

Written Public Testimony in Opposition to Maryland House Bill 0879

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

House Committee on Ways and Means
Maryland General Assembly
(For the public hearing / written testimony record)

Submitted by:

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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,

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