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TO: Members of the House Ways and Means Committee
FROM: Theresa Smith, Parent and Advocate
DATE: February 23, 2026
BILL: House Bill 901 – Education - Public School Students - Recognition of External Diagnosis of Autism
POSITION: Favorable with Amendments

Members of the Committee,

My name is Theresa Smith. First and foremost, I am the mother of two children with autism and have navigated the IEP process within Prince George's County Public Schools. That personal journey fuels my work as an independent special education advocate and drives my service as Chair of the Disability Issues Advisory Board, a SECAC member, and an Advocacy Committee member for my PTSA. Furthermore, my professional background in regulatory and medical science equips me to critically analyze the intersection of medical standards and legislative mandates. I am here today to bridge the gap of the lived reality of families.

I am writing to express my support for House Bill 901, but I urge this committee to adopt critical amendments to ensure this bill aligns with clinical science, the federal Child Find mandate, and equity standards.

The intent behind this bill is desperately needed. Far too many families bring valid, external diagnoses to their school teams only to be met with endless delays and resistance. For example, my daughter received a diagnosis of Autism Spectrum Disorder (ASD) from a clinical psychologist after receiving a referral from two different physicians. When I presented the outside evaluation, members of the IEP team did not want to accept the information to move forward with revising her IEP. Yet, a year prior, I had been instructed by the District to obtain my own testing (for which she had been waitlisted). Because that action had occurred and the testing results confirmed the suspected disability, the school psychologist was now indifferent to the resistance the school team was putting up. The team had absolutely no objective data of their own to rebut the diagnosis, yet I still had to fiercely press them to finally provide my daughter with what she needed to access her educational environment.

My son's experience was tragically different. Despite having two outside diagnoses confirming ASD, he faced severe pushback from an ill experienced IEP team. Their testing process was never properly administered. One member of his IEP team even remarked that "he doesn't look like my son," allowing her obvious bias to ruin a screener that administrators never had her to complete with integrity or identify a different evaluator. Because the team failed to gather true, objective data from multiple sources, my son never received the services he desperately needed. While he did graduate with a diploma, the lack of school-based support severely backfired on his progress in school and his success once he left the public school system. He would have been far more successful had he received the necessary support for the deficits he still struggles with that we are now trying to get assistance with today.

When districts continue to block access, delay action, or create unnecessary barriers, they are not just being uncooperative — they are being negligent in their duty to serve students and families.

The intent of House Bill 901 is to ensure fair access. However, to make this bill functionally sound, these four amendments are necessary:

1. Restrict Diagnostic Authority to Specialized Medical Experts

Section 8-404(e)(2) must be amended to align diagnostic authority with rigorous clinical standards. Currently, the bill permits a medical, mental health, or "educational professional" to provide the diagnosis. Educational professionals do not have the medical licensure or clinical training to formally diagnose Autism Spectrum Disorder. Furthermore, an independent medical diagnosis of autism requires the use of standardized clinical tools, such as the Autism Diagnostic Observation Schedule (ADOS-2) or the Autism Diagnostic Interview-Revised (ADI-R). The recognized professionals in this bill should be strictly limited to **developmental pediatricians, clinical psychologists, psychiatrists, and neurologists** who are qualified to administer these comprehensive assessments. This ensures schools are acting upon standardized, undisputed medical data.

2. Align with Child Find and Require Comprehensive Multi-Source Data

Second, the bill must be amended to properly align with the federal Child Find requirement under both IDEA and Section 504 of the Rehabilitation Act. The mandate of Child Find is not just to identify a medical condition, but to identify students whose disability requires specialized instruction (an IEP) or formal accommodations (a 504 Plan) to access their education. Section 8-404(e)(3) currently forces a school to initiate a school-based evaluation within 30 days of receiving the external diagnosis, bypassing the crucial step where an IEP or 504 team must convene to review the diagnosis. When schools review these diagnoses, or attempt to reject them, they must be legally required to gather complete and accurate data. Under federal law, an educational determination cannot rely on a single screener completed by one biased individual; it mandates a comprehensive evaluation using multiple sources of data across various settings. This bill should be amended to state that if a Local Education Agency (LEA) formally rejects the diagnosis or refuses to evaluate, they must issue a formal rejection via a Prior Written Notice (PWN) or Section 504 Notice of Action that explicitly states their reasoning, supported by their own comprehensive, multi-rater objective data.

3. Establish an "Educational Necessity" Standard for Interim Supports

Currently, Section 8-404(e)(4)(ii) offers no mechanism for an LEA to reject an external clinical recommendation if the child's educational needs can be appropriately met through less restrictive, standard accommodations. To make the bill legally sound and practically enforceable, it must be amended to include "educational necessity" and the "Least Restrictive Environment (LRE)" as valid criteria for evaluating requested supports. The legislation should explicitly empower the school-based team to review external recommendations and substitute them with standard, educationally appropriate accommodations. This ensures the child receives immediate, effective support without violating federal LRE guidelines.

4. Ensure Equitable Application Across All Disability Categories

By providing this immediate mandated support exclusively for an external diagnosis of autism, the bill establishes an inequitable, tiered system. Federal law mandates an equitable Child Find and evaluation process for all children with suspected disabilities. Children with other severe, externally diagnosed conditions should not be left to navigate the process without the same interim safety net. The scope of this bill should be broadened to apply equitably to any federally recognized disability category under IDEA or Section 504 where an independent, comprehensive medical evaluation has been provided. By expanding the language to cover all externally diagnosed disabilities, the bill aligns with federal equity mandates and strengthens its overall impact.

I urge a Favorable report on House Bill 901, with the inclusion of these necessary amendments.

Respectfully submitted, Theresa Smith