

MCF-HB901-FAV.pdf

Uploaded by: Barbara Zektick

Position: FAV



HB901 - Education - Public School Students - Recognition of External Diagnosis of Autism

Position: Support
Hearing Date: February 25, 2026
Committee: Ways and Means

The Maryland Coalition of Families (MCF) is a statewide nonprofit organization that provides family peer support services at no cost to families who have a child or other loved one with a mental health, substance use, or problem gambling disorder. As experienced caregivers, we provide support, guidance, and hope to people who love or care for someone with a behavioral health challenge and advocate to improve the systems they rely on.

Qualified external providers have the skills and expertise to test, evaluate, and diagnose autism in a child. There must be a pathway for children who receive a diagnosis of autism from a qualified external provider to receive support at school until a school has completed their own evaluation. To allow schools to reject a diagnosis from an external provider in favor of completing their own evaluation delays the implementation of critical services and substitutes the school's opinion for that of a qualified licensed healthcare professional.

MCF polled parents we support who have children with behavioral health challenges and they overwhelmingly support this proposed legislation. One parent shared, "I feel like outside evaluations hold as much if not more weight than school evaluations. As long as there is a preliminary diagnosis used until the school evaluates then the child will be able to receive services sooner than later."

Another parent said, "I support this because my child, who is currently (finally!) in a non-public school to support his autism had to suffer through public school for two years because the IEP team could not accept the diagnosis from an outside doctor. His time in public school was traumatic, and I am not using that word lightly. I mourn all the other children who had their educational experiences ruined by not having this requirement."

School evaluations delay the implementation of critical services. This is completely unnecessary when a diagnosis is provided by a qualified behavioral health professional. Providing support as soon as possible ensures better long-term academic, social, and emotional outcomes for the student.

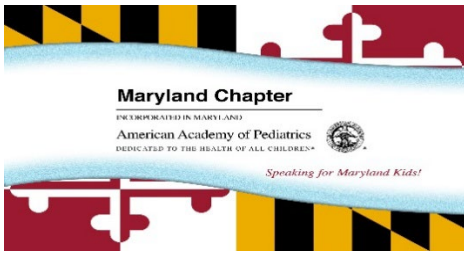
MCF supports HB901 because it recognizes the importance of early intervention strategies and the validity of the diagnoses from external healthcare professionals.

Karen L. Duffy, MA
Executive Director
Maryland Coalition of Families
240.885.2549

HB0901_FAV_MDAAP_Education - Public School Student

Uploaded by: Christine Krone

Position: FAV



House Ways and Means Committee

February 25, 2026

House Bill 901 – *Education – Public School Students – Recognition of External Diagnosis of Autism*

POSITION: SUPPORT

The Maryland Chapter of the American Academy of Pediatrics (MDAAP) is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of **support** for House Bill 901. The bill seeks to ensure that public schools recognize and meaningfully consider external diagnostic evaluations of autism provided by qualified healthcare professionals.

Many families pursue developmental evaluations outside the school system because of concerns about their child’s behavior or developmental trajectory that may not be observed within the school environment. Too often, however, when parents share these external evaluations with their child’s school team, the findings and recommendations are not fully reviewed or incorporated into educational planning, particularly when the child appears to be performing adequately during the school day.

As pediatricians, we regularly evaluate children who expend tremendous effort to “hold it together” at school, only to return home overwhelmed and exhausted. Families frequently report significant distress after school hours, including emotional outbursts, rigidity, and high levels of anxiety. These behaviors reflect the child’s genuine struggle to cope with sensory, social, or communication challenges throughout the day – challenges that may not be outwardly visible to teachers.

House Bill 901 addresses this gap by requiring schools to acknowledge external diagnostic assessments, review the accompanying recommendations, conduct any additional evaluations they deem appropriate, and engage parents in meaningful discussions about findings and potential supports. This bill does not diminish the role of school-based assessments; rather, it ensures that all relevant information, especially clinical evaluations reflecting a child’s functioning across settings, is considered.

