

SB502 BD.pdf

Uploaded by: Blaise Delahoussaye

Position: FAV

February 23, 2026

Subject: Please support Maryland's LEAD-K bill (Language Acquisition Tracking Program for Deaf and Hard of Hearing Children)

Dear Senator Waldstreicher,

I am a Maryland resident in your district and a member of the Deaf, DeafBlind, DeafDisabled, and Hard of Hearing community (or parent/guardian/ally). I am writing to ask you to support Maryland's LEAD-K bill creating a Language Acquisition Tracking Program for Deaf and Hard of Hearing children (SB 502 and HB 879).

This bill helps ensure Deaf, DeafBlind, DeafDisabled, and Hard of Hearing children develop language skills on track with their peers by providing regular language assessments (signed or spoken chosen by families), setting statewide milestones, supporting educators with training, and requiring public reporting on outcomes.

Please support this bill and help Maryland prevent language deprivation and improve kindergarten readiness and long-term success for Deaf, DeafBlind, DeafDisabled, and Hard of Hearing children.

Thank you for your time and service.

Sincerely,

Blaise Delahoussaye

Rockville, Maryland

Maryland Catholic Conference_FAV_SB502.pdf

Uploaded by: Diane Arias

Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

February 26, 2026

Senate Bill 502
Language Acquisition Tracking Program for Deaf and Hard of Hearing Children -
Establishment
Senate Education, Energy, and the Environment Committee

Position: Favorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 502 establishes the Language Acquisition Tracking Program for Deaf and Hard of Hearing Children in the State Department of Education to ensure that eligible children develop language skills at the same rate and to the same extent as their peers; establishing a State Coordinator of Language Acquisition for Deaf and Hard of Hearing Children to coordinate the Program and create a parent and guardian resource to help parents and guardians of deaf or hard of hearing children track a child's language acquisition progress

Early language acquisition is foundational to healthy brain development. During the first five years of life, neural pathways responsible for communication, learning, and social interaction are rapidly forming.¹ The Centers for Disease Control and Prevention emphasize that meeting language milestones is a critical indicator of overall child development. When children experience delays in early language exposure, it can affect literacy, academic performance, and social-emotional growth.

For deaf and hard of hearing children in particular, consistent and fully accessible language exposure is essential. Research supported by the National Institute on Deafness and Other Communication Disorders shows that without early access to signed language, spoken language supports, or both, children are at risk of language deprivation, which can have long-term

¹ <https://www.firstthingsfirst.org/early-childhood-matters/brain-development/#:~:text=How%20Brain%20Connections%20Are%20Built,connections%20that%20last%20a%20lifeti me.>

developmental consequences.² Studies funded by the National Institutes of Health further demonstrate that early and consistent language access strengthens cognitive development, executive functioning, and long-term academic outcomes.

This legislation creates a structured and proactive approach to prevent children from falling behind. It establishes a Language Acquisition Tracking Program within the State Department of Education to ensure that eligible children are assessed within six months of diagnosis and every six months thereafter. A standardized language assessment tool will measure progress in signed language, spoken language, or both—based on the informed choice of the child’s parent or guardian. By requiring regular assessments conducted by qualified teachers or specialists, the program ensures that developmental benchmarks are consistently monitored and that any delays are identified early. Importantly, the program is provided at no cost to families, removing financial barriers that could otherwise prevent timely evaluation and intervention. The legislation also establishes a State Coordinator of Language Acquisition and an Advisory Council to support coordination, accountability, and parent resources. Empowering families with tools to track their child’s progress strengthens collaboration between educators, specialists, and parents.

Consistency in monitoring is key. When language delays are identified early, targeted interventions can be implemented before gaps widen and become more difficult to remediate. Without such safeguards, children risk long-term educational setbacks and social isolation. No child should miss critical developmental milestones because of a disability or lack of adequate support. This legislation ensures that deaf and hard of hearing children receive the structured, equitable access to language they need to thrive academically, socially, and emotionally.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 502**.

Thank you for your consideration.

² <https://pmc.ncbi.nlm.nih.gov/articles/PMC5469702/>

SB502 UH.pdf

Uploaded by: Karl Ulf Hedberg

Position: FAV

February 23, 2026

Subject: Please support Maryland's LEAD-K bill (Language Acquisition Tracking Program for Deaf and Hard of Hearing Children)

Dear Senator Waldstreicher,

I am a Maryland resident in your district and a member of the Deaf, DeafBlind, DeafDisabled, and Hard of Hearing community (or parent/guardian/ally). I am writing to ask you to support Maryland's LEAD-K bill creating a Language Acquisition Tracking Program for Deaf and Hard of Hearing children (SB 502 and HB 879).

This bill helps ensure Deaf, DeafBlind, DeafDisabled, and Hard of Hearing children develop language skills on track with their peers by providing regular language assessments (signed or spoken chosen by families), setting statewide milestones, supporting educators with training, and requiring public reporting on outcomes.

Please support this bill and help Maryland prevent language deprivation and improve kindergarten readiness and long-term success for Deaf, DeafBlind, DeafDisabled, and Hard of Hearing children.

Thank you for your time and service.

Sincerely,

K. Ulf Hedberg

Rockville, Maryland

EACtestimony2026.SB502.pdf

Uploaded by: Leslie Margolis

Position: FAV

Education Advocacy Coalition for Students with Disabilities

SENATE EDUCATION, ENERGY, AND THE ENVIRONMENT COMMITTEE

**SENATE BILL 502: Language Acquisition Tracking Program for Deaf and Hard of Hearing
Children—Establishment**

February 26, 2026

Position: SUPPORT

The Education Advocacy Coalition for Students with Disabilities (EAC) is a coalition of nearly 50 organizations and individuals committed to advancing education policies that protect and support Maryland students with disabilities. The EAC supports Senate Bill 502, which will establish a statewide language acquisition tracking program within the Maryland State Department of Education so Deaf, DeafBlind, DeafDisabled, and Hard of Hearing children can develop age-appropriate language skills on par with their peers.

The EAC particularly appreciates that Senate Bill 502 offers families the opportunity to choose whether the child's progress will be tracked in sign language, spoken language or both; this maintains the focus on the acquisition of language skills without requiring families to become enmeshed in philosophical debates about language. The EAC also appreciates the requirement that a child's Individualized Family Services Plan (IFSP), Individualized Education Program (IEP) or Section 504 plan be revised to include specific strategies, services and programs if the child is not demonstrating progress.

Language acquisition is essential to the development of cognitive, social and emotional development. If enacted, Senate Bill 502 will ensure that children who are Deaf, DeafBlind, DeafDisabled or Hard of Hearing will have the same opportunity for language acquisition that their peers have, with required steps if they fall behind.

For these reasons, the EAC supports Senate Bill 502.

Contact: Leslie Seid Margolis at lesliem@disabilityrightsmd.org or 443-692-2505.

Respectfully submitted,

Rene Averitt-Sanzone, Parents Place of Maryland

Linda Barton, Education Consultant

Beth Benevides, Autism Society of Maryland; Co-Chair, Education Advocacy Coalition

Ellen Callegary, Attorney (retired)

Education Advocacy Coalition Testimony: Senate Bill 502, Page 2

Rich Ceruolo, Parent & Advocate

Jennifer Engel Fisher, JEF Consultants

Lisa Frank, Special Kids Company

Mallory Legg, Project HEAL at Kennedy Krieger Institute

Rachel London, Maryland Developmental Disabilities Council

Leslie Seid Margolis, Disability Rights Maryland

Monica Martinez, Martinez Advocacy

Ellen O'Neill, Atlantic Seaboard Dyslexia Education Center

Ronza Othman, National Federation of the Blind of Maryland

Kate Rabb, Law Offices of Joseph & Rabb

Rebecca Rienzi, Pathfinders for Autism

Jaime Seaton, BGS Law

ASDC Support Letter SB502.pdf

Uploaded by: MDAD President MDAD President

Position: FAV

AMERICAN SOCIETY FOR DEAF CHILDREN

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

www.deafchildren.org

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,

Katie Chubb, BSN- RN

Executive Director

American Society for Deaf Children

ed@deafchildren.org

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.

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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.

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Coalition Letter.pdf

Uploaded by: MDAD President MDAD President

Position: FAV

Education, Energy, and Environment
2 West Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chair and Committee Members,

The Maryland Association of the Deaf Coalition, a network of Deaf, DeafBlind, and Hard of Hearing organizations across Maryland, writes collectively to express our strong support for Senate Bill 502, which establishes the Language Acquisition Tracking Program for Deaf and Hard of Hearing Children.

Early and consistent access to language development is essential for the educational, social, and cognitive growth of deaf and hard of hearing children. SB 502 will ensure:

- Comprehensive tracking of language development, enabling families and educators to address delays promptly.
- Statewide coordination and expertise through a designated State Coordinator, supporting consistent assessment and reporting.
- Equitable access for families across Maryland, including both signed and spoken language options.

By creating this program, Maryland will provide families and educators the tools and guidance needed to support the full potential of deaf and hard of hearing children. This aligns with our shared mission to advance inclusion, education, and opportunity for all Marylanders in the deaf community.

We strongly urge the Committee to vote in favor of SB 502.

Thank you for your attention and support.

Tina Joyner, President
Maryland Association of the Deaf

Jacob Leffler, President
Baltimore City Association of the Deaf

Linda Stoltz, President
Maryland Deaf Community Center

Teresa Murbach, President
Howard County Association of the Deaf

John Thuahnai, President
Greater Washington Asian Deaf Association

Gabrielle Davis, President
Prince George's County Association of the Deaf

Payal Sweet, Director
Metro South Asian Deaf Association

Jackie Kanekuni, President
Frederick Deaf Seniors

Eddie Martinez, Jr., President
Metro Washington Association of the DeafBlind

Michelle Westfall, President
Free State Chapter of the Gallaudet University
Alumni Association

Thelma Schroeder, President
Maryland Deaf Senior Citizens, Incorporated

Deborah Hill, President
Maryland School for the Deaf Alumni
Association

Sean Markel, State Representative
Deaf Grassroot Movement (Maryland)

Letter in Support of SB 502 MSD.pdf

Uploaded by: MDAD President MDAD President

Position: FAV

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Established 1868



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Education, Energy and Environment
2 West Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chair and Members of the Committee:

As the principals of the Frederick and Columbia Family Education and Early Childhood Departments at the Maryland School for the Deaf, we are writing to give support to Senate Bill 502, establishing the Language Acquisition Tracking Program for Deaf and Hard of Hearing Children. From an early childhood deaf education perspective, this legislation represents a critical step toward ensuring that deaf and hard of hearing infants and young children in Maryland have timely, measurable, and equitable access to language during the most sensitive period of early brain development.

