Prenatal-to-3 State Policy Roadmap 2026

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	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No Alabama serves children born weighing <1,000 grams (a more stringent requirement) on its list of diagnosed qualifying conditions for EI services. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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 also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children. In the last year, legislators appropriated approximately $14,691,000 for the state's EI program for Fiscal Year 2027. **Variation in Access to EI Services by Race and Ethnicity** Alabama serves 5.3% of its population under age 3 in EI over the course of a year, which is below the national median of 7.8%. 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.

Alaska	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** Alaska does not serve children born low birthweight or preterm (at any threshold) based on its list of qualifying conditions for EI. The state does, however, report that it refers 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2024 federal data. Alaska also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children. In the last year, legislators enacted S.B. 178, which expanded the eligibility criteria for Part C EI services in the state to children with at least a 25% delay in one developmental area, or at least a 20% delay in two or more developmental areas. The new eligibility criteria took effect in July 2026. Legislators also enacted the Fiscal Year 2027 budget, which appropriates approximately $12,300,000 for the EI and Infant Learning Program. Legislators introduced an additional appropriation of $3,020,000 in the FY2027 budget to specifically support S.B. 178's eligibility expansion. Governor Dunleavy vetoed the expansion funding; however, the veto did not prevent the enactment and implementation of the new eligibility criteria. **Variation in Access to EI Services by Race and Ethnicity** Alaska serves 6.7% of its population under age 3 in EI over the course of a year, which is below the national median of 7.8%. 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.
Arizona	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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, however, use private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children. In the last year, legislators appropriated $16,119,000 for the state's EI program for Fiscal Year 2027. Legislators also enacted H.B. 2621, which established requirements for children receiving Part C EI services who live outside local school district boundaries to transition into Part B special education services. Legislators introduced H.B. 4032, which would have created a dedicated fund to support EI programs and services. The bill did not pass this session. **Variation in Access to EI Services by Race and Ethnicity** Arizona serves 4.8% of its population under age 3 in EI over the course of a year, which is below the national median of 7.8%. 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.

Arkansas	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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. In the last year, legislators did not introduce any bills related to EI. **Variation in Access to EI Services by Race and Ethnicity** Arkansas serves 2.7% 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 7.8% 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.
California	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes **Does the state allow at-risk for delay as a qualifier for EI services?** 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. **Has the state eliminated family fees?** No **State Context and Policy Update** 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 (<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. In the last year, legislators appropriated $20,424,000 for Early Start, the state's EI program, for Fiscal Year 2027. The budget also included approximately $15,000,000 in ongoing funding to update reimbursement rates for center-based Early Start service providers. Legislators also enacted S.B. 163, which made several changes to strengthen transitions from Part C EI services to Part B special education and other preschool programs, including improved interagency coordination between the state and regional or local centers. **Variation in Access to EI Services by Race and Ethnicity** California serves 8.6% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.

Colorado	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No Colorado serves children born weighing ≤1,199 grams (a more stringent requirement) on its list of diagnosed qualifying conditions for EI services. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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. In the last year, legislators appropriated approximately $92,604,00 for the state's EI program for Fiscal Year 2027. **Variation in Access to EI Services by Race and Ethnicity** 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 7.8%. 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.
Connecticut	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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. In the last year, legislators enacted revisions to the biennial state budget, including appropriations of approximately $38,494,000 for Birth to Three, the state's EI Part C program, for Fiscal Year 2027. Legislators also enacted H.B. 5406, which requires the Birth to Three program to take steps to ensure a minimally disruptive transition for children in military families who moved to Connecticut while receiving EI services in another state. **Variation in Access to EI Services by Race and Ethnicity** Connecticut serves 12.5% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.

Delaware	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No Delaware serves children born weighing <1,000 grams (a more stringent requirement) on its list of diagnosed qualifying conditions for EI services. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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. In the last year, legislators appropriated $11,611,500 for Birth to Three, the state's EI Part C program, for Fiscal Year 2027. **Variation in Access to EI Services by Race and Ethnicity** Delaware serves 9.6% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.
District of Columbia	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No The District of Columbia serves children born weighing <1,000 grams (a more stringent requirement) on its list of diagnosed qualifying conditions for EI services (up to child age 6 months). **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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. In the last year, councilmembers did not introduce any bills related to EI. **Variation in Access to EI Services by Race and Ethnicity** The District of Columbia serves 10.5% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.

