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BILL: SB 502
TITLE: Language Acquisition Tracking Program for Deaf and Hard of Hearing Children – Establishment
DATE: February 26, 2026
POSITION: Unfavorable
COMMITTEE: Senate Education, Energy, and the Environment Committee
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The Public School Superintendents' Association of Maryland (PSSAM), on behalf of all twenty-four local school superintendents, **opposes** Senate Bill 502.

This legislation establishes the Language Acquisition Tracking Program for Deaf and Hard of Hearing Children in the State Department of Education; establishes a State Coordinator within the Department to coordinate the Program and create a parent and guardian resource to help parents and guardians track a child's language acquisition progress; establishes the Language Acquisition for Deaf and Hard of Hearing Children Advisory Council to advise and provide certain consultation services to the State Coordinator, approve a certain language assessment tool, and review a certain report; requires the Department, in consultation with the Maryland Department of Health and the Maryland School for the Deaf, to issue an annual report on the language acquisition of deaf or hard of hearing children.

Maryland superintendents share the goal of ensuring that deaf and hard of hearing children receive timely, high-quality services and that families are supported with clear information. However, as drafted, this bill is overprescriptive and duplicative or conflicting with existing law and practice under IDEA. Further, it risks disrupting Maryland's long-standing education governance structure where MSDE sets statewide policy expectations and standards, while local school systems retain flexibility to select curriculum and diagnostic tools to meet individual student needs.

Maryland already has a strong legal framework under IDEA that governs services for children with disabilities and requires individualized supports and progress monitoring. Specifically, **Part C** provides services for infants and toddlers through Individualized Family Service Plans (IFSPs) and is reviewed at least every six months. **Part B** governs preschool and school-age services through Individualized Education Programs (IEPs) and is reviewed at least annually with regular progress reporting.

These systems already require multidisciplinary teams to monitor child outcomes, revise plans when progress is insufficient, and ensure individualized supports. Many of the bill's requirements - including regular assessment, family engagement, documented progress, and adjustments to plans are already occurring. The specific tool or process appropriately varies by child and needed services.

The bill's birth-to-nine framework is unusually expansive. Part C and Part B are fundamentally different systems — IFSP versus IEP — with different statutory purposes, timelines, and service models. A single rigid tracking mandate across both systems risks confusing families and complicating transitions. The transition from Part C to Part B already requires careful coordination and documentation. Establishing a separate, parallel tracking structure through age nine risks layering complexity onto an already structured and carefully managed process.

The required six-month testing cycle is also redundant. IFSP reviews already occur every six months. IEP teams monitor progress regularly and may convene at any time to adjust services. A mandated statewide testing schedule every six months through age nine risks:

- Creating a paper compliance exercise rather than improving services;
- Diverting staff time away from direct instruction, therapy, and family engagement; and
- Encouraging tool-driven decisions rather than individualized, team-based determinations.

Similarly, the bill's requirement that IFSPs, IEPs, or 504 Plans be updated if a child does not demonstrate progress is already embedded in IDEA practice. When a child is not making expected progress, teams reconvene and revise services. Codifying this again and tying it to a single tool adds compliance burden without improving outcomes.

This bill creates significant duplication of existing supports and risks confusion for families. Once children enter school, language and literacy development are tracked through classroom-based assessments and structured progress monitoring systems. A separate mandated tool would likely overlap with or conflict with these existing systems. Adding a parallel, statewide tracking system risks sending mixed signals and generating duplicative paperwork rather than streamlining services.

By elementary school, students already participate in multiple literacy and academic assessments — including tools such as DIBELS and MAP — that provide detailed data on reading skills, comprehension, and language development. Layering a separate, uniform, state-mandated language acquisition assessment on top of these existing measures risks duplicating assessments already in place, increasing time away from instruction and services, and blurring the distinction between early language monitoring and broader academic achievement tracking.

The bill significantly alters Maryland's education governance structure by mandating a statewide assessment tool selected by a volunteer Advisory Council and creates a mandated coordinator position within MSDE with very specific performance requirements.

This approach usurps the established balance between MSDE's statewide oversight role and local school systems' responsibility to select appropriate assessments. The legislation also substitutes the Council's judgment for the individualized determinations made by legally required IFSP and IEP teams and risks imposing additional assessments beyond those already used for literacy, language development, and progress monitoring.

Stakeholders and advocates — particularly families and the deaf and hard of hearing community — play a vital and important role. ***However, education policy and assessment systems must ultimately be led by educators and implemented through legally accountable teams, not dictated by a multi-interest advisory body empowered to mandate a single statewide tool.***

We are also concerned about the composition of the Advisory Council and the exclusion of MSDE, the State agency charged with educational oversight and implementation. While the Maryland Department of Health plays a critical role for children birth to three, its statutory authority does not extend into the K–12 environment in the same manner. Granting authority to mandate an assessment tool to a body without direct implementation responsibility raises concerns about alignment, accountability, and practical execution.

The bill further ***establishes a new State Coordinator position*** required to consult with the Advisory Council. MSDE already maintains staff, workgroups, and structures dedicated to supporting deaf and hard of hearing students. Many of the bill's stated goals - including improved parent resources and strengthened tracking supports - could be accomplished through MSDE guidance and collaboration without creating new statutory structures that reduce flexibility and insert a council into operational decision-making.

Finally, creating a disability-specific council with approval authority over a statewide assessment tool sets a troubling precedent. Maryland's special education framework is grounded in individualized need - not disability category hierarchy. Establishing a unique governance structure for one group risks inequity and fragmentation across special education systems.

Maryland already has a comprehensive IDEA-driven framework that requires individualized planning, progress monitoring, family engagement, and plan revision when needed. While we share the goal of improving outcomes for deaf and hard of hearing children, this bill duplicates existing requirements, creates governance conflicts, and imposes rigid structures that risk undermining individualized decision-making.

For these reasons, PSSAM **opposes** Senate Bill 502.