Research in early childhood development consistently demonstrates that the first five years of life are foundational for language, cognitive growth, literacy, and social-emotional development. For deaf and hard of hearing children, early and consistent access to language must be intentional, systematic, and continuously monitored. Without clear benchmarks and coordinated oversight, language delays may go unidentified until children enter preschool or kindergarten, at which point remediation becomes more difficult and costly.

SB 502 addresses this gap by establishing a structured, statewide framework to monitor and support language acquisition from the earliest years. Specifically, this bill will:

1. Ensure ongoing, developmentally appropriate tracking of expressive and receptive language skills, allowing families and providers to identify and address language delays as early as possible.
2. Create coordinated leadership through a designated State Coordinator to promote consistent implementation, data-informed decision-making, and alignment across early intervention and educational systems.
3. Promote equitable access to language acquisition monitoring tools and resources for families throughout Maryland, regardless of geographic location or communication modality.

A systematic tracking program empowers families with clear information, supports professionals and families in making evidence-based decisions, and helps ensure that no child enters school without an age-appropriate language foundation.

By adopting SB 502, Maryland affirms its commitment to early identification, early intervention, and educational equity. The bill reflects best practices in early childhood deaf education and strengthens accountability for ensuring that deaf and hard of hearing children develop the language skills necessary for long-term academic success and lifelong participation. We respectfully urge the Committee to vote in favor of Senate Bill 502.

Thank you for your leadership and consideration.

A handwritten signature in black ink, appearing to read "Amy G. Lindley".

Amy G. Lindley, M.A. Ed., Frederick Campus Principal
Family Education and Early Childhood Department

A handwritten signature in black ink, appearing to read "Patricia Muldowney".

Patricia Muldowney, M.A., Columbia Campus Principal
Family Education and Early Childhood Department

MDAD Letter Written Testimony SB 502.docx.pdf

Uploaded by: MDAD President MDAD President

Position: FAV



Maryland Association of the Deaf
Written Testimony
SB 502 – Language Acquisition Tracking Program for Deaf
and Hard of Hearing Children
Thursday, February 26, 2026
Position: Favorable

President

Tina Joyner

The Maryland Association of the Deaf (MDAD) is a statewide organization dedicated to protecting and advancing the interests of Deaf, DeafBlind, and Hard of Hearing Marylanders in matters of accessibility, civil rights, and equity. There are approximately 1.2 million Deaf, DeafBlind, and Hard of Hearing individuals living in the State of Maryland.

Vice President

Jacob Leffler

We write to express our strong support for SB 502, sponsored by Senator King, regarding the Language Acquisition Tracking Program for Deaf and Hard of Hearing Children.

Secretary

Payal Sweet

SB 502 is not about determining which language or communication modality is better than another. It is about ensuring that every Deaf, DeafBlind, and Hard of Hearing child in Maryland develops strong, measurable language skills using the approach that works best for that individual child. The focus is language acquisition outcomes — not ideology.

Treasurer

Smita Kothari

The bill's emphasis on ages 0–8 is critical. These are the most important years for brain and language development. Currently, there is no mandatory statewide academic assessment until third grade. By that time, language delays may already have long-term academic and social consequences. This program ensures that Deaf, DeafBlind, and Hard of Hearing children are monitored for language milestones and benchmarks in their early developmental years — just as hearing children are — so that timely adjustments can be made when needed.

Board Members

Meredith DeSomma

Vikki Porter

Theo Conley

Kitty Fogarty

Bill Millios

Thelma Schroeder

SB 502 helps prevent language deprivation by creating a structured, statewide system to identify when a child is not meeting age-appropriate language benchmarks. Early identification allows families and professionals to make informed decisions and implement changes before delays become severe and costly to remediate.

Importantly, SB 502 strengthens support for parents. Families of Deaf, DeafBlind, and Hard of Hearing children often face complex and emotional decisions during the earliest years of development. This program provides parents with clear benchmarks, accessible information, and coordinated guidance so they can make informed decisions about their child's language growth. Rather than replacing parental choice, the bill empowers families with meaningful data and early insight to ensure their child remains on track and receives appropriate support when needed.

The bill also strengthens — rather than duplicates — the existing system. It does not replace IEP and IFSP processes or early intervention services. Instead, it supplements current structures by improving coordination, transparency, and accountability. It provides families with clearer information and gives the state aggregate data to better understand trends and service gaps.

We also emphasize the importance of maintaining a balanced and representative Advisory Council. The Council should include diverse expertise and lived experience — including Deaf, DeafBlind, and Hard of Hearing adults, parents, educators, and language specialists — to ensure assessment tools and reporting practices remain child-centered, evidence-based, and outcome-focused.

In addition to improving educational readiness and equity, early language monitoring leads to long-term cost savings by reducing the need for intensive remediation services later in a child’s academic career. Strong early language foundations support stronger academic achievement, workforce readiness, and lifelong success.

SB 502 promotes equity, early intervention, accountability, and informed parental choice — all centered on what is best for the child.

We respectfully urge the Committee to give SB 502 a favorable report.

Thank you for your consideration.

MDAD Board of Directors

One Pager for SB 502 and HB 879.pdf

Uploaded by: MDAD President MDAD President

Position: FAV

SB 502 and HB 879 — Maryland Language Acquisition Tracking Program

One-Page Legislator Brief

The problem

Maryland lacks consistent, statewide data to track whether deaf and hard of hearing (D/HH) children are acquiring language on time. Without routine tracking, language delays can go unnoticed, increasing later costs (more intensive special education support and reduced long-term workforce participation).

What SB 502/HB 879 do

- Creates a statewide Language Acquisition Tracking Program in MSDE for D/HH children under age 9 with an IFSP, IEP, or 504 plan.
- Requires an approved assessment tool to track language acquisition (signed, spoken, or both—parent choice).
- Assesses within 6 months of diagnosis and every 6 months for age 0-5 thereafter annually until age 9 (parents may opt out in writing).
- Allows results to inform the IFSP/IEP/504 and requires updates when progress is not being made, including strategies and services.

Accountability and coordination

- Establishes an MSDE State Coordinator to implement the program, set benchmarks, and oversee data tracking.
- Creates an Advisory Council (including parents and Deaf community representation) to approve the assessment tool and review reporting.

Reporting: Maryland finally gets usable statewide data

Beginning July 1, 2028 (and annually), MSDE must publish a report comparing D/HH children's language acquisition to peers, disaggregated by key factors (e.g., modality, hearing level, additional disabilities, race, and where possible services/geography).

Why this saves money and grows Maryland's workforce

- Early language access reduces expensive remediation later by identifying gaps sooner and targeting supports when intervention is most effective.
- Full access to language supports literacy, graduation, and employment—improving lifetime earnings and reducing reliance on SSI/Medicaid and other public benefits.
- The goal is more Deaf Marylanders able to work, contribute to the economy, and be tax-paying citizens.

Key dates

- Effective: July 1, 2026.
- First annual public report due: July 1, 2028.

Resource

- tiny.cc/marylandleadk

SB 502 - DeSomma, M. .pdf

Uploaded by: Meredith DeSomma

Position: FAV

Education, Energy, and the Environment Committee
2 West Miller Senate Office Building
Annapolis, Maryland 21401

February 26, 2026

Dear Chair and Members of the Committee,

My name is Meredith DeSomma. I am a Deaf parent of two Deaf and Hard of Hearing children, and I am here today representing parents across Maryland in strong support of SB 502.

From my lived experience and what I have witnessed in our community, many Deaf and Hard of Hearing individuals experience language deprivation. My husband is one of them. He did not have full access to language until he was eighteen years old. He openly shares that he struggled for many years because he lacked the language foundation needed to truly thrive.

Language deprivation happens for many reasons — lack of information, lack of resources, delayed exposure to accessible language, or a “wait and see” approach. Currently, language deprivation often occurs because parents do not receive full, balanced information about ASL, English, and intervention services that focus on language development. But regardless of the reason, the impact on a child can be lifelong.

I am here for the Deaf and Hard of Hearing children in Maryland who are at risk of language deprivation — and for the families who may not yet understand how critical early, fully accessible language truly is.

Language deprivation is not simply an educational delay. It affects brain development, emotional health, behavior, and long-term success. The early years of life are the most critical window for language development. Deaf and Hard of Hearing children cannot afford to “wait and see.” When accessible language is delayed, the consequences can last a lifetime.

Language is more than communication.

Language is access.

Language is safety.

Language is identity.

Supporting parents means ensuring families receive clear, accurate, and balanced information from the very beginning, monitoring language milestones — not to judge, but to ensure children are developing as they should — and providing access to resources, early intervention, and language opportunities for the entire family. It means equipping parents with knowledge and community so they can make informed decisions that protect their child’s right to language.

SB 502 ensures that Deaf and Hard of Hearing children in Maryland are monitored for language milestones and that families receive the information and support they need. This bill does not take away parental choice. It protects children and equips families with knowledge.

We cannot give children back the early years once they are lost. But today, you have the power to prevent that loss for others.

I respectfully ask you to vote yes on SB 502 and protect every Deaf and Hard of Hearing child’s right to language.

Thank you,

Meredith DeSomma

2-26-2026 Favorable SB0502 DB Language Acquisition

Uploaded by: Ronza Othman

Position: FAV



Live the life you want.

