



March 10, 2026

To: House Government, Labor, and Elections Committee

Reference: House Bill 1192 – State Board of Sign Language Interpreters – Membership and Licensing
House Government, Labor, and Elections

Position: Favorable with Amendments

Dear Chair Wells and Committee Members,

LifeBridge Health strongly supports the General Assembly's continued commitment to ensuring that deaf and hard of hearing individuals across Maryland have access to competent, qualified sign language interpreters. The Maryland Sign Language Interpreters Act (2023) established an important framework to professionalize and strengthen interpreter standards statewide. House Bill 1192 builds upon that foundation by expanding the membership of the State Board of Sign Language Interpreters and refining implementation timelines to support a workable licensing structure.

As a regional health system serving diverse communities across Maryland, LifeBridge Health provides interpretation services across multiple hospitals, emergency departments, outpatient centers, and specialty care sites. We contract with qualified vendors for both in-person and video remote interpreting (VRI) services and ensure interpreters meet nationally recognized certification standards, including Registry of Interpreters for the Deaf (RID), National Association of the Deaf (NAD), and Board of Evaluation of Interpreters (BEI) criteria.

We support House Bill 1192 proposed structural improvements to the Board. Expanding Board membership to include stakeholders that work with ASL providers with experience in medical, legal, and educational settings will strengthen regulatory decision-making and ensure that implementation reflects the realities of high-demand service environments. However, to ensure the Act is workable in healthcare settings and aligned with federal law, we respectfully request adoption of the amendments proposed by the Maryland Hospital Association.

The Act directs the Board to adopt regulations allowing deaf and hard of hearing individuals to determine whether they prefer VRI, in-person interpreting, or other supportive services when practicable. In hospital and emergency care environments, this approach is operationally challenging and inconsistent with the federal Americans with Disabilities Act (ADA). Under the ADA, covered entities may use either qualified on-site interpreters or VRI, provided the method selected ensures effective communication. VRI systems must meet technical performance standards, including realtime, full-motion video and clear audio transmission. The narrow current approach may delay critical care when time is limited during emergency situations.

Maryland faces a significant shortage of certified ASL interpreters. Hospitals frequently experience multi-hour wait times often three to five hours in urban areas and significantly longer in rural areas for in-person interpreter availability. Emergency departments cannot delay treatment while awaiting

an on-site interpreter and limiting VRI use to narrowly defined emergencies or short timeframes would disrupt patient care and create access barriers.



House Bill 1192 should be amended to require rather than merely permit—the Board to waive licensing requirements for interpreters licensed in other states with substantially equivalent qualifications.

Healthcare systems across Maryland routinely rely on out-of-state interpreters, particularly for VRI services, due to the limited in-state workforce. Many of these professionals already hold RID, NAD, or BEI certifications that form the basis of Maryland’s licensing framework.

Absent a clear and mandatory reciprocity pathway, highly qualified interpreters may decline to provide services in Maryland because of duplicative licensing requirements, further exacerbating the workforce shortage. Replacing “may” with “shall” in §9-2420(a) will create a predictable, commonsense pathway that protects quality while preserving access.

House Bill 1192 appropriately extends the deadline for the Board to establish and publish licensing requirements. Given the addition of new Board members and the substantial regulatory steps required including drafting regulations, public comment, final adoption, application development, and processing additional time is necessary to ensure thoughtful implementation.

We recommend extending the deadline for publishing licensing requirements to July 1, 2027, and correspondingly extending the date by which interpreters must be licensed to January 1, 2028. This timeline better reflects administrative realities and avoids unintended service disruptions.

LifeBridge Health is committed to ensuring meaningful access to care for deaf and hard of hearing patients. House Bill 1192 advances that goal, and with the proposed amendments, it will create a regulatory framework that is legally sound, operationally feasible, and responsive to Maryland’s interpreter workforce capacity. For these reasons, we respectfully request a favorable report on House Bill 1192 with the adoption of the Maryland Hospital Association amendments. Thank you for your consideration.

Respectfully,

Jennifer Witten, Vice President Government Affairs

Jwitten2@lifebridgehealth.org

505-688-3495

Address: 2401 W Belvedere Ave, Baltimore, MD 21215

District 40: Grace Medical Center and Sinai Hospital