UNIVERSITY of MARYLAND MEDICAL SYSTEM

Senate Bill 645 – State Board of Sign Language Interpreters – Membership and Licensing

POSITION: Favorable with Amendments
February 26, 2026
Education, Energy, and the Environment Committee

The University of Maryland Medical System ("UMMS") supports Senate Bill 645 – State Board of Sign Language Interpreters – Membership and Licensing, with amendments. Senate Bill 645 ("SB 645") would make alterations to the Maryland Sign Language Interpreters Act (2023), including expanding membership of the State Board of Sign Language Interpreters ("SBSLI") to include several licensed interpreters for the deaf and hard of hearing and requiring the Board to draft and submit a report to the General Assembly before adopting regulations governing specialty areas such as legal, medical, and behavioral health settings.

UMMS greatly appreciates the bill sponsor introducing this legislation to strengthen the State Board of Sign Language Interpreters (the "Board") and the Maryland Sign Language Interpreters Act (the "Act"), which was originally passed in 2023. The Act requires that sign language interpreters in Maryland meet national certification standards and that deaf and hard of hearing individuals in the State have access to competent and qualified sign language interpretation services. By expanding the number of licensed interpreters on the Board, and requiring that at least three Board members provide services with an interpreter agency or in educational, legal, and medical settings, SB 645 will add important viewpoints and expertise to the Board. These viewpoints will be particularly essential over the next year as the Board develops its initial license requirements and regulations governing the licensing process. UMMS strongly supports the initial licensing framework created by the General Assembly, and believes that SB 645 will provide important and targeted changes and clarifications to assist the Board with finalizing the licensing requirements.

UMMS is committed to improving the lives and wellbeing of the patients we serve, and this includes providing high-quality interpretation services to individuals who are deaf or hard of hearing. Our hospitals, emergency departments, freestanding medical facilities, urgent care centers, and other health care facilities contract with leading sign language interpretation service providers for in-person and video remote interpreting ("VRI") services. And, at least two hospitals also employ a full-time medical interpreter in American Sign Language. All interpreters, whether in person or VRI, meet the National Association of the Deaf ("NAD"), Registry of Interpreters for the Deaf ("RID"), or Board of Evaluation for Interpreters ("BEI") certification standards, which serve as the basis for sign language interpreter licensing

requirements in the Act. In FY25, UMMS acute care hospitals alone utilized the services of qualified ASL interpreters for more than 9,000 patient encounters (see Table 1 below).

Table 1. FY2025 ASL Interpretation Services, by Hospital

Member Organization	FY 2025 Total	
	VRI	In-person
UM Baltimore Washington Medical Center	558	
UM Charles Regional Medical Center	237	
University of Maryland Medical Center	5,806	430
UM Shore Regional Health	373	
UM Capital Region Health	538	10
UM Saint Joseph Medical Center	160	33
UM Upper Chesapeake Health	609	
UM Rehabilitation and Orthopaedic Institute	611	
Total	8,892	473

SB 645 proposes common sense alterations to the Act, which will assist the Board in developing and implementing a successful licensing scheme and promoting the growth of the sign language interpreter profession in Maryland. To further strengthen the bill, UMMS supports the amendments proposed by the Maryland Hospital Association. These amendments are based on discussions with certified sign language interpreters and agencies, stakeholders across the education, judicial, and health care sectors, and a comprehensive review of the Act and the draft regulations developed by the Board to license Sign Language Interpreters to implement the Act, which were published in the Maryland Register on May 16, 2025. UMMS supports all of the amendments proposed by MHA, but the focus of this letter is on three issues that are critical to a successful regulatory rollout of the licensing requirements for sign language interpreters:

1. **Clarify whether State agencies, county and municipal governments, schools, courts, colleges and universities, hospitals, and other settings are required to provide in-person interpretation services – as opposed to video remote interpreting services – if requested by an individual who is deaf or hard of hearing.**

In the Act, the General Assembly directed the Board to adopt regulations to implement the legislation. In particular, in §9-2415(b)(3) of the State Government Article, the Board is directed to:

> *Adopt regulations to…allow deaf and hard of hearing individuals to determine whether they **prefer** sign language interpretation services being provided in a video remote interpreting setting or through in-person interpreting.*

