family fees?</b> Yes</p> <p><b>State Context and Policy Update</b> Vermont does not include low birthweight or prematurity (at any threshold) on its list of diagnosed conditions that can qualify a child for EI services. However, the state does include diagnosed conditions that have a high probability of resulting in developmental delays, which may include very low birthweight. The state also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children</p> <p>In the last year, legislators introduced S.B. 172, which would have added hearing loss to categorical eligibility for EI services. The bill did not pass this session.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b> Vermont serves 13.6% of its population under age 3 in EI services over the course of a year. This figure is well above the national median of 7.5%, placing Vermont among the top five states serving children through EI. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>



<p>Virginia</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b></p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? No</b></p> <p><b>State Context and Policy Update</b>          Although Virginia does not include low birthweight (at any threshold) on its list of qualifying conditions for EI, the state does qualify children born very preterm (defined by the state as 28 weeks or earlier). Virginia also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators appropriated \$26.5 million for Part C services and a 12.5% Medicaid reimbursement rate increase, effective January 1, 2024.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>          Virginia serves 7.5% of its population under age 3 in EI over the course of a year, which is equal to the national median. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>Washington</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? No</b></p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? No</b></p> <p><b>State Context and Policy Update</b>          Washington does not include low birthweight or prematurity (at any threshold) on its list of diagnosed conditions that may qualify a child for EI services. The state does use private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators enacted H.B. 1916, which changed the definition for the average annual headcount for Part C to streamline and improve provider reimbursement. The law took effect June 6, 2024. The bill also appropriated \$4 million for EI for Fiscal Year 2025.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>          Washington serves 8.5% of its population under age 3 in EI over the course of a year, which is above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

<p>West Virginia</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? Yes</b></p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? Yes</b>  West Virginia is one of six states that report to the federal government that they choose to serve children who are at risk for delays or disabilities, even if they do not exhibit a developmental delay that meets the state's threshold or have an official diagnosed condition.</p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b>  West Virginia requires that at-risk children have five or more of the factors on its list to qualify. In addition to factors such as very preterm birth (32 weeks or earlier) and very low birthweight, the state includes factors such as child abuse, difficult family circumstances (e.g., low household income, homelessness), and others. Some of the risk factors can only qualify children for EI until age 2, after which they may qualify through other criteria. The state does not use private insurance to support EI services.</p> <p>In the last year, legislators appropriated \$9.3 million for the state's Part C program, Birth to Three, in the Bureau for Public Health budget, as well as \$36.7 million total in the Department of Health budget, to support Birth to Three.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>  West Virginia serves 15.8% of its population under age 3 in EI services over the course of a year. This figure is more than twice the national median of 7.5%, placing West Virginia among the top five states serving children through EI. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
<p>Wisconsin</p>	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? Yes</b></p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? No</b></p> <p><b>State Context and Policy Update</b>  Wisconsin serves children born very preterm (defined by the state as earlier than 32 weeks) based on its list of qualifying conditions for Part C. The state also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b>  Wisconsin serves 6.8% of its population under age 3 in EI over the course of a year, which is below the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>

Wyoming	<p><b>Does the state allow very low birthweight (defined as &lt;1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services? Yes</b></p> <p><b>Does the state allow at-risk for delay as a qualifier for EI services? No</b></p> <p><b>Has the state eliminated family fees? Yes</b></p> <p><b>State Context and Policy Update</b> Wyoming includes preterm birth (&lt;37 weeks) on its list of diagnosed conditions for EI. The state does report, however, that it refers 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2022 federal data. Wyoming also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children.</p> <p>In the last year, legislators did not introduce any bills related to EI.</p> <p><b>Variation in Access to EI Services by Race and Ethnicity</b> Wyoming serves 10.8% of its population under age 3 in EI over the course of a year, which is above the national median of 7.5%. The rate of low birthweight by race and ethnicity may serve as a rough proxy to indicate variation in the need for EI across race and ethnicity.</p>
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Find additional information on the [methods and sources](#) used throughout the Roadmap and for each state.