**AMERICAN SOCIETY FOR DEAF CHILDREN**

*Empowering families of deaf and hard-of-hearing children through full access to language, communication, mentoring, advocacy, and resources.*

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February 23, 2026

The Honorable Members of the
Senate Education, Energy, and the Environment Committee
Maryland State Senate
11 Bladen Street
Annapolis, Maryland 21401

**RE: SUPPORT — SB 502: Language Acquisition Tracking Program for Deaf and Hard of Hearing Children**

Dear Chair Feldman and Distinguished Members of the Committee:

The American Society for Deaf Children (ASDC), the nation's only nonprofit organization dedicated exclusively to families raising deaf and hard-of-hearing children , writes in full and urgent support of Senate Bill 502. This legislation would establish a Language Acquisition Tracking Program within the Maryland State Department of Education, creating the systemic infrastructure necessary to ensure that every deaf and hard-of-hearing child in Maryland acquires language at the same rate and to the same extent as their hearing peers. We respectfully urge a favorable report.

For nearly sixty years, ASDC has championed the language rights of deaf children and supported families in navigating the complex systems of healthcare, education, and early intervention. Our work is informed by a foundational principle: deafness is not a deficit to be corrected but a difference to be supported with full, accessible language from birth. SB 502 embodies this principle in law, and we believe it will save children from preventable harm.

## The Urgency: A Preventable Crisis

The facts demand action. Ninety-two percent of deaf children are born to hearing families with no prior experience with deafness (Mitchell & Karchmer, 2004). These families enter an unfamiliar system at the most vulnerable and time-sensitive moment in their child's development, the critical period of language acquisition, which spans from birth to approximately age five. During this window, the brain is biologically primed to acquire language. After it closes, the capacity for native-like fluency in any language

diminishes significantly, with cascading effects across cognition, literacy, and mental health (Mayberry et al., 2011; Hall et al., 2017).

Yet our current systems routinely fail these families. The National Association of the Deaf (2023) estimates that as many as 70% of deaf children experience some degree of language deprivation. This is not because deafness prevents language. Deaf children who receive accessible language input, whether signed, spoken, or both, during the critical period develop language on par with their hearing peers. Language deprivation occurs because systems fail to provide that input in time.

Through ASDC's participation in the ML² x ECHO Program at Gallaudet University, we have documented the specific mechanisms of this failure: fragmented referral pathways, insurance barriers that delay hearing technology by months, medical providers who present spoken language as the only option, and a near-total absence of ASL pathways in postnatal care (Stock, 2025). These are not individual failures. They are system failures. And SB 502 is a system-level solution.

## What SB 502 Accomplishes

SB 502 creates four critical pillars of accountability:

**1. A State Coordinator of Language Acquisition.** Currently, no single office or individual in Maryland is responsible for ensuring that deaf and hard-of-hearing children acquire language on schedule. SB 502 changes this by designating a coordinator who bridges the healthcare, early intervention, and education systems, the exact seams where children are currently lost.

**2. Validated, Modality-Neutral Assessment Tools.** The bill requires the use of structured, approved assessments that measure language milestones in both ASL and English. This is critical. Current practice in many states relies exclusively on spoken language benchmarks, rendering the language development of signing children invisible. Research confirms that signed and spoken languages activate identical neural language networks and are subject to the same developmental timelines (Petitto et al., 2001). Assessment tools must reflect this science.

**3. A Comprehensive Parent and Guardian Resource.** Hearing parents of newly identified deaf children report feeling overwhelmed, underprepared, and dependent on the guidance of medical professionals who may have limited knowledge of visual language options (Humphries et al., 2012). SB 502 creates a statewide resource that empowers families with the information they need to make fully informed decisions, and to monitor their child's progress regardless of which language approach they choose.

**4. Population-Level Data and Reporting.** For the first time, Maryland will have the capacity to track language outcomes for deaf and hard-of-hearing children at scale. This

data is essential for identifying systemic disparities, particularly those affecting children from families of color, rural communities, and low-income households, who research shows are disproportionately affected by language deprivation (NAD, 2023).