In the draft regulations published in May 2025, the Board proposed to implement this provision by requiring interpreters and agencies to provide sign language interpreting services via VRI or on-site,

in-person interpreting ***"according to the preference of the consumer."*** Further, any interpreter or agency who cannot provide the type of interpretation requested is ***prohibited*** under regulation from providing the individual with interpreting services. While consumer choice may be an appropriate option in many settings, it is not practical in hospitals, emergency departments, or other healthcare facilities that provide emergency medical care. There are simply not enough certified interpreters in Maryland to meet the sizable demand for interpretive services in the healthcare sector. As of this writing, the State of Maryland has fewer than 500 certified ASL interpreters. In contrast, the University of Maryland Medical Center in Baltimore City – one of 11 UMMS hospitals – received more than 6,200 ASL requests in Fiscal Year 2025 (July 1, 2024– June 30, 2025). There are more than 60 hospitals and thousands of health care facilities in the State. Given the volume of demand for interpreting services and the scarcity of qualified interpreters in the State, it is impossible for these facilities to ensure in-person interpreting services. Yet, the only exception to the "consumer choice" provision in the draft regulations was "in the case of an emergency" – a term that was not defined in the regulatory proposal – interpreters and agencies could provide sign language interpreting services via VRI for *a maximum of 60 minutes*. UMMS hospitals have shared that when requesting in-person interpreting services it typically takes a minimum of 3 to 5 hours for an interpreter to arrive in urban and suburban areas, and up to 8 to 10 hours or longer in rural areas where there are few certified interpreters. Simply put, the regulatory proposal is unworkable.

The following is an excerpt of the draft regulations governing "consumer choice" proposed by the Board in May 2025:

> **COMAR 14.41.01.08**
> .08 Consumer Choice.
> A. Interpreters and agencies shall provide sign language interpreting services via VRI or on-site, in-person interpreting ***according to the preference of the consumer***.
> B. Prior to accepting a request for services, interpreters and agencies must ask the requester of the services whether the consumer prefers VRI or on-site, in-person interpreting.
> C. ***If the requester is requesting one type of service and the consumer prefers the other type, the interpreter or agency shall not provide sign language interpreting services***.
> D. In the case of an emergency, ***interpreters and agencies may provide sign language interpreting services via VRI for up to sixty (60) minutes***.

Establishing a requirement to provide in-person interpreting services is also inconsistent with the communication standards established by the federal Americans with Disabilities Act (the "ADA"). Department of Justice regulations implementing the ADA for State and local government services and public accommodations and commercial facilities give covered entities the choice of using VRI or on-site interpreters in situations where either would be effective. Importantly, if VRI is chosen, the covered entity must ensure that it includes real-time, full-motion video and audio, is large enough to display the interpreter's face, arms, hands, and fingers, and a clear audible transmission of voices. All UMMS facilities must and do comply with this standard. The Board's regulatory proposal is more stringent than the Americans with Disabilities Act, and given the shortage of

qualified interpreters in the State the proposed ban on interpreters providing interpreting services unless it is the type of service the consumer prefers (e.g., in-person) will result in fewer deaf and hard of hearing individuals receiving interpreting services.

Finally, in reviewing the testimony and hearings from 2023, the consumer choice provision is not discussed at any point. If it were widely understood that the Act would require covered entities, including state agencies and local governments, to provide on-site, in-person interpreting services on demand, the bill would have had a significant fiscal and operational impact. However, the fiscal and policy note only lists state expenditures related to hiring personnel in the Office of the Deaf and Hard of Hearing, and no reference to requirements for state agencies, local governments, and other covered entities hiring or contracting for in-person ASL interpreting services.

The Board's regulatory proposal to mandate consumer choice in all settings is not consistent with the statutory authorization granted to the Board in the Act, not aligned with federal law under the Americans with Disabilities Act, and impossible to comply with given the shortage of qualified interpreters in the State. Given these considerations, UMMS strongly encourages the Committee to clarify that §9-2415(b)(3) does not require state agencies, local governments, hospitals, courts, and other covered entities to provide on-site, in-person services based on consumer preference. (See Amendment #1 below)

2. **Amend §9-2420 to Expressly Waive Licensing Requirements for Individuals Licensed to Provide Sign Language Interpretation Services in Another State.**

In the Act, the General Assembly authorized the Board to waive any part of the licensing requirements for an applicant who is licensed to provide sign language interpretation services in another state with qualifications that were substantially equivalent. This waiver would be contingent on the applicant paying to the board a non-refundable application fee and a license fee.

Despite this statutory grant of authority and clear direction from the General Assembly, the Board rejected establishing a waiver process for out-of-state applicants, stating

> *Pursuant to the discretion granted to the Board in State Government Article, §9-2420, Annotated Code of Maryland, the Board elects not to waive any requirement of State Government Article, Title 9, for an applicant who is licensed to provide sign language interpretation services in another state.*

At least 20 states require licensure for ASL interpreters and most of these jurisdictions establish substantively equivalent qualifications, including certification by the Board for Evaluators of Interpreters, National Association of the Deaf, or Registry of the Interpreters for the Deaf. Currently, most interpreting services provided at health care facilities in the State use out-of-state interpreters who are licensed in other jurisdictions and/or hold NAD, RID, or BEI certification. These interpreters are critical to ensuring that hospitals and other health care facilities across the State can provide high-quality and time-sensitive care to critically ill and injured patients. Out-of-state interpreters are essential due in part to the ongoing sign language interpreter shortage. At

present, UMMS holds contracts with three entities that provide VRI services and each uses Maryland and out-of-state interpreters due to the extremely limited number of qualified interpreters in the State. Each of the out-of-state VRI interpreters is qualified to provide interpretive services, including certification by BEI, NAD, or RID. Given the high cost and administrative burden of applying for a license in another state, these agencies and interpreters may decide to no longer provide services in Maryland, rather than complete the licensing process, which would only exacerbate the current shortage. Therefore, UMMS urges the Committee to strike "may" and insert "shall" in §9-2420(a) to ensure the Board implements a commonsense waiver process for qualified applicants licensed in other jurisdictions. (See Amendment #2 below).

