

**SENATE CONCURRENT
RESOLUTION No. 95**

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED MARCH 5, 2020

Sponsored by:

Senator M. TERESA RUIZ

District 29 (Essex)

SYNOPSIS

Urges Governor and DOH to include “at-risk infants or toddlers” in New Jersey Early Intervention System.

CURRENT VERSION OF TEXT

As introduced.



1 **A CONCURRENT RESOLUTION** urging the Governor and the
2 Department of Health to expand early intervention services to
3 include “at-risk infants or toddlers.”
4
5 **WHEREAS**, Part C of the federal “Individuals with Disabilities
6 Education Act” (IDEA) established an early intervention program,
7 administered at the state level, in which infants and toddlers with
8 developmental delays or who have been diagnosed with a physical
9 or mental condition that has a high probability of resulting in
10 developmental delay are eligible to receive appropriate screening
11 and early intervention services through the program; and
12 **WHEREAS**, The New Jersey Early Intervention System (NJEIS)
13 provides early intervention services to eligible infants and toddlers,
14 from birth through two years of age, with an emphasis on
15 improving measurable outcomes for the children served so that they
16 are ready for preschool and kindergarten; and
17 **WHEREAS**, Early intervention services comprise a range of targeted
18 services such as speech and language therapy, physical therapy,
19 psychological services, and hearing or vision services to address the
20 child’s specific needs, and to help the child to catch-up with peers,
21 greatly improving the child’s chances for success in school and in
22 other facets of life; and
23 **WHEREAS**, Governing federal law gives each state the option as to
24 whether to include “at-risk infants or toddlers” defined as “an
25 individual under three years of age who would be at risk of
26 experiencing a substantial developmental delay if early intervention
27 services were not provided to the individual,” among those eligible
28 for early intervention services; and
29 **WHEREAS**, “At-risk infants or toddlers” are not currently eligible for
30 early intervention services through the NJEIS, despite the
31 prevalence of circumstances that may put an infant at-risk of later
32 experiencing developmental delay, such as serious neonatal illness,
33 homelessness, low birth weight, and abuse or neglect, among other
34 circumstances; and
35 **WHEREAS**, It is widely acknowledged in the medical community that
36 maternal postpartum depression is linked to developmental delays
37 in infants, as well as, to feeding, sleep, and behavioral problems,
38 and a recent study found that postpartum depression was
39 significantly correlated with gross motor and problem solving skill
40 delays in infants aged six months through 18 months; and
41 **WHEREAS**, It is estimated that in the United States more than 600,000
42 women per year experience symptoms of postpartum depression;
43 and
44 **WHEREAS**, Pennsylvania includes “at-risk infants or toddlers” among
45 those eligible for early intervention services in its program, and
46 legislation recently introduced in Pennsylvania would include
47 children born to mothers who are at high risk for postpartum

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1 depression and referred by a physician, health care provider, or
2 parent among those deemed “at-risk” for developmental delay; and
3 **WHEREAS**, Any costs associated with expanding the eligibility for
4 early intervention services to include “at-risk infants or toddlers”
5 would undoubtedly save the State immeasurable future spending
6 necessary to address the considerable educational, employment,
7 health, and social service needs of persons with developmental
8 delays that were not screened for and effectively treated in early
9 childhood; and
10 **WHEREAS**, In order to protect vulnerable infants and toddlers who are
11 entirely dependent on their parents and caregivers from the lifelong
12 challenges posed by developmental delays that are not timely
13 diagnosed and addressed by qualified specialists; now, therefore,

14
15 **BE IT RESOLVED** by the Senate of the State of New Jersey (the
16 General Assembly concurring):

17
18 1. The Legislature respectfully urges the Governor and the
19 Department of Health to include “at-risk infants or toddlers” among
20 those eligible for early intervention services through the New Jersey
21 Early Intervention System.

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23 2. Copies of this resolution, as filed with the Secretary of State,
24 shall be transmitted by the Clerk of the General Assembly or the
25 Secretary of the Senate to Governor Murphy and the
26 Commissioners of the Departments of Health, Education, and
27 Human Services.

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30 STATEMENT
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32 This resolution respectfully urges the Governor and the DOH to
33 include “at-risk infants or toddlers” among those eligible for early
34 intervention services through the New Jersey Early Intervention
35 System (NJEIS).

36 Part C of the federal “Individuals with Disabilities Education
37 Act” (IDEA) established an early intervention program,
38 administered at the state level, in which infants and toddlers with
39 developmental delays or who have been diagnosed with a physical
40 or mental condition that has a high probability of resulting in
41 developmental delay are eligible to receive appropriate screening
42 and early intervention services. NJEIS provides early intervention
43 services to eligible infants and toddlers, with an emphasis on
44 improving measurable outcomes for the children served so that they
45 are ready for preschool and kindergarten.

46 Governing federal law gives each state the option as to whether
47 to include “at-risk infants or toddlers” defined as “an individual
48 under three years of age who would be at risk of experiencing a

1 substantial developmental delay if early intervention services were
2 not provided to the individual,” among those eligible for early
3 intervention services. “At-risk infants or toddlers” are not currently
4 eligible for services through the NJEIS, despite the prevalence of
5 circumstances that may put an infant at-risk of later experiencing
6 developmental delay, such as serious neonatal illness,
7 homelessness, low birth weight, and abuse or neglect.

8 It is widely acknowledged in the medical community that
9 postpartum depression is linked to developmental delay in infants,
10 as well as to feeding, sleep, and behavioral problems. A recent
11 study found that postpartum depression was significantly correlated
12 with gross motor and problem solving skills delay in infants aged
13 six months through 18 months old. It is estimated that in the United
14 States more than 600,000 women per year experience symptoms of
15 postpartum depression.

16 Any cost associated with expanding the eligibility for early
17 intervention services to include “at-risk infants or toddlers” would
18 undoubtedly save the State immeasurable amounts in future
19 spending necessary to address the considerable educational,
20 employment, health, and social service needs of persons with
21 developmental delays that were not screened for and effectively
22 treated in early childhood. In order to protect vulnerable infants and
23 toddlers who are entirely dependent on their parents and caregivers
24 from the lifelong challenges posed by developmental delays that are
25 not timely diagnosed and addressed by qualified specialists, this
26 resolution urges the Governor and DOH to expand early
27 intervention services to include “at-risk infants or toddlers.”