Florida	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes 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 <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. **Does the state allow at-risk for delay as a qualifier for EI services?** Yes 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. **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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. In the last year, legislators appropriated approximately $47,361,000 for Early Steps, the state's EI program, for Fiscal Year 2027. The budget also included approximately $2,205,000 in nonrecurring federal grant funds to support operations and maintenance of the Early Steps administrative system. **Variation in Access to EI Services by Race and Ethnicity** Florida serves 5.2% of its population under age 3 in EI over the course of a year, which is below the national median of 7.8%. 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.
Georgia	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** No **State Context and Policy Update** 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 (96.7%) eligible children who have experienced maltreatment to Part C agencies, based on 2024 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. In the last year, legislators did not introduce any bills related to EI. **Variation in Access to EI Services by Race and Ethnicity** 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 7.8%, 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.

Hawaii	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** Hawaii does not serve children born low birthweight or preterm, unless they qualify through other criteria. The state also does not use private insurance to support EI services. In the last year, legislators did not introduce any bills related to EI. **Variation in Access to EI Services by Race and Ethnicity** Hawaii serves 7.2% of its population under age 3 in EI over the course of a year, which is just below the national median of 7.8%. 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.
Idaho	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** Idaho serves children born very preterm (32 weeks or earlier) based on its list of qualifying conditions for EI. The state does report that it refers nearly all (91.3%) eligible children who have experienced maltreatment to Part C agencies, based on 2024 federal data. 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. In the last year, legislators did not introduce any bills related to EI. However, the Department of Health and Welfare did propose changes to the state EI program's eligibility criteria that would narrow developmental delay eligibility by eliminating the current pathway for children who demonstrate either a 30% delay or 6-month delay, whichever is less. As of September 2026, the proposed changes had not been finalized. **Variation in Access to EI Services by Race and Ethnicity** Idaho serves 6.9% of its population under age 3 in EI over the course of a year, which is below the national median of 7.8%. 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.

Illinois	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No Illinois serves children born weighing <1,000 grams (a more stringent requirement) based on its list of diagnosed qualifying conditions. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** No **State Context and Policy Update** 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. In the last year, legislators appropriated approximately $176,892,000 for grants and administrative expenses associated with EI for Fiscal Year 2027. Legislators also appropriated $275,000,000 from the Early Intervention Services Fund for EI services. **Variation in Access to EI Services by Race and Ethnicity** Illinois serves 11.8% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.
Indiana	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** No **State Context and Policy Update** 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. In the last year, legislators did not introduce any bills related to EI. However, the state's biennial budget, which was enacted in 2025, appropriates approximately $25,546,000 for First Steps, the state's EI program, for Fiscal Year 2026-27. **Variation in Access to EI Services by Race and Ethnicity** Indiana serves 10.9% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.

Iowa	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** Iowa serves children born very preterm (<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 2024 federal data. 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. The state does not use private insurance to support EI services. In the last year, legislators appropriated approximately $1,721,000 for Birth to Age Three Services / Early ACCESS, the state's EI program, for Fiscal Year 2027. **Variation in Access to EI Services by Race and Ethnicity** Iowa serves 5.6% of its population under age 3 in EI over the course of a year, which is below the national median of 7.8%. 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.
Kansas	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for EI services?** No Kansas serves children born weighing <1,000 grams (a more stringent requirement) based on its list of diagnosed qualifying conditions. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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. In the last year, legislators appropriated $15,300,000 for the state's EI program for Fiscal Year 2027. **Variation in Access to EI Services by Race and Ethnicity** Kansas serves 11.3% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.

Kentucky	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** No **State Context and Policy Update** 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. In the last year, legislators did not introduce any bills related to EI. **Variation in Access to EI Services by Race and Ethnicity** Kentucky serves 6.7% of its population under age 3 in EI over the course of a year, which is below the national median of 7.8%. 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.
Louisiana	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** No **State Context and Policy Update** 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. Louisiana does not use private insurance to support EI services. In the last year, legislators appropriated approximately $24,970,000 for EarlySteps, the state's EI program, for Fiscal Year 2027. **Variation in Access to EI Services by Race and Ethnicity** Louisiana serves 7.1% of its population under age 3 in EI over the course of a year, which is just below the national median of 7.8%. 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.

