



**Testimony of the
New York State
Speech-Language-Hearing Association
on the SFY 2026-2027 Executive Budget
Joint Legislative Hearing on Health
February 10, 2026**

The New York State Speech-Language-Hearing Association (NYSSLHA) appreciates the opportunity to submit testimony relating to the SFY 2026-2027 State Budget. NYSSLHA is a statewide professional association representing speech-language-pathologists and audiologists across New York State, many of whom are involved with identifying children who are eligible for Early Intervention (EI) services, and providing speech therapy to children from birth through three who have a range of developmental delays and disabilities. Our members are deeply invested in the success and sustainability of the New York State EI Program, with many providing EI services as independent providers or through enrolled agencies.

EI services provide one of the biggest returns on investment of any New York State program. 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.

Despite its importance, the NYS EI program has been chronically and severely underfunded which threatens its ability to meet the needs of babies with disabilities and delays. 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. The EI COLA was eliminated in 2006 and has never been reinstated, despite inflationary pressures that have dramatically increased the cost of living and doing business in NY. **No workforce can be sustained when compensation is lower in real terms than it was three decades ago, and it is unsurprising that the program has consistently failed to meet the needs of eligible children as a result.**

Recent actions that were intended to provide modest relief have not materialized in practice. Promised reimbursement increases have either failed to take effect or have been implemented in ways that severely limit their impact. The 4% rural rate modifier, while enacted, applies to ZIP codes that do not capture the neediest areas of the state, rendering the adjustment largely ineffective. The 5% increase for in-person EI services was intended to take effect on April 1, 2024. Nearly two years later, providers still have not received this increase because the Department of Health's State Plan Amendment remains pending at the federal level. The State has budgeted funds for its share of the increase, but has not disbursed any to providers, yet has implemented a federally pending telehealth rate cut for EI services ranging from 10-22%, in direct conflict with the state's telehealth parity laws.

It is also important to recognize that EI providers are only compensated for billable services. For example, they routinely perform substantial uncompensated work from travel and missed appointments, to session planning, family communication, required documentation, and continuing education. For many providers, the administrative demands alone require multiple hours of unpaid work each day, further underscoring the inadequacy of their compensation.

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. 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.

To address these systemic issues, NYSSLHA urges the legislature to prioritize the following in support of the children who rely on this program.

Provide an 8% EI Reimbursement Rate Increase and COLA Restoration

NYSSLHA urges the State to enact an 8% across-the-board EI reimbursement rate increase in the SFY 2026–2027 budget. This increase reflects both the historic unmet need caused by decades of stagnant reimbursement and the urgent necessity to right-size provider compensation to stabilize the workforce through restoration of a cost-of-living adjustment tied to the most recent Consumer Price Index (CPI). Without a COLA, any rate increase will quickly be eroded by inflation, perpetuating the cycle of provider loss and service delays. A recent report by the Adirondack Community Foundation analyzed the full cost of providing EI services compared to the amount that a provider with a full caseload can currently earn through reimbursement in the program. The fiscal analysis found that “the true cost of a full year of EI services is \$186,655 more, **or nearly five times more than the available average revenue to cover those services.**” **This stark disparity highlights the untenable position of New York’s EI providers.**

Given this, 2024’s modest 5% rate increase, even once it is implemented, is not enough to address the inequities that exist within New York’s EI program. **New York State’s EI program is currently unable to ensure every eligible child receives timely and appropriate EI services, as they are legally entitled to by federal law.** *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.* We urge the State to update and maintain equitable reimbursement rates that reflect the true cost of service delivery and the value it provides for children and families.

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/S8290, Ryan).*** Loan repayment has proven effective in recruitment and retention across healthcare disciplines, as evidenced by annual state investment in the Doctors Across New York and Nurses Across New York Loan Repayment Programs. A similar initiative in this field would incentivize professionals to provide EI services 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, restore and preserve access to these life-changing services, and prevent any more children from falling through the cracks. Without immediate action, we risk continued erosion of the EI system in New York State and the loss of legally required services for our most vulnerable children. NYSSLHA urges the Legislature to act decisively in this budget to stabilize the EI workforce, improve provider confidence, and ensure timely access to services for infants and toddlers with developmental delays and disabilities.

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