We recognize that schools face significant demands and resource constraints. However, the burden of system limitations cannot fall on children and families who find themselves caught between clinical recommendations and school-based perceptions. When healthcare providers identify autism and offer targeted recommendations, families deserve the assurance that these insights will be taken seriously by their child’s educational team. For these reasons, the MDAAP urges a **favorable report on House Bill 901**.

For more information call:

Christine K. Krone
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
410-244-7000

TESTIMONY - HB 901 - Education - Public School Stu

Uploaded by: Denise Denise

Position: FAV

TESTIMONY

HB 901 - EDUCATION - PUBLIC SCHOOL STUDENTS -- RECOGNITION OF EXTERNAL DIAGNOSIS OF AUTISM

February 25, 2026

Delegate Denise Roberts

Madam Chair Wilkins, Madam Vice Chair Feldmark, and honorable members of the Ways and Means Committee, for the record, I am Delegate Denise Roberts from District 25 in Prince George's County, Maryland and thank you for the opportunity to present House Bill 901, Education – Public School Students – Recognition of External Diagnosis of Autism.

For many Maryland families, the longest journey is not from home to school; it is from “something is wrong” to “someone finally listened.” Parents wait months or years for evaluations, miss work, and fight insurance just to secure an autism diagnosis for their child. When they finally bring that diagnosis to their child’s public school, they are often told, in effect, “Thank you — now we’ll start all over again.” HB901 is about ending that second wall and making our systems work together for children instead of making families start from scratch.

Just this past weekend, I co-hosted an Autism Supports Summit for parents with Prince George’s County Council Chair Krystal Oriadha and Prince George’s County Board of Education District 7 member Dr. Phelton Moss. Room full of parents, grandparents, and caregivers who love their children fiercely — and I cannot tell you the number of heartbreaking stories we heard. Story after story of families who did exactly what we tell them to do, got the diagnosis, and still could not get their public schools to move. My office, the Council Chair’s office, and Dr. Moss’s office get an incredible number of calls from constituents who are parents of autistic children facing these same barriers. Something needs to be done, and HB901 is one concrete, targeted step.

HB901 is simple and deeply reasonable. The bill requires a public school to recognize an external diagnosis of autism from qualified medical, mental health, or educational professionals, to begin a school-based evaluation within 30 days once that diagnosis and parental consent are received, and to determine appropriate supports during that evaluation period based on that external diagnosis and its recommendations. Under the amendments prepared by the Department of Legislative Services, schools retain the authority to decide which supports to provide and may adjust, add, or eliminate supports as necessary during the evaluation window.

Those amendments sharpen the balance. On page 1, the bill now directs schools to “determine the appropriate supports to provide,” rather than automatically

“provide certain supports,” underscoring that decisions remain with the school team. On page 2, the bill specifies that supports are determined “based on the diagnosis and any recommended supports,” and it expressly allows schools, during the evaluation period, to make appropriate changes to what is provided. HB901 honors the work families have already done to get a diagnosis while keeping school-based decisions, including IEP and placement determinations, where they belong — with the public school team under State and federal law.

This bill fits squarely within the Individuals with Disabilities Education Act framework. IDEA already requires a full and individual evaluation, a finding of adverse educational impact, and a determination of the need for specially designed instruction and related services. HB901 does not change those standards; it accelerates and informs them. An external diagnosis becomes a trigger for timely action — convening the team, reviewing data, and making informed decisions — not a substitute for the public school’s obligations.

Behind the policy are real children and real families in our public schools. In my community and across Maryland, I hear from parents of children with autism and from relatives — including an aunt with two nephews on the spectrum, one of whom required a specialized placement outside his home district funded by his local public school system. Their stories are different, but the pattern is the same: families do everything we tell them to do, yet still hit delay after delay once they walk into the school building. HB901 says that when a family has already climbed the mountain to get a diagnosis, the public school system should meet them halfway.

