



Maryland
Hospital Association

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

Position: *Support as Amended*

March 31, 2026

House Government, Labor, and Elections Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 645 as amended. Maryland hospitals and health systems strongly support a formal licensure process to ensure highly qualified sign language interpreters are available across the state, as effective communication is a critical component of clinical safety and high-quality care for Deaf and hard of hearing individuals. We share the sponsor's commitment to licensure for Maryland sign language interpreters, and we recognize that SB 645 provides a necessary statutory framework to operationalize licensure and address the implementation hurdles associated with the 2023 Sign Language Interpreters Act.

There are approximately 500 certified sign language interpreters available in Maryland to serve a Deaf and hard of hearing population of approximately 1.2 million. This extreme supply and demand imbalance is not evenly distributed, as this limited workforce is heavily concentrated in the Baltimore and Washington metropolitan corridor. A strict in-person mandate disproportionately impacts rural hospitals, such as those on the Eastern Shore or in Western Maryland and the patients who reside in those communities.

Because of these constraints, advancing rigid statutory mandates could ultimately delay critical care for Deaf and hard of hearing patients. Additionally, hospitals are bound by the federal Emergency Medical Treatment and Labor Act (EMTALA), which requires the immediate screening and stabilization of any patient presenting to the emergency department. If a patient who is Deaf arrives with symptoms of a time-sensitive emergency, such as a stroke, severe trauma, or heart attack, the hospital is federally mandated to treat them immediately. In these critical moments, delaying these health services to wait for an in-person interpreter to travel to the facility is clinically dangerous and in violation of EMTALA. Without legally protected access to instant video remote interpreting (VRI), state law would penalize hospitals for utilizing remote interpreters, while federal law would penalize them for delaying life-saving care to wait for an on-site interpreter. Our proposed amendments resolve this conflict by ensuring VRI remains a protected clinical tool when timely communication is essential to patient care. By modifying the consumer choice provision in existing statute, SB 645, as amended, offers much needed flexibility to hospitals to balance the need to deliver timely care with the desire to provide the best interpreter services available.

Finally, interpreters are in high demand nationwide. Maryland risks losing access to critical out of state VRI interpreters without a measured approach to these regulations. SB 645 as amended will help preserve reciprocity for interpreters under a framework that ensures access to quality services.

MHA is grateful to the sponsor and other stakeholders for working with us to achieve a workable licensure framework. The amended bill addresses the aforementioned concerns, strengthens the licensure process, and ensures continued access to equitable care while protecting patients' ability to receive high-quality interpreter services.

For these reasons, we request a favorable report on SB 645 as amended.

For more information, please contact:

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