Maine	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No Maine serves children born weighing <1,200 grams (a more stringent requirement) based on its list of diagnosed qualifying conditions. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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 2024 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. In the last year, legislators did not introduce any bills related to EI. However, the Department of Education published updated policies for the state's Extended EI option in March 2026, which allows eligible children to continue receiving EI services beyond age 3 until the school year following their fourth birthday. **Variation in Access to EI Services by Race and Ethnicity** Maine serves 8.4% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.
Maryland	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No Maryland serves children born weighing <1,200 grams (a more stringent requirement), based on its list of diagnosed qualifying conditions. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** Maryland does not serve children born preterm unless they qualify through other conditions or delays. 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. Family fees are therefore prohibited. The state does not use private insurance to support EI services. In the last year, legislators appropriated approximately $19,242,000 for the state's EI program for Fiscal Year 2027. **Variation in Access to EI Services by Race and Ethnicity** Maryland serves 8.6% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.

Massachusetts	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No Massachusetts serves children born weighing <1,200 grams (a more stringent requirement) through its at-risk criteria. **Does the state allow at-risk for delay as a qualifier for EI services?** Yes 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. **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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. In the last year, legislators appropriated approximately $38,270,000 for the state's EI program for Fiscal Year 2027. Legislators introduced H. 5296, which would have made children under age 3 with neonatal abstinence syndrome or prenatal substance exposure automatically eligible for EI services. This bill did not pass this session.. **Variation in Access to EI Services by Race and Ethnicity** Current data from Massachusetts on the percentage of children under age 3 served through EI over the course of a year is not available due to data quality discrepancies. However, Massachusetts served 20.2% of children under age 3 in EI over the course of a year between 2022 and 2023, when it served the highest percentage of children among all states – nearly triple the national median of 7.5% and the highest percentage of children served through EI at the time. 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.

Michigan	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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 birth to age 21, including EI services (if eligible) from birth to age 3. Family fees are therefore prohibited. The state does not use private insurance to support EI services. In the last year, legislators appropriated approximately $26,100,000 for Early On, the state's EI program, for Fiscal Year 2027. Legislators introduced H.B. 5774 and H.B. 5975, which would require referrals to Early On for certain children with fetal alcohol spectrum disorder or elevated blood lead levels. As of September 2026, these bills had not passed. **Variation in Access to EI Services by Race and Ethnicity** Michigan serves 8.6% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.
Minnesota	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes Minnesota serves children born very low birthweight based on its list of diagnosed qualifying conditions for EI services, but only until age 2. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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 (96.3%) eligible children who have experienced maltreatment to Part C agencies, based on 2024 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. Family fees are therefore prohibited. The state does not use private insurance to support EI services. Minnesota also 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. In the last year, legislators did not introduce any bills related to EI. **Variation in Access to EI Services by Race and Ethnicity** Minnesota serves 6.4% of its population under age 3 in EI over the course of a year, which is below the national median of 7.8%. 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.

Mississippi	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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. In the last year, legislators appropriated $2,000,000 for the state's EI program for Fiscal Year 2027. Legislators also enacted S.B. 2053, which provides funding to continue studying the state's EI system, as established in legislation from the 2023 Regular Session. Legislators introduced S.B. 2823, which would have designated the State Board of Education as the lead agency for the state's EI program and directed the agency to meet federal Part C compliance standards, improve access to EI services, and develop recommendations based on the state's 2024 EI task force. This bill did not pass this session. **Variation in Access to EI Services by Race and Ethnicity** Mississippi serves 3.8% of its population under age 3 in EI over the course of a year. This figure is approximately half of the national median of 7.8%, 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.
Missouri	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes 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. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** No **State Context and Policy Update** 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. In the last year, legislators appropriated approximately $87,657,000 for First Steps, the state's EI program, for Fiscal Year 2027. **Variation in Access to EI Services by Race and Ethnicity** Missouri 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 7.8%. 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.