From: Ronza Othman, President
National Federation of the Blind of Maryland
15 Charles Plaza, #3002
Baltimore, MD 21201 president@nfbmd.org

To: Senate Education, Energy, and the Environment Committee

The members of the National Federation of the Blind of Maryland urge the Senate Education, Energy, and the Environment Committee to give a favorable report to SB0502 - Language Acquisition Tracking Program for Deaf and Hard of Hearing Children – Establishment. This bill establishes a language acquisition, assessment and tracking program for deaf, deafblind, and hard-of-hearing students in K-12 schools.

The National Federation of the Blind of Maryland believes in the full capacity of our blind and deafblind members to live the lives they want, despite the attitudinal barriers others put in their way. A common misconception about deafblind people is that they cannot learn language, but we know this is not true. Deafblind people can communicate through verbal speech, Pro-Tactile American Sign Language (PTASL), or through various other means, and they deserve the same chance to learn as anyone else. We believe the program this bill establishes will help parents believe in their deafblind children the way we do, and will help deafblind children achieve their dreams.

Statistics show a severe amount of language deprivation for deaf and deafblind children, with only one to two percent of deafblind children receiving formal PTASL instruction. Additionally, due to the highly-specialized nature of this instruction, deafblind children may only receive a few hours a week, which is dreadfully insufficient in learning to communicate on par with non-deafblind peers. We feel that having a free program for children and parents will narrow the gap and enable deafblind children to flourish in all areas of life—academically, personally, etc. Eventually, more deafblind children will achieve the independence they are fully capable of.

We particularly appreciate the incorporation of parents, educators, and language acquisition strategies for program participants. This bill mandates regular assessments and, should the participant not be on-par with their non-disabled peers, the participant's IEP/504 (or related) plan will include explanations and new goals to help the participant catch up. Additionally, the participant and parents/guardians will receive education on language acquisition strategies, and educators will receive professional development opportunities.

We believe in disability representation in programs and organizations related to us. No one understands the disabled experience like people with disabilities do, and we are heartened by the clause in this bill specifically mandating that the program coordinator be deaf, deafblind, or hard-of-hearing. The bill also directs the program coordinator to appoint board members who are deaf, deafblind, and hard-of-hearing.

For those reasons, we ask for a favorable report on SB0502. For questions, please contact me at President@nfbmd.org or at 443-426-4110.

SB502Letter.pdf

Uploaded by: Danielle Previ

Position: FWA

Maryland Department of Health

Early Hearing Detection and Intervention Advisory Council

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Current Members

*Thomas Horejes, PhD,
CDI, Chair*

*Danielle Previ, PhD,
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Council Coordinator

*Yasmine Price, MS,
CHES*

The Honorable Brian Feldman, Chair
The Honorable Cheryl Kagan, Vice Chair
Education, Energy, and the Environment Committee
2 West Miller Senate Office Building
Annapolis, Maryland 21401

February 20, 2026

Re: SB502/HB879

Dear Senator Feldman and members of the Education, Energy, and Environment Committee,

We would like to submit an official Letter of support with amendments regarding SB502/HB879 – Language Acquisition and Tracking for Deaf and Hard-of-Hearing Children.

We are writing to express our suggestions regarding SB502/HB879, the bill addressing language acquisition and tracking for deaf and hard-of-hearing children. We all have the shared goal of ensuring no child falls behind in language development, we have suggestions about the bill's current implementation, particularly with respect to professional exclusions and administrative feasibility. We have outlined specific suggestions below:

- **Missing Expertise:** The bill does not explicitly require Audiologists or Speech-Language Pathologists (SLPs) to serve on the Advisory Committee. We urge the inclusion of these professionals as required members, given their critical expertise in language acquisition and hearing technologies including technical expertise required for cochlear implants, hearing aids, or classroom FM/DM systems.

- **Feasibility of Assessment Timeline:** The six-month assessment requirement may overwhelm already burdened related-service providers. We suggest re-evaluating this timeline and adopting a more feasible schedule.

- **Duplication of Services and Role Clarification:** The bill introduces a new state-level layer that could duplicate work already performed by local school systems and programs, potentially disrupting the trust between families and their local providers. We recommend clearly defining who is considered an assessment specialist and distinguishing between state-level employees and existing local staff.

- **Language from Home Definition:** There is a need for a specific metric to track the child's primary language exposure at home. This should be clearly defined to ensure accurate data collection.

- **ASL Transition Tracking:** Many families do not sign with their children initially. It is important to track how and when families are introduced to ASL and monitor the child's progress post-introduction.

- **Comprehensive Language Acquisition:** The tracking tool must measure both ASL and spoken language acquisition with equal weight, particularly to support children who may be behind in either or both.

We respectfully request that these suggestions be addressed and incorporated into SB502/HB879.

Maryland Department of Health
Early Hearing Detection and Intervention Advisory Council

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Sincerely,

A handwritten signature in black ink, appearing to read 'Danielle M. Previ'. The signature is fluid and cursive, with a large initial 'D' and a distinct 'P'.

Danielle M. Previ, PhD and the Maryland EHDI Committee Members

Advisory Council to the Maryland Early Hearing Detection and Intervention Program

SB502_HB0879.pdf

Uploaded by: Michelle Morales

Position: FWA

Michelle Morales, EdD
February 25 and February 26, 1:00 pm

Regarding **SB502 & HB0879** - *Language Acquisition Tracking Program for Deaf and Hard of Hearing Children - Establishment* (Sponsors: Senator King and Delegate Bagnall)

Dear members of the Ways and Means Committee,

I want to thank Chair Wilkins, Vice Chair Feldmarks, and the members of the Ways and Means Committee for this opportunity to present my written testimony regarding **HB0879**.

Dear members of the Education, Energy, and the Environment Committee,

I want to thank Chair Feldman, Vice Chair Kagan, and the members of the Education, Energy, and the Environment Committee for this opportunity to present my written testimony regarding **SB502**.

I oppose bills SB502 and HB0879 without amendment. Do not pass without amendment.

My name is Dr. Michelle Morales. I have APL in Elementary Education 1-6 & Middle School; Special Education Core Knowledge & Application; Principles of Learning and Teaching: Early Childhood & Grades K-6; and Early Childhood: Content Knowledge in Maryland. I have Hearing Impaired and American Sign Language endorsements. I have been a board member of the Maryland School f/t Deaf since September 2023 and my term will expire in October 2026. I was involved with two projects with the National Association of Interpreters in Education (NAIE) certification taskforce and Job Task Analysis. With the information from these two projects, NAIE began to work on creating a national certification for Educational Interpreters (aka classroom interpreters). I was a reading intervention teacher, teacher of the deaf at school for the deaf and self-contained classrooms in public schools. Currently I am a Deaf and Hard of Hearing itinerant teacher and consultant from Birth to K and K to 12.

Maryland Association of the Deaf (MDAD) have been writing bills because they are tired of Deaf and hard of hearing people being excluded from the tables and they are not wrong. I understand their frustrations, 100%. I have been deaf a long time. I know what it is like. I have lived this and I still do.

The reasons why I **oppose** these bills are below in no particular order:

- MDAD is **not** a subject matter expert nor do they have credentials on the educational and communication needs of Deaf and Hard of Hearing (DHH) Birth to K and K-12 children. They have not worked in Special Education within the public school systems in Maryland. They have not attended conferences provided by MD EHDI and Maryland State Steering Committee for DHH. They have had opportunities to learn what is appropriate for our DHH children in Maryland.

- In general, the purposes of legislative bills are based on needs to create, amend, or repeal laws and address public needs, etc. The bills; SB502/HB0879 language acquisition tracking program for DHH children is NOT what is needed and there is no evidence to show the lack of language development oversights.
- Licensed Educators and Related Service Providers from 24 local education agencies (23 counties and Baltimore City) were not a part of this discussion.
- Parents with DHH children in Birth to K and/or K-12 with Individualized Family Service Plans (IFSPs) and/or Individual Education Programs (IEPs) from all over the state of Maryland from Cecil to Garrett and to Somerset counties were not a part of this discussion.
- The SB502/HB0870 suggested four items: language acquisition tracking program; state coordinator of language acquisition for DHH children; parents/guardian resources; and language acquisition for DHH children advisory council. Those four are duplicating existing practices.
- The proposed bill with a tracking program and advisory council could potentially violate privacy acts like Family Education Rights Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA).

SB502/HB0879

page 2:

line 18 (III) A SECTION 504 PLAN IN ACCORDANCE WITH THE FEDERAL REHABILITATION ACT OF 1973. (**notes: FYI**; students with 504 plans have no educational needs for specialized services. The language abilities for DHH students with 504 plans are age-appropriate. The 504 plans list accommodations to access education. The information about 504 plan is under Maryland Department of Disabilities, not Special Education with Maryland State Department of Education [MSDE]). See below.

<https://mdod.maryland.gov/education/Pages/Section-504-Plans.aspx> and

<https://www.ppm.org/wp-content/uploads/2023/03/Section-504-3.2023-1.pdf>

page 2:

lines 25-26 (A) THERE IS A LANGUAGE ACQUISITION TRACKING PROGRAM FOR DEAF AND HARD OF HEARING CHILDREN IN THE DEPARTMENT. (**notes:** this item is a duplicate of existing practice. All DHH children with confirmed hearing loss by licensed audiologists are referred to Child Find, a federal mandate. The families and teams [licensed educators and related service providers] create IFSPs or IEPs. The IFSPs meet every six months, annually for IEPs, and more frequently as requested by families and/or teams. Language and communication development assessments and monitoring are the heart of these discussions and reviews among families and teams). See COMAR 13A.05.01.08 below.

page 3: lines 1-32; and page 4: lines 1-26 (**notes:** are duplicates of requirements under Individuals with Disabilities Education Act [IDEA] to ensure Free and Public Education [FAPE]. For ITP [ages birth to 2], part C and for IEP [ages 3 to 5], part B). See below.