HB901 is also bipartisan. Members from both parties have come together around this bill, recognizing that when a child is diagnosed with autism, timely support in our public schools should not be a partisan question. This is a Maryland public-school issue, and we are offering a Maryland public-school solution that respects families, clinicians, and the professional judgment of our educators.

At its core, HB901 says that an autism diagnosis should open the door to timely, thoughtful support in our public schools, not drop families into a new maze. HB901 moves Maryland toward best-in-the-nation practice in how our public schools respond when a child receives an autism diagnosis, and I respectfully ask for a favorable report on the bill with the amendments. Thank you, and I am happy to answer any questions.

Eric Carpenter-Grantham's - Written Testimony for

Uploaded by: Eric Carpenter-Grantham

Position: FAV

Date: February 25, 2026

To: Chair Jheanelle Wilkins and Members of the Ways and Means Committee

From: Eric Carpenter-Grantham, Co-Founder, The Blue Runway for Autism and Namesake of ERIC's ID LAW

Re: Support for House Bill #HB901 – Education – Public School Student – Recognition of External Diagnosis of Autism

1. Introduction

Dear Ways and Means Members of the Committee,

My name is Eric Carpenter-Grantham, and I am a resident of Silver Spring, Maryland. I am writing to strongly support House Bill #HB901, which would require schools to recognize a student's external diagnosis of autism from qualified professionals until the school completes its own evaluation, and to begin that evaluation within 30 days of receiving both the diagnosis and parental consent. This Bill would help the child and the parent to get the support and services early that the family would need. As an autistic person, this bill is deeply personal to me.

2. Personal Story

My mother knew something was different about me when I was an infant. I cried often. I was extremely sensitive to bright lights, loud sounds, and touch. It was overwhelming for me, even before I had the words to explain it. For my family, it was very difficult to live in a space where they knew something was going on, but were told to "wait" until I reached a certain age before I could be evaluated. That waiting period only prolonged stress for both me and my parents.

Thankfully, my doctor at Children's National Hospital recognized the signs early. He helped my mother understand my sensory sensitivities and explained how to better support me — even something as simple as recreating a calm birth-like environment: swaddling me, limiting bright lights, and reducing loud noise. That early guidance made a difference. But not every family is heard or supported that way.

Too often, parents are dismissed. Too often, children are left without services while systems delay action. Those delays matter. Early diagnosis and early intervention can change the trajectory of a child's development. It gives families tools. It reduces stress. It provides understanding instead of judgment.

3. Key Points

This Bill will help so many parents to feel supported and the child will get the help they need asap instead of waiting and the situation becomes stressful and frustrating. Being educated on how to support your child and family is very important. Early diagnosis will bring quick results on next steps to help the child and family.

4. Conclusion

House Bill #HB901 would ensure that children receive support as soon as possible instead of being stuck in a waiting period that can be frustrating and harmful. Recognizing external diagnoses and requiring timely evaluations shows respect for families and for medical professionals who have already done the work.

Early support leads to better outcomes. It empowers families with education and resources. It gives children like me the chance to thrive instead of struggle in silence.

For these reasons, I respectfully urge the committee to support House Bill #HB901.

Thank you for the opportunity to submit this testimony.

Sincerely,

Eric Carpenter-Grantham

8250 Georgia Avenue, #823

Silver Spring, Maryland 20910

ericidlaw@gmail.com

240-579-1133

PGCC_HB901_FAV.pdf

Uploaded by: Jabari Cooper

Position: FAV



THE PRINCE GEORGE'S COUNTY GOVERNMENT

(301) 952-3700
County Council

February 25, 2026

House Ways & Means Committee

House Bill 901 - Education – Public School Students – Recognition of External Diagnosis of Autism

POSITION: FAVORABLE

Chair Wilkins, Vice Chair Feldmark, and Members of the Committee:

On behalf of the Prince George's County Council, we respectfully submit this testimony in support of House Bill 901, which would require public school systems to recognize an external diagnosis of autism spectrum disorder provided by a qualified health care professional when determining eligibility for special education services.