Montana	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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. Montana did not hold a regular legislative session this year. However, in June 2026, the Department of Public Health and Human Services proposed expanding EI eligibility by lowering the developmental delay required to qualify from 50% to 40% in one developmental area, or from 25% to 20% in two or more developmental areas. The public comment period closed in July and the rule is set to take effect in October 2026. **Variation in Access to EI Services by Race and Ethnicity** Montana serves 4.2% of its population under age 3 in EI over the course of a year. This figure is well below the national median of 7.8%, 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.
Nebraska	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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 2024 federal data. The state 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. Family fees are therefore prohibited. The state does not use private insurance to support EI services. In the last year, legislators did not introduce any bills related to EI. **Variation in Access to EI Services by Race and Ethnicity** Nebraska serves 5.2% of its population under age 3 in EI over the course of a year, which is below the national median of 7.8%. 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.

Nevada	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** 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. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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 (97.8%) eligible children who have experienced maltreatment to Part C agencies, based on 2024 federal data. Nevada also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children. Nevada did not hold a regular legislative session this year. However, in 2025, the state enacted its biennial budget, which appropriated approximately $45,170,000 for the state's EI program for Fiscal Year 2027. **Variation in Access to EI Services by Race and Ethnicity** Nevada serves 6.9% of its population under age 3 in EI over the course of a year, which is below the national median of 7.8%. 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.
New Hampshire	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes New Hampshire serves children who are born low birthweight (defined as approximately ≤1,814 grams, which is a more generous definition of very low birthweight) based on its list of qualifying conditions. **Does the state allow at-risk for delay as a qualifier for EI services?** Yes 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. **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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 also uses private insurance to support EI services, which may free up limited federal Part C funds to provide services to more children. In the last year, legislators did not introduce any bills related to EI. **Variation in Access to EI Services by Race and Ethnicity** New Hampshire serves 13.5% of its population under age 3 in EI over the course of a year. This figure is well above the national median of 7.8%, placing New Hampshire 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.

New Jersey	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** No **State Context and Policy Update** New Jersey 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. In the last year, legislators appropriated $107,374,000 for EI services for Fiscal Year 2027. Legislators introduced S. 1797 and A. 2581, which would expand access to EI services beyond a child's third birthday, allowing children receiving EI services when they turn 3 to retain services through age 5 or until they enter kindergarten. Legislators also introduced S. 439 and A.492, which would limit certain billing practices for EI services to protect families from delayed bills. Finally, legislators introduced A. 3467 and S. 2228, which would establish a state Department of Early Childhood and transfer administration of several programs, including the state's Part C EI system, to the new department. As of September 2026, these bills had not passed this session. **Variation in Access to EI Services by Race and Ethnicity** New Jersey serves 11.7% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.

New Mexico	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** 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. **Does the state allow at-risk for delay as a qualifier for EI services?** 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. **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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 list 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. In the last year, legislators appropriated $79,400,000 for the Family, Infant, and Toddler (FIT) program, the state's EI program, for Fiscal Year 2027. Legislators also enacted S.B. 241, which requires child care providers participating in the Child Care Assistance Program to identify and refer at-risk children to the FIT Program and prohibits providers from unreasonably excluding EI providers from delivering services in child care settings. **Variation in Access to EI Services by Race and Ethnicity** New Mexico serves 18.8% of its population under age 3 in EI over the course of a year. This figure is more than double the national median of 7.8% and is the highest percentage of children served through EI among all states with available cumulative data. 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.
New York	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No New York serves children born weighing <1,000 grams (a more stringent requirement) based on its list of qualifying conditions for EI. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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. In the last year, legislators appropriated approximately $205,000,000 for the state's EI program for Fiscal Year 2027. Legislators also enacted S. 9611 and A.10894, which extends the authorization for certified school psychologists to conduct evaluations for children in the EI program through June 30, 2028. **Variation in Access to EI Services by Race and Ethnicity** New York serves 10.5% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.

