

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
House Ways and Means Committee
Maryland House of Delegates
6 Bladen Street
Annapolis, Maryland 21401

RE: SUPPORT — HB 879: Language Acquisition Tracking Program for Deaf and Hard of Hearing Children

Dear Chair Atterbeary and Distinguished Members of the Committee:

On behalf of the American Society for Deaf Children (ASDC), the nation's only nonprofit organization dedicated exclusively to empowering families raising deaf and hard-of-hearing children, I write in enthusiastic and unequivocal support of House Bill 879. This legislation would establish a Language Acquisition Tracking Program within the Maryland State Department of Education, ensuring that deaf and hard-of-hearing children develop language skills at the same rate and to the same extent as their hearing peers. We urge the Committee to issue a favorable report.

Founded in 1967, ASDC champions the language rights of deaf children and supports families in accessing American Sign Language (ASL), education, healthcare, and community systems. Our mission is grounded in a simple but urgent truth: ***the emergency facing deaf children is not deafness itself, it is the risk of isolation from language.***

The Crisis of Language Deprivation

The research is unambiguous. Approximately 92% of deaf children are born to hearing parents, the vast majority of whom have no prior experience with deafness or sign language (Mitchell & Karchmer, 2004). Without systematic intervention, these families are left to navigate an unfamiliar and fragmented system during the most critical period of their child's brain development. The consequences are devastating:

- **An estimated 70% of deaf children experience some degree of language deprivation** (National Association of the Deaf [NAD], 2023). This is not a natural consequence of deafness; it is a preventable system failure.
- The critical period for language acquisition spans birth to approximately age five. Children who do not acquire a complete first language during this window risk permanent deficits in cognitive development, literacy, executive function, and social-emotional wellbeing (Humphries et al., 2012; Hall, 2017).
- Language deprivation disproportionately affects children from Black, Indigenous, and communities of color, compounding existing health and educational disparities (NAD, 2023).
- Technological interventions such as hearing aids and cochlear implants are tools, not cures. Research demonstrates that these devices are insufficient as a standalone approach for language acquisition. More than half of deaf children, including those with mild to moderate hearing levels, do not fully acquire spoken language through devices alone (Humphries et al., 2012; Hall et al., 2017).

Language deprivation is not merely a developmental delay. Hall et al. (2017) have identified a possible neurodevelopmental disorder with sociocultural origins, Language Deprivation Syndrome, characterized by language dysfluency, knowledge deficits, and disruptions in thinking, mood, and behavior. This syndrome is entirely preventable with early, accessible language input.

Why HB 879 Is Essential

HB 879 addresses this crisis directly by establishing the infrastructure Maryland's deaf children urgently need:

- **A State Coordinator of Language Acquisition** to oversee and coordinate statewide efforts, ensuring no child falls through the cracks between the healthcare, early intervention, and education systems.
- **Structured, approved assessment tools** that track language development milestones in both signed and spoken modalities, recognizing that language acquisition is modality-neutral and that both ASL and English are legitimate, complete languages (Petitto et al., 2001).
- **A comprehensive parent resource** to help families monitor their child's progress and make informed decisions about language approaches, empowering parents as equal partners in their child's development.
- **Data collection and reporting** that will, for the first time, give Maryland the capacity to measure language outcomes for deaf and hard-of-hearing children at a population level and identify where the system is failing.

More than twenty states have already enacted some version of LEAD-K legislation. The evidence from early adopters confirms that language milestone tracking identifies at-risk children earlier, connects families to resources faster, and produces measurably better outcomes (Cannon et al., 2016). Maryland has an opportunity to join, and learn from, these states.

The Evidence for a Bilingual Approach

A central strength of HB 879 is its recognition that language acquisition may occur through spoken language, signed language, or both. This is consistent with the overwhelming weight of scientific evidence:

- Sign languages activate the same neural language networks as spoken languages and provide equivalent cognitive stimulation (Petitto et al., 2001; Mayberry et al., 2011).
- Research demonstrates that signing deaf children with cochlear implants perform as well as or better than non-signing implanted peers on standardized spoken language measures (Davidson et al., 2014). ASL does not compete with spoken language development, it supports it.
- Bilingualism in ASL and English is associated with stronger cognitive outcomes, greater academic achievement, and healthier identity development compared with monolingual approaches (Grosjean, 2010; Hrastinski & Wilbur, 2016).
- The NAD's 2023 position statement concludes that families should not be forced to choose between ASL and spoken English. The "and" approach, offering both, is the only approach that eliminates the risk of language deprivation while preserving all options for the child.

Alignment with ASDC's Mission and National Expertise

HB 879 is, in a very real sense, our mission codified into state law. For nearly sixty years, ASDC has worked to ensure that every deaf child has access to language from birth, that families are empowered with resources and community connections, and that systems are held accountable when they fail to provide equitable language access. We bring to this testimony not only organizational advocacy but also the lived expertise of the thousands of families we serve nationwide.

Conclusion

Every day that Maryland operates without a language acquisition tracking program is a day that deaf children lose irreplaceable ground during the critical window of brain development. The research is clear. The models exist. The need is urgent.

We respectfully and strongly urge a favorable report on HB 879. ASDC stands ready to support the Committee, the Maryland State Department of Education, and Maryland families in any way that advances the implementation of this vital legislation. We welcome the opportunity to provide additional testimony, research, or technical expertise.

Thank you for your leadership on behalf of Maryland's deaf and hard-of-hearing children.

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.

Davidson, K., Lillo-Martin, D., & Chen Pichler, D. (2014). Spoken English language development among native signing children with cochlear implants. *Journal of Deaf Studies and Deaf Education*, 19(2), 238–250.

Grosjean, F. (2010). *Bilingual: Life and reality*. Harvard University Press.

Hall, W. C. (2017). What you don't know can hurt you: The risk of language deprivation by imposition of cochlear implants. *Maternal and Child Health Journal*, 21(5), 961–965.

Hall, W. C., Levin, L. L., & Anderson, M. L. (2017). Language deprivation syndrome: A possible neurodevelopmental disorder with sociocultural origins. *Social Psychiatry and Psychiatric Epidemiology*, 52(6), 761–776.

Hrastinski, I., & Wilbur, R. B. (2016). Academic achievement of deaf and hard-of-hearing students in an ASL/English bilingual program. *Journal of Deaf Studies and Deaf Education*, 21(2), 156–170.

Humphries, T., Kushalnagar, P., Mathur, G., Napoli, D. J., Padden, C., Rathmann, C., & Smith, S. R. (2012). Language acquisition for deaf children: Reducing the harms of zero tolerance to the use of alternative approaches. *Harm Reduction Journal*, 9(16), 1–89.

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.

Mitchell, R. E., & Karchmer, M. A. (2004). Chasing the mythical ten percent: Parental hearing status of deaf and hard of hearing students in the United States. *Sign Language Studies*, 4(2), 138–163.

National Association of the Deaf. (2023). *Implications of language deprivation for young deaf, deafblind, deafdisabled, and hard of hearing children*.
<https://www.nad.org/implications-of-language-deprivation>

Petitto, L. A., Zatorre, R. J., Gauna, K., Nikelski, E. J., Dostie, D., & Evans, A. C. (2001). Speech-like cerebral activity in profoundly deaf people processing signed languages: Implications for the neural basis of human language. *Proceedings of the National Academy of Sciences*, 97(25), 13961–13966.

Stock, K. (2025). System-driven delay: How practice & policy shape family choices. *ML² x ECHO Program Session 4*, Gallaudet University.