



CP State

**TESTIMONY SUBMITTED TO THE
NEW YORK STATE LEGISLATURE
Joint Hearing of the
Senate Finance and Assembly Ways and Means Committees**

**2025-2026 Executive Budget
Health & Medicaid**

**Presented by
Cerebral Palsy Associations of NYS (CP State)**

Cerebral Palsy Associations of NYS (CP State) is a statewide, family-founded organization with almost 80 years of advocating for and supporting people with CP and other significant intellectual and developmental disabilities (I/DD) across the State. Our Affiliates employ almost 20,000 people, but most importantly we support close to 100,000 people with I/DD and their families through OPWDD, SED, DOH, OMH, and OCFS programs. The family of CP Affiliates have filled a niche time and again – when services were unavailable, our Affiliates stepped up. When there were no clinical services or therapies, CP worked with families to establish clinical services in every part of the state; when Willowbrook closed, CP was the leading agency to ensure the State safely transitioned people to homes in our Affiliates and we even began a new residential program in NYC to meet the need. Today, our Affiliates are the leaders in providing complex care to medically fragile New Yorkers as well as nationally and internationally recognized innovators in supporting autism spectrum disorders and medical complexity.

With that history and context, we appreciate the Legislature’s support of clinical services for New Yorkers with intellectual and developmental disabilities (I/DD) but much more needs to be done in order preserve critical Early Intervention program services and to ensure that our State truly offers equitable access to quality health care for people with I/DD.

Early Intervention

The Early Intervention (EI) program, authorized under Part C of the federal Individuals with Disabilities Education Act (IDEA), provides critical services for children with disabilities and developmental delays from birth to three years of age, and their families. Research has shown that EI services, provided in a comprehensive, coordinated and collaborative manner as intended by law, are cost-effective and successful in improving long-term prognoses and minimizing the need for life-long services. *Investment in EI is clearly both fiscally and socially prudent.*

The financial needs of the Early Intervention service system have been neglected over the past three decades, leading to a capacity crisis that threatens the viability and availability of EI services to the nearly 70,000 toddlers and their families who depend on them. Community-based EI provider reimbursement rates are about the same as when the program began in 1994. Early Intervention providers are leaving the field to earn significantly more in other settings despite the promise of real and lasting improvements for the infants and toddlers with disabilities who are served by the program. This pattern of inadequate compensation has led to a critical shortage of EI providers, which has resulted in delays in service delivery across the state. New York State is failing to meet its legal obligation to ensure access to timely evaluations and services for infants and toddlers with developmental delays.

In fact, New York State ranks last – 50th in the nation – when it comes to providing therapy and services to infants and toddlers with developmental delays and disabilities. Only half of eligible children get their Early Intervention services on time and some never get them at all.

Although not nearly sufficient to provide fiscal stability, we were encouraged by the 5% EI increase, effective 4/1/24, that was included in the final 2025 state budget but extremely disappointed that this increase has been delayed until at least 10/1/24. The delay of this promised increase, combined with the burden and service delays migrating to the EI HUB, and the more than \$50 million in telehealth and administrative reductions, are exacerbating the staffing shortage, delays in referrals, evaluations, and further limiting the provision of these critical services to New York's infants, toddlers and their families. These are yet further signs of New York State's failure to invest early, when therapies are less costly and most effective in changing children's lives.

Thirty years of neglect requires a minimum investment of an additional 5% Early Intervention rate increase if we are to begin to live up to our obligation to New York's infants and toddlers and their families. We urge the Governor and the Legislature to restore the more than \$50 million that was cut from the EI program by adding a new 5% in-person rate increase and implementing the previously promised 4% modifier, for rural and underserved communities effective 4/1/25. A 10% increase, for in-person services, over 32 years of the Early Intervention program is clearly not sufficient to even keep up with inflation, but it is a start and a sign that New York will not continue to forget its infants and toddlers with disabilities and their families.

Therefore, we request that the Legislature provide a minimum additional 5% Early Intervention rate increase, for all in-person EI services, in the SFY 2026 budget, ensure the proposed 4% rate modifier from SFY 2025 budget is implemented by 4/1/2025 and restore the more than \$50 million in funding cuts to the EI program.

Clinics that Serve People with Developmental Disabilities

For almost fifty years, New York State has counted on clinics supporting patients with significant disabilities to fill an essential gap in the service delivery system, one which otherwise would lead to expensive and unnecessary services delivered in emergency rooms and acute care settings. Over time, the CP State Affiliates and voluntary agencies supporting people with disabilities have stepped up to ensure their access to health services, across the State, through Article 28, FQHC, and Article 16 clinics. These clinics have evolved to become true specialty service providers, serving patients with the highest needs but often with conflicting regulations.

We were extremely heartened and appreciative of the SFY 2025 final budget's administrative inclusion of the 30% increase, above the base rate, for Article 28 clinics "who treat people with physical, intellectual, or developmental disabilities" effective 10/1/2024. However, providers have yet to see this increase in their rates, and it is unclear when or if the new federal Administration will approve this increase. While we hope the legislative intent of last year's budget to support clinics supporting people with disabilities will soon be delivered in improved rates, we now request that the SFY 2026 final budget 1) include the Executive's proposed \$25 million in capital financing for Regional Disability Clinics and 2) authorize a joint licensure for Article 28 and Article 16 Clinics that serve individuals with developmental disabilities to preserve these critical clinical services and to begin to provide health equity for people with I/DD.

People with disabilities have extremely limited access to dental services and other specialties like gynecology, neurology, cardiology, etc., so we applaud Governor Hochul's recognition of the critical healthcare services that clinics serving individuals with developmental disabilities provide. We ask that the Legislature support the Executive's proposal of including \$25 million in capital funding to support one-time costs for building modifications and/or equipment designed to increase accessibility and improve quality of healthcare for people with developmental disabilities who access services in clinics licensed by Article 28 of the Public Health Law and Article 16 of the Mental Hygiene Law. Physical plant changes and clinician supply need to be expanded tremendously to meet the need for specialty care offered to people with disabilities in New York, and we ask that you support this funding initiative.

Access points and clinicians in short supply have been a perennial problem for our clinics, so we respectfully request that the Legislature support an initiative to decrease the administrative burden on disability health service providers. In order to overcome current regulatory conflicts and truly improve accessibility and quality of healthcare for individuals with disabilities, we urge the Legislature to authorize a joint license for Article 16 and Article 28 clinics as was done in the SFY 2024 State Budget for the Office of Mental Health (Article 31 clinics) and the Office of Addiction Services and Supports (Article 32 clinics). Just as it was recognized that jointly licensing Article 31 and Article 32 clinics could be streamlined and provided enhanced access to services, we believe providing for a joint licensure for Article 28 and Article 16 Clinics that serve individuals with developmental disabilities will provide equity, eliminate duplication and conflicting regulations, streamline, increase accessibility and improve quality of healthcare for New Yorkers with developmental disabilities who access services in clinics licensed by Article 28 of the Public Health Law and Article 16 of the Mental Hygiene Law.

Therefore, we request that you support and approve the \$25 million in capital funding for Regional Disability Clinics and authorize a joint licensure for Article 28 and Article 16 Clinics that serve individuals with developmental disabilities to provide equity, increase accessibility, and improve quality of healthcare for New Yorkers with disabilities

CP State and all our Affiliates across the state would like to thank the Legislature for all your years of support and we look forward to working with you to provide health equity for individuals with developmentally disabilities.

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