

## Prenatal-to-3 State Policy Roadmap 2025

### 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?</b> No</p> <p>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?</b> No</p> <p><b>Has the state eliminated family fees?</b> Yes</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 does not use private insurance to support EI services.</p> <p>In the last year, legislators appropriated approximately \$14,691,000 for the state's EI program for Fiscal Year 2026.</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>

Alaska	<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 In 2025, Alaska eliminated family fees for EI services.</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 2023 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 appropriated approximately \$13,905,000 to support EI infant learning programs for Fiscal Year 2026. The bill will also direct infant learning program grantees to expand service qualifications from 50% or more delay in one developmental area to 25% or more delay in one developmental area or 20% or more delay in two developmental areas.</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>
Arizona	<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 appropriated \$16,119,000 for the state's EI program for Fiscal Year 2026.</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>

Arkansas	<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>
California	<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 appropriated \$690,000 for Fiscal Year 2026 to fund five staff positions to improve transitions from Part C to Part B EI services. Legislators also appropriated \$19,424,000 for the state's EI program in FY2026.</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>

Colorado	<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 appropriated approximately \$87,353,000 for the state’s EI program for Fiscal Year 2026.</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>
Connecticut	<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 In 2025, Connecticut eliminated family fees for EI services.</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 introduced S.B. 6, which would have required the Office of Early Childhood to add language that alerts parents to the accessibility of developmental screenings and EI services. The bill did not pass this session.</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>

Delaware	<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 appropriated \$11,504,000 to support the Birth to Three EI Program for Fiscal Year 2026. Additionally, the bill codified language that the Birth to Three EI Program will not charge family fees for EI services identified in the child's Individualized Family Service Plan.</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>
District of Columbia	<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 S.B. 2500, which will appropriate approximately \$3,022,000 in nonrecurring funds from the Federal Grants Trust Fund to the Department of Health to continue the development of the Early Steps administrative system for Fiscal Year 2026. Overhaul of the administrative system began in FY2025 to address EI provider shortages. Legislators also enacted S.B.112 that will direct the Department of Health to seek federal approval and provide any necessary funding for the Early Steps Extended Option by July 1, 2026 to allow children to continue with the EI services through the Early Steps Program until 4 years of age.</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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Georgia	<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>  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 (95.2%) eligible children who have experienced maltreatment to Part C agencies, based on 2023 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 introduced H.B. 925, also known as the Georgia Maternal Health Omnibus Act, which would have established the Supporting Healthy Moms Grant Program to provide funding to programs that address social drivers of health or early childhood services such as EI services. The bill did not pass this session.</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>
Hawaii	<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>  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 introduced H.B. 880/S.B. 823 which would have appropriated funding to address staffing shortages among EI providers and to establish new mental health specialist positions within the Early Childhood Services Unit of the Department of Health EI section. The bills did not pass this session.</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 appropriated approximately \$161,892,000 for grants and administrative expenses associated with EI. Additionally, \$10 million in accrued Medicaid funds will be used for EI provider rate increases and \$260 million from the EI Revolving Fund will be used for EI services. Legislators also enacted H.B. 3327, which will require hospitals to provide written information on EI services to parents of children in the neonatal intensive care department and require a public awareness campaign for the new requirements, specifically for children who qualify for EI services due to birthweight under 1,000 grams. Additionally, the Department of Early Childhood will assume the role of lead agency for EI services after July 1, 2026, taking over from the Department of Human Services. Finally, legislators enacted H.B. 3078/S.B. 2475, which will extend eligibility under the EI services System Act to include children who are determined eligible for early childhood special education services.</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>

Indiana	<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>
Iowa	<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 2023 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 birth to age 21, including EI services (if eligible) from birth to age 3. Family fees are therefore prohibited.</p> <p>In the last year, legislators appropriated approximately \$1,721,000 for Birth to Age Three EI Services for Fiscal Year 2026.</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 EI services?</b> No          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?</b> No</p> <p><b>Has the state eliminated family fees?</b> Yes</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?</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>          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 did not introduce any bills related to EI.</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>