<https://marylandpublicschools.org/programs/pages/special-education/mitp/about/index.aspx>

<https://marylandpublicschools.org/programs/Documents/Special-Ed/FSDR/Special%20Education%20Process.pdf>

<https://marylandpublicschools.org/programs/pages/special-education/mitp/about/index.aspx>

<https://marylandpublicschools.org/programs/pages/special-education/mitp/about/preschoolservices.aspx>

<https://www.ppmf.org/wp-content/uploads/2022/06/Child-Find-3-21-6.2022.pdf>

page 4:

line 28 (A) THERE IS A STATE COORDINATOR OF LANGUAGE ACQUISITION FOR DEAF AND HARD OF HEARING.

page 5: lines 1-31; and page 6: lines 1-18 (**notes:** this item is a duplicate. All IFSPs and IEPs have service coordinators and case managers who are licensed educators and related service providers).

page 6:

line 19 (A) THE STATE COORDINATOR SHALL CREATE A PARENT AND GUARDIAN RESOURCE

lines 20 - 28; page 7: lines 1-30; and page 8: lines 1-15. (**notes:** this item is a duplicate. MSDE and LEAs have family support. The additional level of supportive resources are customized and provided to individual families with DHH children by licensed service coordinators, case managers, and teachers of the DHH) . See below.

<https://marylandpublicschools.org/programs/Documents/Special-Ed/FSDR/Special%20Education%20Process.pdf>

<https://marylandpublicschools.org/programs/pages/special-education/fsdr/familysupport.aspx>

<https://elevates.marylandpublicschools.org/ec/>

page 8:

line 17 (A) THERE IS A LANGUAGE ACQUISITION FOR DEAF AND HARD OF HEARING CHILDREN ADVISORY COUNCIL

lines 19 - 29; page 9: lines 1 - 30; page 10: lines 1 - 29; page 11: lines 1 - 28; page 12: lines 1 - 29; and page 13: lines 1 - 3 (**notes:** this item is a duplicate. MSDE has state steering committees and one of them is for DHH students. Maryland State Steering Committees for DHH Students has representatives from 24 LEAs [23 counties and Baltimore City] and Maryland School for the Deaf). See below.

<https://marylandpublicschools.org/about/pages/ofpos/gac/mdsesssc-mg/index.aspx>.

Other Resources specifically for DHH children:

- IDEA Special Factor 4: Communication Needs, Especially When Child is Deaf or Hard of Hearing. <https://www.parentcenterhub.org/special-factors/>
- Blueprint, Maryland Early Learning Standards (January 2024), pp. 64-103, <https://marylandpublicschools.org/Documents/MD-EarlyLearning-Standards-2024-a.pdf>

Maryland includes the IDEA “special factors” language in its regulations - see below.

Maryland Code – Education §8-401 et seq.: Provides MSDE with the statutory authority to ensure students with disabilities receive a Free Appropriate Public Education (FAPE) and aligns state requirements with IDEA.

COMAR Regulations: Special Factors for Students Who Are Deaf or Hard of Hearing is reflected here.

COMAR 13A.05.01.03 – “Related Services”

“(65) Related services” means transportation and such developmental, corrective, and other supportive services as may be required to assist a student with a disability to benefit from special education.

“Related services” includes:

- **Speech-language pathology**
- **Audiology**
- **Interpreting services**
- Psychological services
- Physical and occupational therapy
- Recreation, including therapeutic recreation
- **Early identification and assessment of disabilities in students**
- Counseling services, including rehabilitation counseling
- Orientation and mobility services
- **Medical services for diagnostic or evaluation purposes**
- School health services, including school nursing services
- Social work services in schools
- **Parent counseling and training**

“Related services” does *not* include a surgically implanted medical device, optimization or maintenance of that device, or its replacement.

COMAR 13A.05.01.08 – “IEP Team Responsibilities”

...(7) If a student is deaf or hard of hearing, the IEP team shall:

- (a) Consider the student's language and communication needs;
- (b) Consider opportunities for direct communication with peers and professional personnel in the student's language and mode of communication; and
- (c) Consider the student's academic level and full range of needs, including opportunities for direct instruction in the student's language and mode of communication.

With the federal law, Individuals with Disabilities Education Act (IDEA), IDEA communication special factor 4: communication needs, especially when child is deaf or hard of hearing, and Maryland COMARS, is there room for improvement regarding language and communication needs of DHH students? Absolutely, but not with SB502 and HB0879 without amendment.

Amendment: that the Education, Energy, and the Environment and the Ways and Means committees *defer and refer* these bills for review to the MSDE Maryland State Steering Committee for DHH Students ***IF*** there are at least 13 out of 25 representatives from 24 LEAs (23 counties and Baltimore City) and Maryland School for the Deaf who are Deaf, DeafBlind, and/or hard of hearing **and for support and knowledge, consult with state agencies who work with Deaf, DeafBlind, and Hard of Hearing** (a common practice since *Deaf President Now*, 1988). "Nihil de nobis, sine nobis" means "nothing about us without us," and as the Moore/Miller Administration says, "leave no one behind".

Again, **I oppose SB502 and HB0879 without amendment** since there is no evidence to show the lack of language development oversights in DHH children and there are duplicates in existing practices, laws, and regulations. **Do not pass without amendment.**

Thank you.

Respectfully,

Michelle Morales, EdD

HB879_SB502 MSHA LEAD K FWA.pdf

Uploaded by: Sarah Peters

Position: FWA



February 23, 2026

Bill: HB879/ SB502:Language Acquisition Tracking Program for Deaf and Hard of Hearing Children - Establishment

Position: FAVORABLE WITH AMENDMENTS

Dear Chair, Vice-Chair, and Members of the Committee:

The Maryland Speech Language Hearing Association represents speech language pathologists and audiologists across Maryland. Collectively, we elevate and engage members to strive for excellence in serving those impacted by communication and related disorders through advocacy, equity, education, interprofessional collaboration, and leadership development.

MSHA's position on **HB879/SB502 is favorable** but does have concerns with certain language of the bill. We propose some considerations to the LEAD-K bill to ensure collaboration with committees that are already established in Maryland, such as The Maryland State Steering Committee for Deaf and Hard of Hearing Students, and professionals such as Speech Language Pathologists. These changes would make this bill similar to current LEAD-K bills being proposed in other states.

In Support:

MSHA is in support of the intent of HB 879/SB502 to monitor children who are Deaf or Hard of Hearing (D/HH) acquisition of language milestones. A strong language foundation is crucial for school readiness and academic success. Current systems, such as Maryland IEP online, do not allow providers to search and monitor the language development of all students who are Deaf or Hard of Hearing. There is no way to do a search unless the educational disability code of D/HH is documented. The current online IEP monitoring systems in Maryland also do not include students who are D/HH and on a 504, in general education, or in a private school setting. HB 879/SB502 will help support the monitoring of all students in Maryland who are D/HH who are under the age of nine.

Part of the goal of HB879/SB502 is to select language developmental milestones for children who are D/HH, select existing tools for educators to assess language and literacy development of children who are D/HH and develop parent resources. **MSHA is in support of the development of parent resources so families have all of the information they need to make the decision for their child.**

Maryland Speech-Language-Hearing Association
140B Purcellville Gateway Drive, Suite 120
Purcellville, VA 20132
301-304-7001
info@mdslha.org
www.mdslha.org

Suggestions for Amendments:

In the current proposed bill , on page 3 (C) (1) THE PROGRAM SHALL TRACK EACH ELIGIBLE CHILD’S LANGUAGE ACQUISITION USING THE LANGUAGE ASSESSMENT TOOL APPROVED BY THE ADVISORY COUNCIL. **MSHA proposes adding a line that during the tracking process, information about the child’s “language history” (i.e. the child’s language experiences) be noted in addition to their language modality (signed language, spoken language or both).**

Deaf and Hard of Hearing children often have complex language backgrounds where “modality” only tells us how a child communicates at one point in time but doesn’t tell us anything about the child’s language experiences up to that point. For example, a D/HH child whose modality gets coded in the data as “sign” might be a native signing child with age-appropriate fluency or a child who is only beginning to get ASL access after minimal meaningful access prior to that point. The problem with those two children being considered in the same category for modality is that children with the same preferred language can have vastly different histories of access to that language. Thinking about it from the perspective of a researcher who might look at the data, it’s not very helpful to know only how a child communicates at one time point for understanding why they might be falling behind. There’s a huge problem in previous language research on D/HH kids where all “sign language” children get put in the same group regardless of how long they’ve had access to it, and the same happens for all “spoken language” children. Those differences matter in the data tracking. MSHA recommends on page 3, after subparagraph II, a requirement for establishing a process to track the child’s language history based on the child’s parent or guardian report.

MSHA had been collaborating with The American Speech-Language Hearing Association (ASHA) the national professional, scientific, and credentialing association for over 200,000 members and affiliates who are audiologists; speech-language pathologist, speech, language, hearing scientist; audiology and speech-language pathology support personnel; and students about HB879/SB502. ASHA raised concerns with how HB879/SB502 will create a new position of State Coordinator of Language Acquisition for Deaf and Hard of Hearing Students. The addition of this Coordinator would be costly and burdensome. MSDE currently has the Maryland State Steering Committee for Deaf and Hard of Hearing Students. Providers with The Maryland State Steering Committee for Deaf and Hard of Hearing Students are well informed on educational concerns, IEPs, and IFSPs matters for Deaf and Hard of Hearing students. MSHA would suggest **amending** the current bill to **include a representative from The State Steering Committee for Deaf and Hard of Hearing Students.**

MSHA would also request the committee to consider **revising the bill to include a licensed Speech-Language Pathologist as one member of the Language Acquisition for Deaf and Hard of Hearing Children Advisory Council.** Speech language pathologists (SLPs) have the knowledge and expertise in the area of expressive/receptive language development.¹ SLPs collaborate with other professions to serve D/HH children with the same standard of care as their hearing peers while also acknowledging the unique language needs of D/HH children.

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Thank you for considering some of these amendments to help make HB879/SB502 a stronger bill. Family access to a variety of resources, establishing collaboration with qualified professionals who have shared knowledge and expertise about D/HH children, and putting in place a system to track not just the language development but also the language history of D/HH children will help support children who are D/HH develop the language foundation in whichever modality they prefer.

