

BILL: House Bill 879
TITLE: Language Acquisition Tracking Program for Deaf and Hard of Hearing Children – Establishment
HEARING DATE: February 25, 2026
POSITION: UNFAVORABLE
COMMITTEE: Ways and Means
CONTACT: Sam Mathias, Legal & Policy Director (smathias@mabe.org)

The Maryland Association of Boards of Education (MABE), representing all the state’s local boards of education, **respectfully opposes House Bill 879 – Language Acquisition Tracking Program for Deaf and Hard of Hearing Children – Establishment.**

House Bill 879 proposes the creation of a statewide Language Acquisition Tracking Program to monitor the communication development of Deaf and Hard of Hearing children in Maryland from birth through age nine. The bill would establish a State Coordinator to oversee implementation; create an Advisory Council responsible for selecting and overseeing a universally used language assessment tool; require semi-annual language assessments to measure progress for Deaf and Hard of Hearing children in meeting developmental milestones comparable to hearing peers; mandate development of parent and guardian resources; and require the Maryland State Department of Education (MSDE) to publish an annual report detailing progress and literacy outcomes, while maintaining privacy protections.

MABE supports early identification and robust language development for Deaf and Hard of Hearing children. Local school systems work daily to balance specialized instructional supports, family engagement, assistive technology, and individualized educational programming to ensure students have meaningful access to language and literacy. However, we have significant concerns regarding House Bill 879 and the structure, scope, and implementation of the proposed Language Acquisition Tracking Program, often referred to as LEAD-K. As drafted, the bill creates redundancy, administrative burden, and potential unintended consequences without clearly improving existing supports.

Scope and Redundancy

1. Age Range Overlap with Existing Systems

House Bill 879 would apply to children from birth through age nine. In many states that have adopted LEAD-K-type frameworks, tracking generally focuses on early childhood and typically concludes at age five. Extending the program through age nine introduces substantial overlap with existing assessment systems already in place for school-aged children.

By elementary school, students participate in a range of literacy and academic assessments (such as DIBELS and MAP) that provide data on reading, comprehension, and language development. Layering a separate, uniform, and mandated language acquisition assessment on top of these assessments risks confusion for families and educators and may blur the distinction between early language acquisition monitoring and broader academic achievement tracking.

In addition, the transition from IDEA Part C (early intervention services) to Part B (school-based services) already involves structured planning and documentation. Expanding a separate state tracking system through age nine risks complicating that transition rather than streamlining it.

2. Redundant Legal Requirements

Many of HB 879's requirements are already embedded in federal and state law. For children under three, Individualized Family Service Plans (IFSPs) require ongoing monitoring of developmental progress. For school-aged students, Individualized Education Programs (IEPs) and Section 504 plans require measurable goals, regular progress monitoring, and timely revisions when a child is not making sufficient progress. IEPs, in particular, measure progress across multiple domains aligned to a child's individualized needs, whereas the LEAD-K framework isolates language acquisition as a singular metric. HB 879's requirement that plans be updated when a child does not demonstrate adequate progress therefore duplicates obligations that schools are already legally required to fulfill. Creating a parallel statutory mandate does not increase accountability; it adds redundancy and administrative complexity.

Impact on Families

HB 879 would require parents to select whether their child will be assessed in signed or spoken language acquisition. For many families, communication approaches evolve and change over time. Children may use multiple modalities depending on assistive technology (hearing aids or cochlear implants), family fluency in sign language, or educational placement. Requiring families to select a single modality for assessment risks placing undue pressure on parents, limiting their flexibility, and oversimplifying complex developmental decisions. Educational teams currently work collaboratively with families to assess communication in ways that reflect each child's lived experience and instructional setting. Imposing a rigid modality selection requirement at the outset risks undermining the individualized, team-based decision-making process that is central to effective services for Deaf and Hard of Hearing children.

In addition, the parent resources contemplated by this bill are likely duplicative of materials already developed and distributed by MSDE describing existing support structures and transition processes within Maryland's public education system, including

publications such as [A Family Guide to Next Steps: When Your Child In Early Intervention Turns Three](#).

Concerns with The Advisory Council and Assessment Tool

HB 879 requires a single, statewide language assessment tool—selected by a newly established Advisory Council—to be administered every six months to participating children from birth through age nine. However, designing a reliable, norm-referenced assessment for this broad population presents significant technical challenges. Mandating one statewide instrument may also limit local school systems' ability to select assessments tailored to an individual child's communication modality, cognitive profile, and educational context. This one-size-fits-all approach runs counter to the individualized framework that governs special education.

The required testing frequency in the bill further compounds these concerns. Administering, scoring, interpreting, and documenting assessments twice annually for all participating children through age nine would create substantial operational burdens. For many systems, particularly smaller or rural districts, this level of frequency is not feasible without diverting personnel and resources away from direct instructional services.

Finally, the composition and authority of the Advisory Council itself presents concerns. It is curious that the Advisory Council would exclude MSDE—the State agency charged with educational oversight and implementation. While the Maryland Department of Health plays an important role for children from birth to three, its statutory scope does not extend into the K–12 environment in the same manner. As structured, the Council may lack the direct educational and implementation expertise necessary for decisions affecting students through age nine. Vesting the authority to mandate an assessment tool in a body without direct implementation responsibility raises concerns about alignment, accountability, and practicality.

Conclusion

MABE recognizes and shares the goal of ensuring strong language foundations for Deaf and Hard of Hearing children. Early identification, family engagement, and high-quality instruction are critical components of student success. But House Bill 879 creates a prescriptive, duplicative, and administratively burdensome structure layered on top of existing federal and state requirements already being addressed through IFSPs, IEPs, Section 504 plans, established assessment systems, and MSDE's current infrastructure.

For these reasons, MABE respectfully requests an unfavorable report on House Bill 879.