Louisiana	<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 (93.3%) eligible children who have experienced maltreatment to Part C agencies, based on 2023 federal data. Louisiana 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>  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>
Maine	<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>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 2023 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 introduced L.D. 555 (S.P. 217), which would have established the Department of Child and Family Services. The Department would have provided programs and services related to child welfare, maternal and child health, and children with developmental disabilities. The bill did not pass this session.</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>

Maryland	<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  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?</b> No</p> <p><b>Has the state eliminated family fees?</b> Yes</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 birth to age 21, including EI services (if eligible) from birth to age 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>
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Massachusetts	<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 introduced H. 215, which would allow children in temporary emergency assistance shelters eligible under the McKinney-Vento Homelessness Assistance Act to qualify for EI services. Legislators also introduced H. 511, which would expand EI services to include language readiness programs. Finally, legislators introduced S. 346, which would establish a commission to work on early education issues including underfunding and unmet needs related to EI services. As of September 2025, the bills had not passed.</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>
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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. Additionally, Michigan does not access private insurance to support EI services. Michigan is one of five birth mandate states, which means that children with disabilities are guaranteed a free appropriate public education from birth to age 21, including EI services (if eligible) from birth to age 3.</p> <p>In the last year, legislators introduced S.B. 166 and S.B. 230, which would provide appropriations and grant funding to support EI programs. As of September 2025, the bills had not passed.</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 (96.5%) eligible children who have experienced maltreatment to Part C agencies, based on 2023 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 birth to age 21, including EI services (if eligible) from birth to age 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>

Mississippi	<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 appropriated \$600,000 for Fiscal Year 2026 to study the EI system in Mississippi as established in legislation from the 2023 Regular Session. Legislators also appropriated \$2 million to the state's EI program for FY2026.</p> <p>In the last year, legislators introduced S.B. 2867, which would have expanded Medicaid reimbursement for autism spectrum disorder services based on best practices for EI treatment. The bill was passed by the House and the Senate but vetoed by Governor Reeves.</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>
Missouri	<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 appropriated approximately \$87,657,000 for the state's EI program, First Steps, for Fiscal Year 2026.</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>

Montana	<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>  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>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>  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>
Nebraska	<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>  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 2023 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 birth to age 21, including EI services (if eligible) from birth to age 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?</b> No Nevada serves children who are born weighing ≤1,000 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?</b> No</p> <p><b>Has the state eliminated family fees?</b> Yes</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 (95.8%) eligible children who have experienced maltreatment to Part C agencies, based on 2023 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>In the last year, legislators appropriated approximately \$51,495,000 for EI services across the Aging and Disability Services Division and Department of Human Services for Fiscal Year 2026. Legislators also enacted A.B. 591, which will direct the Legislative Auditor to conduct an audit of the Aging and Disability Services Division's EI program including billing practices and services provided.</p> <p>Legislators also enacted S.B. 257, which will revise requirements for autism spectrum disorder and EI services to enhance service accessibility. Requirements for specific protocols, standardized assessment, and evaluation will be replaced with direct observation and an assessment. Compliance with the new requirements will be effective January 1, 2026. Legislators also enacted A.B. 494, which will require state agencies to prepare a report and authorizes state agencies to adopt regulations if federal laws and regulations are repealed by the federal government. Changes to federal law and regulations include the Individuals with Disabilities Education Act.</p> <p>Legislators introduced S.B. 368, which would have ensured that the Individuals with Disabilities Education Act will remain applicable in the state if repealed at the federal level. The bill did not pass this session.</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>
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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, homelessness, 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>
New Jersey	<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>  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 appropriated \$14,517,000 for EI services for Fiscal Year 2026. Legislators also introduced A. 4932, which would require EI service providers to provide the Department of Education and residential districts with the names and ages of all eligible children and notify the Department and districts when a child is eligible to transition to Part B services. As of September 2025, 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>

New Mexico	<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 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? Yes</b>  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? Yes</b></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 appropriated \$28 million for the Family Support and EI Program including matching revenues to the medical assistance program and increasing rates. Additionally, legislators appropriated \$2 million to support professional development for EI staff.</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>
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New York	<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 appropriated approximately \$205 million for the state's EI program for Fiscal Year 2026. Legislators introduced A. 1562/S. 7235, which would have established a newborn vision screening program and required the Department of Health to implement a reporting and referral system that links vision screening with EI services as needed. Legislators also introduced A. 6537/S. 5538, which would have included elevated blood lead levels as a qualifying condition under the definition of "disability" for infant EI services eligibility. Finally, legislators introduced A. 3262, which would have provided an 11% increase in funding for EI services for FY2025. The bills did not pass this session.</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>
North Carolina	<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 did not introduce any bills related to EI.</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>