Thank you for your consideration,

Rachael Caruso MS CCC-SLP
MSHA Director of Advocacy and Public Policy

Sarah Sparks, Au.D., CCC-A, PASC
MSHA Director of Audiology



Karen Miranda, M.S., CCC-SLP
Speech-Language Pathologist
MSHA President

-
1. American Speech-Language-Hearing Association. (2004). *Roles of speech-language pathologists and teachers of children who are deaf and hard of hearing in the development of communicative and linguistic competence* [Position Statement]. <https://www.asha.org/policy/ps2004-00232/>

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SB502 - King - Sponsor Testimony.pdf

Uploaded by: Senator Nancy King

Position: FWA

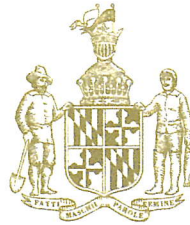
NANCY J. KING
Legislative District 39
Montgomery County

MAJORITY LEADER

Budget and Taxation Committee

Chair

Education, Business, and
Administration Subcommittee



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

**Senate Bill 502 – Language Acquisition Tracking Program
for Deaf and Hard of Hearing Children - Establishment**

February 26, 2026

Mister Chairman and Members of the Education, Energy and the Environment Committee:

Research shows that language deprivation occurring during the first five years of life is a leading cause of reading, academic, and social struggles for many deaf children. Language acquisition for Deaf and Hard of Hearing children legislation has been passed by several states to ensure that these students are reaching the same language acquisition milestones as their hearing peers.

Senate Bill 502 will do several things:

1. It will establish a Language Acquisition Tracking Program for Deaf and Hard of Hearing Children within the State Department of Education (MSDE).
2. It will establish a State Coordinator position for the Program within MSDE.
3. It will establish an Advisory Council to work with the State Coordinator.
4. It will require the State Coordinator in consultation with the Advisory Council to create parent and guardian resources to help in their decision making and tracking of language acquisition.
5. And it will require the State Coordinator in consultation with the Advisory Council to develop an assessment tool that will allow educators and specialist to track a child's language acquisition, progress towards kindergarten readiness and English literacy.

Parents and guardians of Deaf and Hard of Hearing children need clear, evidence-based information about their child's language learning in order to make informed decisions. And Deaf and Hard of Hearing Children deserve the chance to meet the same language milestone goals as their peers. A child who participates in the Language Acquisition Tracking Program for Deaf and Hard of Hearing Children, will be assessed for language acquisition skills from entry into the program until age 9 – the most critical years for language learning.

I am offering two amendments. One will require assessments every six months from age 0-5 and then annually through age nine. The second adds two more representatives to the Advisory Council - A speech-language pathologist who has experience working with children who are deaf or hard of hearing and use spoken language, and a speech-language pathologist who has experience working with children who are deaf or hard of hearing and use American Sign Language.

Senate Bill 502 will enable Deaf and Hard of Hearing children more opportunities to gain a strong language foundation, and I respectfully request a favorable report on Senate Bill 502 with amendments.

Written Testimony Alianiello.pdf

Uploaded by: David Alianiello

Position: UNF

Dear Chair and Members of the Committee,

My name is David Alianiello, and I am submitting this written testimony as a concerned educator who has spent over 15 years in the service of children who are Deaf or Hard of Hearing (DHH). Having worked in two major public-school systems in the state of Maryland as an educator of deaf/hard of hearing children, I understand the goal of establishing a Language Acquisition Tracking Program to help DHH children develop age-appropriate language skills.

However, I am writing to formally express my opposition to **SB 502 / HB 879**, the proposed "LEAD-K" bill. While the goal of ensuring language proficiency for children who are DHH is vital, the current draft of this bill is overly cumbersome and redundant. It creates unnecessary bureaucratic hurdles that complicate existing educational frameworks rather than enhancing them. I am a deaf person myself with three children so I understand the importance of language development in children. However, as an educator, I can also see how this will place another layer of bureaucracy on families who are already overwhelmed when navigating their child's hearing loss. I work with infants and toddlers and we already have a robust infants and toddlers process in the state of Maryland that monitors children's language development. This well meaning bill will have an unintentional impact of making it harder than it already is for families. We already have processes in place to ensure that children have what they need to make the gains for language acquisition.

My specific concerns include:

1. Excessive Age Range and Administrative Confusion

The bill defines an eligible child as being under the age of 9. Most states implementing LEAD-K cap the age at 5. Extending this to age 9 "muddies the waters" with existing elementary school language tracking (e.g., DIBELS, MAP Testing). Furthermore, it creates significant confusion for families transitioning from **IDEA Part C** (Infants and Toddlers) to **Part B** (School-Age), as the requirements for Individualized Family Service Plans (IFSP) and Individualized Education Programs (IEP) are governed by different federal standards.

2. Excessive Authority of the Advisory Council

The bill mandates a specific "Language Assessment Tool" approved by an Advisory Council. Empowering a council with competing agendas to mandate a single tool restricts a school system's ability to determine what is best for an individual child. Decisions regarding a child's assessment should remain with the educators and specialists who work with them daily. Additionally, forcing an MSDE employee to consult with an external council—some members of whom may lack professional expertise in school system operations—will only lead to inefficiencies.

If LEAD-K bill passes, at the very least, it should not have this Advisory Council included.

3. Restriction of Parental Choice and Communication Modalities

Requires parents to choose between signed or spoken language acquisition assessments. This is far too restrictive. Young children are often exposed to multiple modalities simultaneously including hearing aids, cochlear implants, and various forms of visual communication. Forcing parents to "select" a track puts undue pressure on them during an already overwhelming journey. We should prioritize flexibility and parental choice as the child's needs evolve. In the beginning, a child's communication needs are not static. A family might start with a heavy emphasis on sign language and transition toward spoken language as a child has success with a cochlear implant—or vice versa. This bill's requirement for a formal "selection" process creates a bureaucratic barrier to the natural, fluid adjustments families make based on their child's progress.

4. Redundant and Infeasible Assessment Cycles

Mandates assessments every 6 months from birth to age 9. This is redundant and places an unmanageable burden on school systems, not to mention the children themselves.

- **IFSPs** already require 6-month reviews.
- **IEPs** are updated annually with quarterly progress reports as required by federal law (IDEA). Mandating a separate 6-month tracking cycle for older children ignores the reality of individual development and the comprehensive "whole child" plans that are already in place.

I strongly support the goal of having our Deaf/Hard of Hearing children progress appropriately with their language as I have dedicated my career to supporting the growth of Deaf/Hard of Hearing students from birth to the age of 21; however, the way this bill is written is not an effective nor appropriate way to accomplish this. I strongly urge you to oppose **SB 502 / HB 879**.

Thank you,

David Alianiello

SB502 OPPOSE.pdf

Uploaded by: Grace Wilson

Position: UNF



SB0502 - LANGUAGE ACQUISITION TRACKING PROGRAM FOR DEAF AND HARD OF HEARING CHILDREN - ESTABLISHMENT

February 26, 2026

EDUCATION, ENERGY, AND THE ENVIRONMENT

OPPOSE

Grace Wilson, Director of Legislation & Policy (410.440.1758)

Anne Arundel County Public Schools (AACPS) opposes **SB0502 - Language Acquisition Tracking Program for Deaf and Hard of Hearing Children - Establishment**. This bill establishes a language acquisition tracking program for deaf and hard of hearing children within the Maryland State Department of Education (MSDE) for the purpose of ensuring that eligible children develop language skills at the same rate and to the same extent as their peers. The program is required to be made available to eligible children at no cost.

Eligible children are required to be assessed for language acquisition skills from entry into the program until the child's ninth birthday. The program is required to track each eligible child's language acquisition using the language assessment tool approved by the Advisory Council established by the bill. The assessment with the language assessment tool is required to be administered biannually and evaluate an eligible child's progress toward meeting age- and grade-appropriate developmental milestones and language acquisition benchmarks identified by the State Coordinator established by the bill. Parents/guardians are required to choose whether the language assessment tool assesses the eligible child's signed language acquisition, spoken language acquisition, or both. If an eligible child does not demonstrate progress in expressive language acquisition and receptive language acquisition as measured by the language assessment tool, the eligible child's individualized education program (IEP), individualized family service plan, or Section 504 plan must be updated to specify specific strategies, services, and programs that will be provided to assist the child. Finally, MSDE is required to submit a report comparing the language acquisition of eligible children with the language acquisition of their peers.

This bill imposes significant administrative burdens and unfunded mandates on MSDE and local school systems by requiring the development and use of a language acquisition tracking program for deaf and hard of hearing children in the State without providing sufficient funding to support the development or use of such a language acquisition tracking program.

Moreover, such a tracking program is duplicative of the work already being done by local school systems to promote appropriate language acquisition by deaf or hard of hearing students enrolled in public schools. Local school systems currently track language acquisition in a variety of ways, including: (1) curriculum and assessments for all students; (2) the use of a multi-tiered system of supports; (3) collaborative decision making between educators, parents/guardians, and students; and (4) specialized services via the IEP or Section 504 process. This bill imposes a top-down, one-size-fits-all approach across the State without considering the tools and supports already available to deaf and hard of hearing students and their families.

In order to meet the requirements of the bill as written, AACPS would need funding to support the biannual administration of this assessment by teachers or assessment administrators, training on the administration of this assessment, and intervention and support resources should a student fail to meet established grade- or age-level standards.

Accordingly, AACPS respectfully requests an **UNFAVORABLE** committee report on SB0502.

Hargrove_Margaret SB0502 Written Testimony.pdf

Uploaded by: Margaret Hargrove

Position: UNF

Written Public Testimony in Opposition to Maryland Senate Bill 502

Language Acquisition Tracking Program for Deaf and Hard of Hearing Children – Establishment Submitted to:

Senate Committee on Education, Energy, and the Environment
Maryland General Assembly
(For the public hearing / written testimony record)

Submitted by:

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Date: February 23, 2026

Re: Strong Opposition to Senate Bill 502 as Currently Written – Please Amend or Do Not Pass

Dear Chair and Members of the Committee,

My name is Margaret Hargrove, and I am submitting this written testimony as a concerned advocate for deaf and hard-of-hearing (DHH) children and their families. As a professional in the State of MD for more than 20 years working with deaf and hard of hearing children and their families, I strongly support the fundamental **goal** of establishing a Language Acquisition Tracking Program to help DHH children develop age-appropriate language skills. However, **I oppose Senate Bill 502 in its current form** because it contains critical gaps that will leave many children—particularly those whose families choose spoken language—without the comprehensive, equitable support they need.