## The Scientific Foundation

SB 502 is grounded in decades of peer-reviewed research. We highlight the most salient findings:

- **Technological interventions are insufficient alone.** Hearing aids and cochlear implants provide access to sound, but they do not guarantee access to language. More than half of deaf children, including those with mild hearing levels, do not fully acquire spoken language through devices alone (Humphries et al., 2012). Even when implantation is successful, the child requires extensive rehabilitative support that many families cannot access due to cost, geography, or system fragmentation.
- **ASL supports — not undermines — spoken language development.** A persistent myth holds that exposing deaf children to sign language will impair their ability to learn speech. The evidence demonstrates the opposite. Davidson et al. (2014) found that deaf children who signed from birth performed comparably to non-signing peers on spoken language measures after cochlear implantation. Bilingual exposure provides a linguistic safety net: if the auditory approach does not succeed, the child still has a complete first language.
- **Language deprivation has lifelong consequences.** Hall et al. (2017) describe Language Deprivation Syndrome as a cluster of cognitive, behavioral, and psychiatric outcomes associated with chronic lack of accessible language input during childhood. These outcomes include deficits in abstract thinking, narrative sequencing, impulse regulation, and theory of mind. They are entirely preventable with early language access, the very access that SB 502 is designed to ensure.
- **More than twenty states have enacted similar legislation.** States including California, Michigan, Missouri, Hawaii, Kansas, Oregon, and Georgia have adopted versions of the LEAD-K framework. These programs have demonstrated that language milestone tracking identifies at-risk children earlier and connects families to appropriate services more efficiently (Cannon et al., 2016). Maryland should not lag behind.

## ASDC's Commitment to Maryland Families

ASDC serves families in all fifty states, including Maryland. Our programs include ASL classes for families, IEP and 504 plan navigation support, Deaf mentor connections, mental health programming, and career readiness courses for deaf youth.

We have worked alongside the Maryland Association of the Deaf (MDAD) and other state partners to advance language equity for deaf children, and we are prepared to serve as a technical resource to the State Department of Education as it implements the provisions of SB 502.

## Conclusion

The guiding principle of the ML² x ECHO Program captures the moral imperative before this Committee: our job is not to correct families' path; it is to repair the one they were denied. SB 502 repairs that path. It creates the structure, the accountability, and the resources necessary to ensure that no deaf child in Maryland is deprived of language because the system failed to act.

**We strongly and respectfully urge a favorable report on SB 502.** ASDC is prepared to provide additional testimony, research citations, or technical consultation at the Committee's request. We stand with Maryland's deaf and hard-of-hearing children and their families, and we are grateful for your willingness to act on their behalf.

Thank you for your time and your commitment to educational equity.

Respectfully submitted,

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## References

Cannon, J. E., Guardino, C., & Gallimore, E. (2016). A new kind of heterogeneity: What we can learn from d/Deaf and hard of hearing multilingual learners. *American Annals of the Deaf, 161*(1), 7–16.

Davidson, K., Lillo-Martin, D., & Chen Pichler, D. (2014). Spoken English language development among native signing children with cochlear implants. *Journal of Deaf Studies and Deaf Education, 19*(2), 238–250.

Grosjean, F. (2010). *Bilingual: Life and reality.* Harvard University Press.

Hall, W. C. (2017). What you don't know can hurt you: The risk of language deprivation by imposition of cochlear implants. *Maternal and Child Health Journal, 21*(5), 961–965.

Hall, W. C., Levin, L. L., & Anderson, M. L. (2017). Language deprivation syndrome: A possible neurodevelopmental disorder with sociocultural origins. *Social Psychiatry and Psychiatric Epidemiology, 52*(6), 761–776.

Hrastinski, I., & Wilbur, R. B. (2016). Academic achievement of deaf and hard-of-hearing students in an ASL/English bilingual program. *Journal of Deaf Studies and Deaf Education, 21*(2), 156–170.

Humphries, T., Kushalnagar, P., Mathur, G., Napoli, D. J., Padden, C., Rathmann, C., & Smith, S. R. (2012). Language acquisition for deaf children: Reducing the harms of zero tolerance to the use of alternative approaches. *Harm Reduction Journal, 9*(16), 1–89.

Mayberry, R. I., Chen, J. K., Witcher, P., & Klein, D. (2011). Age of acquisition effects on the functional organization of language in the adult brain. *Brain and Language, 119*(1), 16–29.

Mitchell, R. E., & Karchmer, M. A. (2004). Chasing the mythical ten percent: Parental hearing status of deaf and hard of hearing students in the United States. *Sign Language Studies, 4*(2), 138–163.

National Association of the Deaf. (2023). *Implications of language deprivation for young deaf, deafblind, deafdisabled, and hard of hearing children.* https://www.nad.org/implications-of-language-deprivation

Petitto, L. A., Zatorre, R. J., Gauna, K., Nikelski, E. J., Dostie, D., & Evans, A. C. (2001). Speech-like cerebral activity in profoundly deaf people processing signed languages. *Proceedings of the National Academy of Sciences, 97*(25), 13961–13966.

Stock, K. (2025). System-driven delay: How practice & policy shape family choices. *ML² x ECHO Program Session 4,* Gallaudet University.