North Dakota	<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 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?</b> No</p> <p><b>Has the state eliminated family fees?</b> Yes</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 reports that it refers nearly all (97.6%) eligible children who have experienced maltreatment to Part C agencies, based on 2023 federal data. North Dakota, however, 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> 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>
Ohio	<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 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?</b> No</p> <p><b>Has the state eliminated family fees?</b> No</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 2023 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 appropriated \$32 million to the Department of Children and Youth for EI services for Fiscal Year 2026.</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>

Oklahoma	<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 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?</b> No</p> <p><b>Has the state eliminated family fees?</b> Yes</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 appropriated approximately \$16,725,000 for EI services for Fiscal Year 2026.</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>
Oregon	<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 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?</b> No</p> <p><b>Has the state eliminated family fees?</b> Yes</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 did not introduce any bills related to EI.</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>

Pennsylvania	<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 introduced H.R. 78, which would have directed the Joint State Government Commission to establish an advisory committee to conduct a study on the state's approach to substance-exposed newborns including referrals to EI services. As of September 2025, 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>
Rhode Island	<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 (97.6%) eligible children who have experienced maltreatment to Part C agencies, based on 2023 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 introduced H.B. 5196, which would have provided funding to eliminate child care copayments for certain staff providing EI services. Legislators also introduced H.B. 5462/S.B. 247, which would have gradually extended eligibility for EI services past the child's third birthday until September of that year to eliminate gaps in services before a child receives early childhood special education services at the start of the school year. Legislators also introduced H.B. 5164/S.B. 231, which would have created the Early Childhood IDEA Services Task Force focused on making recommendations to improve access to IDEA services. Finally, legislators introduced H.B. 5321, which would have required the Office for Early Learning to establish funding programs for early education and care providers to mitigate costs of providing high-quality education, including providing and partnering with EI service providers. 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>

South Carolina	<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>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?</b> No</p> <p><b>Has the state eliminated family fees?</b> Yes</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 introduced H.B. 3613, which would have moved the Department of Behavioral Health, including EI services, to a new Executive Office of Health and Policy. The bill did not pass this session.</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>
South Dakota	<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>          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>

Tennessee	<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 appropriated \$61,962,000 for EI services for Fiscal Year 2026.</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>
Texas	<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>In the last year, legislators introduced H.B. 5271/S.B. 2735, which would have, among multiple provisions, required regular visual impairment screening of children under age 3 and required providers who detect a visual impairment to refer the family to an appropriate local education agency for EI services. Legislators also introduced H.B. 412, which would have required certain health care plans to cover various therapies provided by EI specialists. The bills did not pass this session.</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>

Utah	<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>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 2023 federal data. Utah does not use private insurance to support EI services.</p> <p>In the last year, legislators appropriated \$250,000 for EI services for Fiscal Year 2026. Legislators enacted H.B. 363, which among other provisions, will expand hearing loss testing to all newborns regardless of hospital size. Newborns with possible hearing loss are required to be reported to an EI program. The bill will also require the Department of Health and Human Services to publish a privacy consent form related to newborn testing and allows parents to opt out of biological and genetic data retention. Legislators introduced, but did not pass, S.B. 60; the provisions in the bill were included in H.B. 363.</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>
Vermont	<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 did not introduce any bills related to EI.</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>

Virginia	<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>          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 introduced H.B. 1710, which would have directed the Department of Medical Assistance Services to convene a workgroup to make recommendations on reimbursement rates for EI services. Legislators also introduced H.B. 2344, which would have directed the Department of Behavioral Health and Developmental Services to implement the federal extension option for EI services to offer services to children under age 4. The bills did not pass this session.</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>
Washington	<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>          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 did not introduce any bills related to EI.</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>

West Virginia	<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 did not introduce any bills related to EI.</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>
Wisconsin	<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?</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>  Wyoming includes preterm birth (&lt;37 weeks) on its list of diagnosed conditions for EI. The state reports that it refers 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2023 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.