North Carolina	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No North Carolina serves children born weighing <1,000 grams (a more stringent requirement) based on its list of qualifying conditions for EI. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** No **State Context and Policy Update** 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. In the last year, legislators introduced H. 1017, which would provide funding to study the feasibility of expanding eligibility criteria and appropriate $162,500,000 annually to provide EI services to up to 30,000 additional children who qualify under the criteria resulting from the study. As of September 2026, this bill had not passed. **Variation in Access to EI Services by Race and Ethnicity** North Carolina serves 5.6% of its population under age 3 in EI over the course of a year, which is below the national median of 7.8%. 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.
North Dakota	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** 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. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** North Dakota includes very preterm birth (<32 weeks) on its list of qualifying conditions for EI. The state reports that it refers nearly all (98.8%) eligible children who have experienced maltreatment to Part C agencies, based on 2024 federal data. North Dakota does not, however, use private insurance to support EI services. North Dakota did not hold a regular legislative session this year. **Variation in Access to EI Services by Race and Ethnicity** North Dakota serves 11.1% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.

Ohio	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** 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. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** No **State Context and Policy Update** 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 2024 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. In the last year, legislators did not enact any bills related to EI. However, in 2025, the state enacted its biennial budget, which appropriated $32,000,000 for the state's EI program for Fiscal Year 2027. In the last year, legislators introduced H.B. 939, which would require county boards of developmental disabilities to provide EI services to all eligible children and require the state to reimburse county boards for at least half of eligible service costs. As of September 2026, the bill had not passed. **Variation in Access to EI Services by Race and Ethnicity** Ohio serves 7.4% of its population under age 3 in EI over the course of a year, which is just below the national median of 7.8%. 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.
Oklahoma	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** 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. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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. In the last year, legislators appropriated approximately $16,725,000 for SoonerStart, the state's EI program, for Fiscal Year 2027. Legislators also enacted H.B. 1979, which established an Early Childhood Task Force to make recommendations on improving access to, and delivery of, early childhood services, including EI. **Variation in Access to EI Services by Race and Ethnicity** Oklahoma serves 3.8% of its population under age 3 in EI over the course of a year. This figure is approximately half of the national median of 7.8%, 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.

Oregon	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No Oregon serves children born weighing <1,200 grams (a more stringent requirement) based on its list of qualifying conditions. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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. In the last year, legislators did not introduce any bills related to EI. **Variation in Access to EI Services by Race and Ethnicity** Oregon serves 6.9% of its population under age 3 in EI over the course of a year, which is below the national median of 7.8%. 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.
Pennsylvania	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** No According to the IDEA Infant & Toddler Coordinators Association, Pennsylvania reported that it relies to some extent on family fees to pay for services in 2025. This is the first year since the State Policy Roadmap began tracking this policy in 2021 that Pennsylvania does not satisfy the lever. **State Context and Policy Update** 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 began using private insurance to support EI services in 2025, which may free up limited federal Part C funds to provide services to more children. In the last year, legislators appropriated $193,217,000 for the state's EI program for Fiscal Year 2027. The state also implemented a 7% increase in reimbursement rates for most EI services, supported by $10,000,000 in additional state funding included in the FY2026 budget. **Variation in Access to EI Services by Race and Ethnicity** Pennsylvania serves 12.3% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.

Rhode Island	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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 (98.4%) eligible children who have experienced maltreatment to Part C agencies, based on 2024 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. In the last year, legislators enacted the Fiscal Year 2027 state budget, which included a provision to expand access to EI services by directing the state to establish an option for children who turn 3 between May and August to continue receiving EI services until the September following their third birthday. The state must implement the extended EI option by January 2028. The FY2027 budget also funded the EI Medicaid reimbursement rate recommended through a 2025 state rate review. Legislators introduced H.B. 7586 and S.B. 2785, which would have required the state to maintain a public EI data dashboard tracking service delays and workforce capacity. These bills did not pass this session. **Variation in Access to EI Services by Race and Ethnicity** Rhode Island serves 13.0% of its population under age 3 in EI services over the course of a year. This figure is well above the national median of 7.8%, 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.
South Carolina	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No 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. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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 also began using private insurance to support EI services in 2025, which may free up limited federal Part C funds to provide services to more children. In the last year, legislators appropriated approximately $70,557,000 for BabyNet, the state's EI program, for Fiscal Year 2027. **Variation in Access to EI Services by Race and Ethnicity** South Carolina serves 9.6% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.