The bill as drafted fails to address several essential elements that are standard best practices in early intervention for DHH children. I respectfully urge the Committee to amend the bill to include the following before any further consideration, or to reject it if these changes are not made:

1. Milestones for Auditory Skill Development Must Be Included (§ 8-803(E)(1))

The State Coordinator is required to identify age- and grade-appropriate developmental milestones and language acquisition benchmarks for expressive and receptive language skills. However, the bill does **not** require specific milestones or benchmarks for **auditory skill development** for families who choose spoken language. These must be explicitly added so that spoken-language families receive the same detailed, evidence-based tracking as signed-language families.

2. Coordination with Local School Systems Must Be Strengthened (§ 8-803(F))

While the bill requires the State Coordinator to collaborate with County Boards, it must

explicitly state that this work occurs **in full coordination and collaboration with Local School Systems** (the local education agencies that deliver day-to-day services to these children). This direct language is necessary to ensure seamless integration and accountability at the local level.

3. **Parent and Guardian Resource Guide Must Be Strengthened (§ 8-804)**

- The resource must **explicitly contain milestones and benchmarks for Auditory Skill Development** (in addition to the current signed/spoken expressive/receptive benchmarks).
- The section on services and programs (§ 8-804(B)(2)(III)) currently says only “information about available services and programs.” It must be revised to require **a comprehensive list of services and programs**, clearly including those that support children using **signed language** and those that support children using **spoken language** (including auditory-verbal therapy, listening and spoken language programs, cochlear implant/audiology support, etc.). Parents need this balanced, complete information to make informed choices.

4. **Advisory Council Must Include Qualified Professionals (§ 8-805)**

The Advisory Council’s main duties are to **evaluate existing language assessment tools** and approve one for statewide use (§ 8-805(H)(1)–(2)). Yet the membership list contains **no Speech-Language Pathologist (SLP)** and **no Pediatric Audiologist**—the two professionals most qualified to evaluate language assessment tools, especially those involving spoken language and auditory skills. SLPs and Pediatric Audiologists must be added as required members to ensure the tools selected are clinically sound and appropriate for all language modalities.

5. **Language Assessment Tool Must Track Auditory Skills (§ 8-806)**

The approved tool must be required to **track auditory skill development** specifically for children whose parents have chosen spoken language. Without this, the Program will not fulfill its purpose of ensuring equitable progress for every eligible child. Auditory skills are the foundation of receptive and expressive language development for children whose parents seek a spoken language outcome. The first year following appropriately fit amplification (hearing aids, cochlear implants, etc) is spent with a focus of teaching the brain to interpret sound as meaningful input, for which to build spoken language. Without assessing and tracking these skills, an incomplete and often skewed conclusion would be drawn.

6. **Annual Report Must Include Key Data and Broader Consultation (§ 8-807)**

- The report is prepared only “in consultation with the Maryland Department of Health and the Maryland School for the Deaf.” It must **also be prepared in consultation with Local School Systems**.

- The report must include **auditory skill development results** for children using spoken language.
- The report must also include **the age at which children achieve appropriate full-time use of amplification** (hearing aids, cochlear implants, etc.), a critical benchmark for spoken-language outcomes.

These are not minor technical fixes—they are foundational to making the Program truly effective, equitable, and family-centered for **all** DHH children, regardless of communication modality. Without them, the bill risks creating a tracking system that is incomplete for spoken-language families and lacks the professional expertise needed for credible assessments.

I respectfully ask the Committee to **amend Senate Bill 502** to incorporate the above changes or, if the amendments are not adopted, to **oppose the bill as it stands**. Maryland families and children deserve a program that is comprehensive, evidence-based, and balanced across all language choices.

Thank you for the opportunity to provide written testimony and for your commitment to supporting deaf and hard-of-hearing children in Maryland.

Sincerely,

Margaret Hargrove

Speech Language Pathologist

MD License #40117

Listening and Spoken Language Specialist

Certified Auditory Verbal Therapist, License #70806135

A Sound Beginning, LLC - Director

AG Bell Association Maryland Chapter President

Beginnings Maryland -Director

FWA_PSSAM

Uploaded by: Mary Pat Fannon

Position: UNF



BILL: Senate Bill 645

TITLE: State Board of Sign Language Interpreters - Membership and Licensing

DATE: February 26, 2026

POSITION: Favorable with Amendments

COMMITTEE: Senate Education, Energy, and the Environment Committee

CONTACT: Mary Pat Fannon, Executive Director, PSSAM
Sam Mathias, Legal and Policy Director, MABE (smathias@mabe.org)

The Public School Superintendents' Association of Maryland (PSSAM) and the Maryland Association of Boards of Education (MABE) jointly **support** Senate Bill 645 **with amendments**.

This bill expands the membership of, and alters the quorum requirements for, the State Board of Sign Language Interpreters (the "Board"); clarifies the Board nomination process under which the Governor can remove members of the Board; alters the date from July, 2024 to December 31, 2026, by which the Board must establish licensing requirements and by which sign language interpreters must meet certain licensing requirements; and adds a requirement for the Board to produce a report providing key information related to sign language interpretation in the state before promulgating regulations.

This joint testimony represents the position of the twenty-four local superintendents and local boards of education — entities who serve and support students and school systems impacted by this legislation and the subsequent regulations the new Board will promulgate. Our goal is to support high-quality interpreting services for students while ensuring that implementation of new licensure requirements does not unintentionally undermine interpreter access or educational continuity.

We represent the expertise of education policy leaders, special education administrators, interpreter providers, and advocates for students who are deaf and hard of hearing, all committed to equitable access and inclusive educational practices.

We appreciate the work of the existing Board to elevate standards and safeguard service quality, but we have consistently vocalized our concerns about the Board's difficulties promulgating regulations, especially for educational interpreters. Our concerns range from very practical operational issues, to legal and systemic challenges for Maryland's students and schools.

We believe this legislation will ensure that the Board's representation is broader to include all relevant and affected stakeholders. We greatly appreciate the sponsor's willingness to create a more suitable framework for this important policymaking Board.

Our requested amendments are outlined below and largely mirror those requested by the other implementing entities - specifically those representing medical, legal, and higher education institutions. The amendments are broadly organized in the following categories/concerns and are briefly described below.

- Composition of the Board
- Enactment Date and other Important Milestones
- Consumer Choice
- Provisional Licenses
- Other Operational Clarifications

Composition of the Board

Amendment #1 - Add to the Board one additional seat so that key public service areas (medical, legal, educational) can be represented. We appreciate the increase in board membership and the inclusion of more interpreters, as well as representatives of implementing agencies in education, legal, and medical settings. However, since there are likely to be specialty regulations created in each of these three fields, we request a seat that represents each sector.

Strike §9-2411(a)(2)(vi), and replace it with the following:

"THREE SHALL BE AFFILIATED WITH ENTITIES THAT OPERATE AND IMPLEMENT DEAF SERVICES, INCLUDING ONE IN AN EDUCATIONAL SETTING, ONE IN A LEGAL SETTING, AND ONE IN A MEDICAL SETTING"

Enactment Date and other Important Milestones

We, too, are anxious to move the important work forward regarding licensure for interpreters. However, we believe some of the target dates in the legislation are unrealistic for the extensive work ahead. Below are five timelines we believe need to be adjusted or included in the bill:

Amendment #2 - Revise the effective date from October 1, 2026 to July 1, 2026. Moving the

effective date will reflect the urgency of promulgating these regulations.

Amendment #3 - Revise the establishment and publication of licensing requirements from December 31, 2026 to July 1, 2027.

After passage of this legislation, the Governor will be required to seat a new Board. That new Board will in short order promulgate regulations with the appropriate amount of public and stakeholder input; this will require more time than allocated in the bill as written.

Amendment #4 - Revise the date by which interpreters need to be licensed from July 1, 2027 to July 1, 2028.

This new date more adequately reflects the timeline needed to identify or develop the inevitable assessments for licenses. Based on our extensive experience in obtaining credentials for sign language interpreters in schools, we know there are several practical obstacles. A revised date of licensure requirements will allow for time to communicate the changes in the licensure requirements to practitioners, and to allow interpreters to obtain licensure. The timeline will also allow for LEAs to budget for these changes in licensure requirements. Lastly, a July date will create better conditions for hiring and not disrupt services in the middle of a school year.

Amendment #5 - Add an uncodified section to the bill that reflects the Legislature's intent and prevents any proposed regulations from being published in the Maryland Register prior to the bill's effective date. Such an amendment will ensure that regulations resulting from this bill reflect the final policy framework enacted by the General Assembly and are developed through a deliberate process consistent with the updated statute.

Amendment #6 - Require the Board to first promulgate regulations for a General and Provisional License before moving to any speciality areas.

This prioritization recognizes the barriers to both promulgating regulations for multiple licenses at one time, but also some of the practical impediments for national assessments for speciality areas. For instance, the most commonly recognized educational assessment, the EIPA, requires interpreters to pass written and performance tests. However, both of these tests are only offered in two locations in Maryland, are costly to access, and are often booked well in advance. For the EIPA performance test specifically, results often take 10 to 12 months or longer to be returned, and unsuccessful candidates are required to wait an additional year after taking their test before retesting. This set of obstacles alone creates a near impossibility for interpreters not already certified to work by the deadline written in the current bill.

A longer phase-in period does not diminish the high standards contemplated, but enables the standards to be implemented with fairness, integrity, and in a sustainable way.

Provisional Licenses

As discussed above, *Amendment #6* would require the Board to first promulgate regulations for a General and Provisional License before moving to any speciality areas. We believe this will allow for a smoother transition from this unlicensed field. School systems will work diligently to ensure all interpreters are fully licensed but the practical implications of hiring and onboarding new staff will require a phased in approach.