3. **Revise the Dates for the Board to Publish Licensing Requirements and Sign Language Interpreters to Meet the Licensing Requirements.**

SB 645 proposes extending the statutory deadline for the Board to publish licensing requirements from July 1, 2024 (the date in the original Act) to December 31, 2026. UMMS appreciates the inclusion of an extension of this deadline and the accompanying recognition that the Board needs additional time to develop these requirements. However, UMMS does not believe December 31, 2026, will give the newly constituted Board adequate time to develop licensing requirements and recommends extending the deadline to July 1, 2027. SB 645 is scheduled to take effect on October 1, 2026, and establishes six new positions on the Board. Under law, the Office of Appointments may not appoint any of the new members until the legislation takes effect. Even if the new members were appointed on the same day the bill took effect, it would be difficult to develop licensing requirements in 90 days. Given the time it takes to solicit applications and interview and vet candidates, it is possible, if not likely, that all the new members may not even be appointed by December 31, 2026. Similarly, considering all the regulatory steps the Board must take to develop and implement the licensing requirements – develop licensing requirements, draft regulations, publish the draft regulations in the *Maryland Register* for a period of at least 30 days, solicit public comments on the draft regulations, respond to any substantive public comments, wait at least 15 days before issuing a notice of final action, develop and publish a license application, solicit license applications, and process license applications – it appears likely that more time will be needed. Therefore, UMMS recommends extending the date by which interpreters need to be licensed from July 1, 2027, to January 1, 2028. (See Amendment #3 below).

For these reasons, the University of Maryland Medical System supports SB 645, with amendments, and respectfully requests a ***favorable*** report on the bill.

For more information, please contact:

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Amendment #1 – Consumer Choice
UMMS supports the goal of consumer choice, and seeks to accommodate patients in-person, if requested. However, the inflexible requirement proposed by the Board in its May 2025 regulations will be impossible to implement. Given the limited number of interpreters in Maryland, in certain counties/jurisdictions, it would be virtually impossible for employers to consistently meet this requirement.

9-2415.

(b) The Board shall adopt regulations to:

(1) govern sign language interpretation services provided in a video remote interpreting setting;

(2) establish licensing and certification standards of interpreting agencies that do business in the State;

(3) allow deaf and hard of hearing individuals to ~~determine~~ **INDICATE** whether they prefer sign language interpretation services being provided in a video remote interpreting setting or through in–person interpreting **AND REQUIRE EMPLOYERS TO PROVIDE REASONABLE ACCOMMODATIONS TO SUPPORT THIS PREFERENCE TO THE EXTENT PRACTICABLE**.; and

(4) provide sign language interpretation services in a video remote interpreting setting.

Amendment #2
In the Act (2023), the General Assembly gave clear direction to the Board to develop a waiver process for qualified interpreters licensed in other jurisdictions. Despite this direction, the Board has proposed regulations prohibiting waivers. UMMS recommends adopting this amendment to streamline the licensing process for individuals already certified and licensed in other jurisdictions. This will greatly assist with the implementation of the Act.

9-2420.

(a) Subject to the provisions of this section, the Board ~~may~~ **SHALL** waive any requirement of this part for an applicant who is licensed to provide sign language interpretation services in another state.

Amendment #3
Given that the new members of the Board may not be appointed until October 2026, the deadlines for developing licensing requirements, promulgating regulations, and developing and implementing a licensing scheme are not reasonable. UMMS recommends granting the Board an additional 6 months for each statutory requirement.

§9–2414.

(a) The Board shall:

(1) license qualified individuals to provide sign language interpretation services;

(2) on or before **[**July 1, 2024**]** ~~**December 31, 2026**~~ **JULY 1, 2027**, establish and publish licensing requirements for sign language interpreting in all settings;

(3) provide technical assistance to license applicants and other interested persons;

(4) promote the profession of sign language interpreting, including providing workshops and trainings to raise public awareness and to facilitate professional development; and

(5) perform any other duties assigned by the Director.

SECTION 4. AND BE IT FURTHER ENACTED, That:

(a) Beginning **[**January 1, 2025**]** ~~**JULY 1, 2027**~~ **JANUARY 1, 2028**, an individual who provides sign 30 language interpretation services in the State shall meet the requirements of Title 9, 31 Subtitle 24, Part III of the State Government Article, as enacted by Section 3 of this Act