South Dakota	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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 at 28 weeks gestation or earlier, a threshold encompassing extremely preterm and some very preterm births, as a qualifying condition. The state does not use private insurance to support EI services. In the last year, legislators did not introduce any bills related to EI. **Variation in Access to EI Services by Race and Ethnicity** South Dakota serves 6.7% of its population under age 3 in EI over the course of a year, which is below the national median of 7.8%. 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.
Tennessee	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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. In the last year, legislators appropriated approximately $61,302,000 for the state's EI program for Fiscal Year 2027. **Variation in Access to EI Services by Race and Ethnicity** Tennessee serves 7.8% 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.

Texas	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** No **State Context and Policy Update** 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. Texas did not hold a regular legislative session this year. **Variation in Access to EI Services by Race and Ethnicity** Texas serves 5.7% of its population under age 3 in EI over the course of a year, which is below the national median of 7.8%. 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.
Utah	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes Utah serves children born very low birthweight based on its list of qualifying conditions, but children must also be very preterm to qualify. **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** No **State Context and Policy Update** 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 2024 federal data. Utah does not use private insurance to support EI services. In the last year, legislators appropriated $2,000,000 for Baby Watch, the state's EI program, for Fiscal Year 2027. Legislators also enacted H.B. 8, which increased Baby Watch's sliding scale for monthly family fees and created a $100 fee for families who miss three or more scheduled EI visits. This bill is now in effect. **Variation in Access to EI Services by Race and Ethnicity** Utah serves 7.8% of its population under age 3 in EI services 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.

Vermont	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** 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. 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 In the last year, legislators did not introduce any bills related to EI. **Variation in Access to EI Services by Race and Ethnicity** Vermont serves 14.4% of its population under age 3 in EI services over the course of a year. This figure is well above the national median of 7.8%, 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.
Virginia	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** No **State Context and Policy Update** 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. In the last year, legislators appropriated approximately $30,611,000 for the state's EI program for Fiscal Year 2027. Legislators introduced H.B. 103 and S.B. 205, which would have directed the state to implement the federal option to extend EI services through age 4 or age 5, respectively. These bills did not pass this session. **Variation in Access to EI Services by Race and Ethnicity** Virginia serves 8.4% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.

Washington	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** No **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** No **State Context and Policy Update** 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. In the last year, legislators introduced H.B. 2688, which would have modified the state funding formula for EI, reducing the amount of state funding available for services. The bill did not pass this session. **Variation in Access to EI Services by Race and Ethnicity** Washington serves 9.6% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.
West Virginia	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes **Does the state allow at-risk for delay as a qualifier for EI services?** Yes 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. **Has the state eliminated family fees?** Yes **State Context and Policy Update** West Virginia requires that at-risk children have five or more of the factors on its list to qualify for EI services. 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. In the last year, legislators appropriated approximately $17,156,000 for Birth to Three, the state's EI program, for Fiscal Year 2027. Legislators introduced H.B. 4827 and H.B. 4960, which would have increased reimbursement rates for services provided by contracted Birth to Three providers by 25%. These bills did not pass this session. **Variation in Access to EI Services by Race and Ethnicity** West Virginia serves 16.8% 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 7.8%, 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.

Wisconsin	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** No **State Context and Policy Update** 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. In the last year, legislators introduced A.B. 607 and S.B. 605, which would have made children with elevated blood lead levels eligible for the state's EI services. These bills did not pass this session. **Variation in Access to EI Services by Race and Ethnicity** Wisconsin serves 7.3% of its population under age 3 in EI over the course of a year, which is just under the national median of 7.8%. 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.
Wyoming	**Does the state allow very low birthweight (defined as <1,500 grams) as a diagnosable or at-risk qualification for Early Intervention (EI) services?** Yes **Does the state allow at-risk for delay as a qualifier for EI services?** No **Has the state eliminated family fees?** Yes **State Context and Policy Update** Wyoming includes preterm birth (<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 2024 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. In the last year, legislators did not introduce any bills related to EI. **Variation in Access to EI Services by Race and Ethnicity** Wyoming serves 11.0% of its population under age 3 in EI over the course of a year, which is above the national median of 7.8%. 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.

Find additional information on the methods and sources used throughout the Roadmap and for each state.