A provisional license is integral to allow interpreters who are in pursuit of licensure to serve students and will also help attract new interpreters to the field. A more adaptable approach to licensure entry is likely necessary to ensure that well-qualified interpreters are not excluded by outdated standards or procedural bottlenecks. This is a well-established practice in school systems with conditionally certified teachers and paraprofessionals acknowledging real world staffing shortages in education.

A scaffold approach also builds a state-supported training pipeline to help aspiring interpreters meet the proposed licensure requirements. There is a serious need for parallel investment in Maryland-based training programs to support those expectations, and a provisional license approach would help.

For context, local school systems are already facing severe interpreter shortages. Some large LEAs report filling only **20% of interpreter positions**, with vacancies in counties such as Howard and Prince George’s remaining open for more than two years. In Frederick County, nearly one-third of interpreter roles have been vacant since 2020. Many districts now outsource most or all interpretation services — often at **rates exceeding \$125 per hour**, plus mileage — increasing costs and reducing service continuity for students.

We share the goal of increasing full-time, licensed interpreters — which is both more cost-effective and better for students — but given the existing workforce crisis, any new licensure requirements must be carefully phased to avoid destabilizing IEP and 504 services for deaf and hard of hearing students.

Amendment #7 - Establish a straight-forward provisional licensing framework to ensure continued public access to interpretation services during phase-in. While not currently contemplated in the bill, we respectfully request amending the current requirements for provisional licensure set forth in State Government Article. § 9–2425. This amendment would streamline the requirements for provisional licensure by simplifying what is required to have a general provisional licensee. Each industry can and will have their own requirements in addition to the general provisional license, but it is imperative to phase-in onboarding of licensure requirements in a thoughtful way. This amendment simplifies the requirements for obtaining a

provisional license by limiting them to the basic qualification of having a high school diploma, on top of which other requirements related to the specialty being sought can be required in the future.

(a) subject to the provisions of this section, the board shall issue a provisional license to provide sign language interpretation services to an individual who has:

(1) OBTAINED A HIGH SCHOOL DIPLOMA OR EQUIVALENT

Consumer Choice

Amendment #8 - Align this statute to the consumer choice standards set forth in the federal Americans with Disabilities Act (“ADA”). Changing the consumer choice is not currently contemplated in this legislation but we believe it should be; we believe the current law does not properly reflect ADA allowances for the delivery of services to deaf and hard of hearing individuals. Therefore, we propose the following:

Modify §9–2415(C)(3):

(C) The Board shall adopt regulations to:

ALLOW DEAF AND HARD OF HEARING INDIVIDUALS TO ~~DETERMINE~~ **INDICATE** WHETHER THEY PREFER SIGN LANGUAGE INTERPRETATION SERVICES BEING PROVIDED IN A VIDEO REMOTE INTERPRETING ENVIRONMENT **AND REQUIRE EMPLOYERS TO PROVIDE REASONABLE ACCOMMODATIONS TO SUPPORT THIS PREFERENCE TO THE EXTENT PRACTICABLE AND IN COMPLIANCE WITH ADA GENERAL RULES OUTLINED FOUND IN 28 C.F.R. § 35.160**

This section of the ADA is included at the conclusion of this testimony.

Other Operational Clarifications

Amendment #9 - Expressly identify “educational settings” as a specialty area. This amendment would expressly designate “educational settings” as a recognized specialty area, alongside other enumerated specialties such as legal and medical interpreting. Educational environments present distinct professional standards, role expectations, and competency requirements that warrant the same level of formal recognition and regulatory consideration afforded to other specialty practice areas.

Further, the bill creates a new report requirement to address certification standards, workforce numbers, and specialty requirements across enumerated specialty areas. Including educational settings within that list ensures that the resulting data collection and analysis will meaningfully inform future regulations governing educational interpreters. Without explicit inclusion, the Board's reporting and subsequent regulatory framework may lack the specificity necessary to establish standards that reflect the realities of educational practice.

Add to §9-2415(a) as follows:

(9) EDUCATIONAL SETTINGS.

Amendment #10 - Correct the names for PSSAM and add MABE. This amendment would fix likely unintentional drafting errors to correct the organization title for PSSAM, and add the Maryland Association of Boards of Education (MABE) as an organization to be consulted.

Modify §9-2415(b)(2) as follows:

(VII) THE PUBLIC SCHOOLS SUPERINTENDENTS' ASSOCIATION OF
MARYLAND

(X) THE MARYLAND ASSOCIATION OF BOARDS OF EDUCATION

Amendment #11 & #12 - For video interpretation, honor out-of-state standards to make out-of-state interpreters available to the public when needed. We recognize that requiring all video remote interpreters (especially out-of-state VRI) to be licensed in Maryland presents operational challenges. At the same time, it is clear that waiving all requirements for VRI providers would undermine the purpose of this bill, as a significant portion of interpreting services provided in this state are done remotely. Therefore we propose the following related amendments:

Amendment #11:

Add subsection §9-2418(b)(3):

(b) This section does not apply to an individual who:

(3) PROVIDES SIGN LANGUAGE INTERPRETATION SERVICES AS PART OF A VIDEO REMOTE INTERPRETING SERVICE, HOLDS A RID OR BEI CERTIFICATION, AND IS LOCATED OUT-OF-STATE;

This would enable out-of-state video interpreters to provide services, still hold out-of-state interpreters to their own standards, but not undermine Maryland’s own licensure requirements.

Amendment #12:

Modify §9–2420(a) and (b) and delete §9–2420(c):

- 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.

(b) The Board may grant a waiver under this section only if the applicant:

(1) pays to the Board:

- (i) the nonrefundable application fee set by the Board; and
- (ii) the license fee set by the Board; and

(2) provides satisfactory evidence that, at the time the applicant was licensed in the other state, the applicant was required to meet the qualifications for licensure that were substantially equivalent to the qualifications in the State.

(c) The Board may grant a waiver under this section only if the state in which the applicant is licensed waives the qualifications of licensees of the State to a similar extent as the State waives the qualification requirements for individuals licensed in that state.

These amendments together would streamline out-of-state licensure recognition by requiring the Board to waive Maryland’s requirements for individuals already licensed in another state, eliminating the “substantially similar” standard, and removing the reciprocity condition. Together, these changes reduce barriers to entry and expand the available pool of qualified interpreters, while still relying on an existing state licensure determination as the baseline qualification.

Amendment #13 - Add an additional reporting requirement for the number of licensed interpreters in each county. This amendment will strengthen any future policies or regulatory action by ensuring that any promulgated regulations are made with an accurate understanding of the number of available interpreters across different jurisdictions in the State. We believe it is also worthwhile to disaggregate this data by an applicant’s county of residence and, if known, the county or region where the applicant plans to work at the time of issuance or renewal.

Update existing reporting requirements for the Board (§9–2407) by adding:

(6) THE NUMBER OF LICENSED SIGN LANGUAGE INTERPRETERS IN EACH COUNTY AS DETERMINED BY THE APPLICANT’S HOME ADDRESSES AND THE APPLICANT’S COUNTY OR REGION OF PLANNED EMPLOYMENT, IF KNOWN.

Amendment #14 - Expressly account for due process provided in labor agreements for issues of suspension or discipline. This amendment clarifies in statute that any regulations adopted by the Board concerning discipline or suspension of licensed interpreters must defer to existing bargaining agreements and establish due process protections for public employees. Elevating this principle ensures that regulatory requirements cannot and would not be interpreted to override negotiated labor terms or procedural safeguards, preserving established employment rights while implementing the licensure framework.

Suggested language:

CONCERNING THE DISCIPLINE OR SUSPENSION OF QUALIFIED INTERPRETERS, NOTHING IN THIS SECTION OR REGULATIONS ADOPTED BY THE BOARD SHALL BE CONSTRUED TO SUPERSEDE, LIMIT, OR IMPAIR ANY COLLECTIVE BARGAINING AGREEMENT ENTERED INTO PURSUANT TO TITLE 6 OF THE EDUCATION ARTICLE, OR ANY PROCEDURAL OR DUE PROCESS RIGHTS AFFORDED TO PUBLIC EMPLOYEES UNDER STATE OR FEDERAL LAW.

Conclusion

Our recommendations are grounded in practical experience serving students who are Deaf and Hard of Hearing, in our deep understanding of local infrastructure, and in precedent looking at successful regulatory frameworks in other states in the nation.

We appreciate your willingness to consider both our well-founded concerns and our proposed solutions. We share the goal of ensuring that all students have access to high-quality sign language interpretation and can meaningfully participate in their education. As this legislation and subsequent regulations continue to take shape, we urge your attention to the infrastructure needed to support this work.

As always, we are available for continued collaboration in refining this framework that will simultaneously uphold professional standards and build a stronger, student-centered, sustainable system in Maryland.

Therefore, PSSAM and MABE **support** Senate Bill 645 with the **amendments** outlined above.

For REFERENCE ONLY

Americans with Disabilities Act Regulations

Nondiscrimination on the Basis of Disability in State and Local Government Services - Communications -

28 C.F.R. § 35.160

(a)

(1) A public entity shall take appropriate steps to ensure that communications with applicants, participants, members of the public, and companions with disabilities are as effective as communications with others.

(2) For purposes of this section, “companion” means a family member, friend, or associate of an individual seeking access to a service, program, or activity of a public entity, who, along with such individual, is an appropriate person with whom the public entity should communicate.

(b)

(1) A public entity shall furnish appropriate auxiliary aids and services where necessary to afford individuals with disabilities, including applicants, participants, companions, and members of the public, an equal opportunity to participate in, and enjoy the benefits of, a service, program, or activity of a public entity.

(2) The type of auxiliary aid or service necessary to ensure effective communication will vary in accordance with the method of communication used by the individual; the nature, length, and complexity of the communication involved; and the context in which the communication is taking place. In determining what types of auxiliary aids and services are necessary, a public entity shall give *primary consideration to the requests of individuals with disabilities*. In order to be effective, auxiliary aids and services must be provided in accessible formats, in a timely manner, and in such a way as to protect the privacy and independence of the individual with a disability.

(c)

(1) A public entity shall not require an individual with a disability to bring another individual to interpret for him or her.

