



The New York State Speech-Language-Hearing Association (NYSSLHA) appreciates the opportunity to submit testimony relating to the SFY 2025-2026 State Budget. NYSSLHA is a statewide professional association representing speech-language-pathologists and audiologists. NYSSLHA is deeply invested in the success and effectiveness of the New York State Early Intervention (EI) Program. Many of NYSSLHA's members provide EI services as independent providers and agency owners or employees.

EI services provide one of the biggest returns on investment. The earlier a developmental delay or disability is identified in a young child, and the sooner services begin, the less likely it is that the child will need more intensive and expensive special education services later. Delaying EI services creates greater risk of significant developmental and learning delays and impact on later academic success. Timely access to EI services is critical to a child's developmental path. Unfortunately, the EI program is facing significant challenges that threaten its ability to serve the families who need it most.

The NYS EI program has been chronically underfunded for decades. Providers are earning less now than they did thirty years ago while workloads and administrative burdens have increased substantially. For more than 15 years, the State has failed to restore a cost-of-living adjustment (COLA) for EI – the only sector that has consistently been denied a COLA in New York State. Stagnant and reduced reimbursement leaves EI providers struggling to make ends meet as costs of living and doing business have drastically increased.

This severe underpayment has led to a critical shortage of providers. Since 2019, thousands of providers have left EI and compensation insufficiency has made it difficult to attract new service coordinators and providers. Recent graduates with substantial student loan debt who may otherwise be drawn to a career in EI are opting to work in other settings. This has led to critically low availability of providers and New York's babies and toddlers with developmental delays and disabilities are paying the price. Some counties in New York State do not have a single EI service provider. An audit by the NYS Comptroller found that between 2018 and 2022, 14% of children who were referred to the EI program never received an evaluation. During that time, 51% of children who were receiving services didn't get all the services they needed and more than a quarter of children with service authorizations waited more than a month for those services to begin. In fact, New York State ranks last in the nation for timely delivery of EI services.

While New York's EI program has faced many years of crisis, it is now under imminent threat due to recent developments that have eroded provider trust and compound decades of severe underfunding. These issues include a looming telehealth rate reduction and the October 2024 transition to a new data and billing system, the EI-Hub. The launch of the EI-Hub was poorly executed, causing widespread confusion and upheaval. Within the EI-Hub, many providers report extensive issues and inoperability and added layers of complexity which requires significantly more time to accomplish routine tasks. Despite this effort, a majority of claims are being denied in error because the program is not operating properly. Many providers report not being paid since mid-October. This has negatively impacted service delivery, worsening wait times for children in need of services. To address these systemic issues, NYSSLHA urges the legislature to prioritize the following in support of the children who rely on this program.

Reject the Significant Telehealth Rate Cut

On December 31st, 2024, the Department of Health submitted a State Plan Amendment to the Centers for Medicare and Medicaid to enact a 22% telehealth rate cut for EI services in NYC, Westchester,

Poughkeepsie, and Long Island and a 10% rate cut for the rest of the state. Governor Hochul's decision to reduce reimbursement rates for telehealth services is unfathomable and runs contrary to state statute requiring parity for payment of services provided by telehealth with those provided in-person. Telehealth is not a substitute for in-person services, but for many families, it is a critical complement that can help ensure timely and consistent services. For children in rural and underserved areas, telehealth ensures that they can continue to receive services regardless of logistical challenges or geographical barriers. This rate cut will undoubtedly reduce service delivery potential, negatively impacting children and families in underserved areas the most. If the State's goal is to incentivize the delivery of in-person services, it will not be achieved by cutting telehealth rates. We urge the State to maintain equitable telehealth reimbursement rates that reflect the true cost of service delivery and the value it provides for families.

Support New Investments in the EI Program

EI program funding has not kept pace with the demand and operational costs of providing these services. We call for new investments to stabilize and enhance the program, ensuring every eligible child receives timely and appropriate EI services, as they are legally entitled to by federal law. While last year's enacted budget included a 5% rate increase for in-person services, this modest increase is not enough to address the inequities that exist within New York's EI program. Providers also have not yet received this increase due to the administration's significant delay in approving it. ***Given the significant need for investment, we support the inclusion of an 11% provider rate increase (as provided in A1147, Paulin) in the SFY 2025-2026 State Budget.***

Authorize a Comprehensive Review of EI Reimbursement Adequacy

Current reimbursement rates for EI providers are insufficient to cover the costs of delivering services where they are most needed. ***An analysis of EI rate adequacy (as provided by S1222, Rivera/ A283, Paulin) will assist in providing the data necessary to quantify the need for EI services in the State and determine appropriate reimbursement levels to address those needs.*** A recalibration of EI reimbursement rates is needed to help retain existing providers, attract new professionals, and ensure that services are sustainable and effective statewide.

Establish an EI Loan Repayment Program

To further address the shortage of EI providers in underserved areas, ***we support the establishment of a loan repayment program for EI providers who commit to practicing in underserved areas for at least three years (as provided in A1974, Paulin).*** Loan forgiveness has been found in multiple studies to be effective in not only recruiting healthcare professionals but also retaining them. The success and longevity of the Doctors Across New York (DANY) Physician Loan Repayment Program is a great example of what a loan repayment program could achieve for the EI field. This initiative would incentivize professionals to serve in areas of greatest need, improving access to essential services and easing the burden on providers. Urgent intervention is needed if we are to stop the exodus of providers, preserve access to these life-changing services, and prevent any more children from falling through the cracks.

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Respectfully submitted,

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