(2) A public entity shall not rely on an adult accompanying an individual with a disability to interpret or facilitate communication except—

(i) In an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available; or

(ii) Where the individual with a disability specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances.

(3) A public entity shall not rely on a minor child to interpret or facilitate communication, except in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available.

(d) Video Remote Interpreting (VRI) services.

A public entity that chooses to provide qualified interpreters via VRI services shall ensure that it provides:

(1) Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication;

(2) A sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of his or her body position;

(3) A clear, audible transmission of voices; and

(4) Adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the VRI.

SB 502 - LEAD-K - PSSAM UNF.pdf

Uploaded by: Mary Pat Fannon

Position: UNF



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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
CONTACT: Mary Pat Fannon, Executive Director, PSSAM

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.

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Uploaded by: Sam Mathias

Position: UNF

BILL: Senate Bill 502
TITLE: Language Acquisition Tracking Program for Deaf and Hard of Hearing Children – Establishment
HEARING DATE: February 26, 2026
POSITION: UNFAVORABLE
COMMITTEE: Education, Energy, and the Environment
CONTACT: Sam Mathias, Legal & Policy Director (smathias@mabe.org)

The Maryland Association of Boards of Education (MABE), representing all the state’s local boards of education, **respectfully opposes Senate Bill 502 – Language Acquisition Tracking Program for Deaf and Hard of Hearing Children – Establishment.**

Senate Bill 502 proposes the creation of a statewide Language Acquisition Tracking Program to monitor the communication development of Deaf and Hard of Hearing children in Maryland from birth through age nine. The bill would establish a State Coordinator to oversee implementation; create an Advisory Council responsible for selecting and overseeing a universally used language assessment tool; require semi-annual language assessments to measure progress for Deaf and Hard of Hearing children in meeting developmental milestones comparable to hearing peers; mandate development of parent and guardian resources; and require the Maryland State Department of Education (MSDE) to publish an annual report detailing progress and literacy outcomes, while maintaining privacy protections.

MABE supports early identification and robust language development for Deaf and Hard of Hearing children. Local school systems work daily to balance specialized instructional supports, family engagement, assistive technology, and individualized educational programming to ensure students have meaningful access to language and literacy. However, we have significant concerns regarding Senate Bill 502 and the structure, scope, and implementation of the proposed Language Acquisition Tracking Program, often referred to as LEAD-K. As drafted, the bill creates redundancy, administrative burden, and potential unintended consequences without clearly improving existing supports.

Scope and Redundancy

1. Age Range Overlap with Existing Systems

Senate Bill 502 would apply to children from birth through age nine. In many states that have adopted LEAD-K-type frameworks, tracking generally focuses on early childhood and typically concludes at age five. Extending the program through age nine introduces substantial overlap with existing assessment systems already in place for school-aged children.

By elementary school, students participate in a range of literacy and academic assessments (such as DIBELS and MAP) that provide data on reading, comprehension, and language development. Layering a separate, uniform, and mandated language acquisition assessment on top of these assessments risks confusion for families and educators and may blur the distinction between early language acquisition monitoring and broader academic achievement tracking.

In addition, the transition from IDEA Part C (early intervention services) to Part B (school-based services) already involves structured planning and documentation. Expanding a separate state tracking system through age nine risks complicating that transition rather than streamlining it.

2. Redundant Legal Requirements

Many of SB 502's requirements are already embedded in federal and state law. For children under three, Individualized Family Service Plans (IFSPs) require ongoing monitoring of developmental progress. For school-aged students, Individualized Education Programs (IEPs) and Section 504 plans require measurable goals, regular progress monitoring, and timely revisions when a child is not making sufficient progress. IEPs, in particular, measure progress across multiple domains aligned to a child's individualized needs, whereas the LEAD-K framework isolates language acquisition as a singular metric. SB 502's requirement that plans be updated when a child does not demonstrate adequate progress therefore duplicates obligations that schools are already legally required to fulfill. Creating a parallel statutory mandate does not increase accountability; it adds redundancy and administrative complexity.

Impact on Families

SB 502 would require parents to select whether their child will be assessed in signed or spoken language acquisition. For many families, communication approaches evolve and change over time. Children may use multiple modalities depending on assistive technology (hearing aids or cochlear implants), family fluency in sign language, or educational placement. Requiring families to select a single modality for assessment risks placing undue pressure on parents, limiting their flexibility, and oversimplifying complex developmental decisions. Educational teams currently work collaboratively with families to assess communication in ways that reflect each child's lived experience and instructional setting. Imposing a rigid modality selection requirement at the outset risks undermining the individualized, team-based decision-making process that is central to effective services for Deaf and Hard of Hearing children.

In addition, the parent resources contemplated by this bill are likely duplicative of materials already developed and distributed by MSDE describing existing support structures and transition processes within Maryland's public education system, including

publications such as [A Family Guide to Next Steps: When Your Child In Early Intervention Turns Three](#).

Concerns with The Advisory Council and Assessment Tool

SB 502 requires a single, statewide language assessment tool—selected by a newly established Advisory Council—to be administered every six months to participating children from birth through age nine. However, designing a reliable, norm-referenced assessment for this broad population presents significant technical challenges. Mandating one statewide instrument may also limit local school systems' ability to select assessments tailored to an individual child's communication modality, cognitive profile, and educational context. This one-size-fits-all approach runs counter to the individualized framework that governs special education.

The required testing frequency in the bill further compounds these concerns. Administering, scoring, interpreting, and documenting assessments twice annually for all participating children through age nine would create substantial operational burdens. For many systems, particularly smaller or rural districts, this level of frequency is not feasible without diverting personnel and resources away from direct instructional services.

Finally, the composition and authority of the Advisory Council itself presents concerns. It is curious that the Advisory Council would exclude MSDE—the State agency charged with educational oversight and implementation. While the Maryland Department of Health plays an important role for children from birth to three, its statutory scope does not extend into the K–12 environment in the same manner. As structured, the Council may lack the direct educational and implementation expertise necessary for decisions affecting students through age nine. Vesting the authority to mandate an assessment tool in a body without direct implementation responsibility raises concerns about alignment, accountability, and practicality.

Conclusion

MABE recognizes and shares the goal of ensuring strong language foundations for Deaf and Hard of Hearing children. Early identification, family engagement, and high-quality instruction are critical components of student success. But Senate Bill 502 creates a prescriptive, duplicative, and administratively burdensome structure layered on top of existing federal and state requirements already being addressed through IFSPs, IEPs, Section 504 plans, established assessment systems, and MSDE's current infrastructure.

For these reasons, MABE respectfully requests an unfavorable report on Senate Bill 502.

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Uploaded by: Stefan Redding-Lallinger

Position: UNF

TO: Senate Education, Energy, and the Environment Committee

BILL: Senate Bill (SB) 0502 - Language Acquisition Tracking Program for Deaf and Hard of Hearing Children - Establishment

DATE: February 26, 2026

POSITION: Oppose

The Maryland State Board of Education (State Board) and State Department of Education (MSDE) respectfully oppose SB 0502 - Language Acquisition Tracking Program for Deaf and Hard of Hearing Children – Establishment. This legislation establishes a statewide system to monitor and track the language acquisition and developmental progress of Deaf and Hard of Hearing children through age nine.

The State Board and MSDE appreciate the sponsors’ collaboration with the Department and their shared commitment to improving outcomes for Deaf and Hard of Hearing students in Maryland. While we strongly support the goal of ensuring equitable access to language acquisition skills, there remain concerns regarding the structures, implementation, and potential unintended consequences of the proposed legislation.

First, the State would need to identify an assessment tool to measure language acquisition progress for Deaf and Hard of Hearing students, which would almost certainly require contracting a vendor, representing a significant additional cost. Teachers of the Deaf and Hard of Hearing students would be expected to administer a language acquisition assessment every six months until the student is nine years old. LEAs would be required to make significant workforce modifications in an area that is already experiencing a shortage. Implementing the new assessment, monitoring, and reporting on new requirements would require additional staff who have highly specialized training at a time when preparation programs are producing insufficient numbers of qualified professionals to meet existing needs. Early intervention programs would likely face a similar burden.

Additionally, MSDE is concerned that the bill's requirements may unintentionally limit local flexibility and professional judgment. Language acquisition for Deaf and Hard of Hearing children is highly individualized and depends on a range of factors, including family choice, communication modality, and access to qualified professionals. A statewide tracking framework may not adequately reflect the complexity and could require local teams to prioritize compliance over individualized decision making, which is the cornerstone of the Individualized Education Program (IEP) process. Moreover, as drafted, the bill risks circumventing the IEP process by effectively pre-determining strategies that would be included in a child’s plan before an individualized evaluation has been conducted.

MSDE currently administers and oversees federal and state-mandated data collection, monitoring, and accountability requirements for students with disabilities, including those who are Deaf and Hard of Hearing.

This is completed through the Individuals with Disabilities Education Act (IDEA) and existing statewide systems. The creation of a parallel language acquisition tracking program risks duplicating current efforts, creating conflicting data requirements, and increasing administrative burden.

Finally, this bill does not address the fiscal impact on the Department, local education agencies (LEAs), and early intervention programs. The legislation assigns substantial responsibility to a new statewide coordinator position, to include oversight of data collection, guidance to local programs, and monitoring of implementation fidelity. This role would require deep expertise in Deaf and Hard of Hearing education, language acquisition, and federal special education law.

The State Board and MSDE remain committed to working collaboratively with the sponsors, the committee, and LEAs to enhance support for Maryland's Deaf and Hard of Hearing community. We welcome opportunities to explore alternatives that build on existing data systems, respect local flexibility, and ensure equitable access to language acquisition skills, while avoiding duplication, undue administrative burden, or unintended consequences. Our shared goal is to create an environment in which every Deaf and Hard of Hearing child can thrive academically, socially, and linguistically, and we look forward to continuing this important work in the interim session.

The State Board and the Department respectfully ask that the committee consider this information as it deliberates **SB 0502**. For further information, please contact Laurel Cratsley, Interim Executive Director of Government Affairs, at 443-571-5461 or Laurel.Cratsley@maryland.gov.