Prince George's County is home to a large and diverse student population, including many children with developmental disabilities who rely on timely access to educational supports and interventions. Families often pursue medical evaluations outside of the school system due to long wait times, limited availability of specialists, or urgent developmental concerns. When these professionally obtained diagnoses are not consistently recognized within the educational eligibility process, families may experience unnecessary delays in services, duplicative evaluations, and increased financial and emotional burdens.

House Bill 901 helps reduce these barriers by promoting coordination between the health care and education systems. Recognizing qualified external diagnoses supports earlier intervention, which is critical for children with autism spectrum disorder to achieve improved developmental, educational, and social outcomes. Early access to services is widely recognized as a key factor in long-term success and can reduce the need for more intensive supports later in a child's educational journey.

The bill also promotes equity. Families with fewer resources are disproportionately affected when they must navigate multiple evaluation systems or face delays in eligibility determinations. Establishing a clear framework for recognizing external diagnoses helps ensure that students across Maryland receive more consistent and timely access to appropriate supports regardless of geography or socioeconomic status.

From a local government perspective, improving coordination and reducing duplicative processes can also help public systems operate more efficiently by avoiding unnecessary assessments and administrative delays while allowing schools to focus resources on service delivery.

For these reasons, the Prince George's County Council respectfully urges the Committee to issue a favorable report on House Bill 901.

Prepared by: Ashlar Government Relations on behalf of Prince George's County Council

Wayne K. Curry Administration Building – Upper Marlboro, Maryland 20772

2026 HB901 NAPNAP.pdf

Uploaded by: JD Murphy

Position: FAV



February 23rd, 2026

Maryland House of Representatives
Ways and Means Committee
130 Taylor House Office Building
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair, and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Maryland Chesapeake Chapter, we are writing to express our **strong support for House Bill 0901 – Education – Public School Students – Recognition of External Diagnosis of Autism**. This bill is a crucial step toward ensuring timely access to services and supports Maryland students with autism.

HB 0901 appropriately requires schools to recognize a student’s external diagnosis of autism from qualified medical, mental health, or educational professionals until the school completes its own initial evaluation. This acknowledgement prevents harmful delays in services at a time when early intervention is vital for developmental outcomes. The bill also establishes a 30-day timeline for initiating the school-based evaluation upon receipt of the external diagnosis and parental consent, ensuring families are not left waiting indefinitely.

Proposed Amendment (Line (2))

To further strengthen HB 0901 and reflect the reality of clinical practice, I respectfully request an amendment to Section 8–404(e)(2) to **explicitly include licensed developmental pediatricians and licensed nurse practitioners** within the list of recognized professionals authorized to provide an external autism diagnosis.

Proposed language addition at line (2):

“FOR THE PURPOSES OF THIS SUBSECTION, A MEDICAL, MENTAL HEALTH, OR EDUCATIONAL PROFESSIONAL INCLUDES: a licensed developmental pediatrician or nurse practitioner.”

Developmental pediatricians are among the most qualified clinicians to evaluate and diagnose neurodevelopmental disorders, including autism. Nurse practitioners—particularly those trained in pediatrics, developmental-behavioral care, or mental health—also regularly perform diagnostic evaluations in community and clinical settings. Adding these licensed professionals ensures the bill reflects current clinical practice, expands access to timely and credible diagnoses, and prevents unnecessary barriers for families in areas with limited specialist availability. HB 0901 is an essential measure that honors the expertise of qualified clinicians, reduces delays in support, and improves outcomes for students with autism. Including the above amendment will further expand equitable access to diagnostic pathways and strengthen the bill’s real-world impact.

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The Maryland Chapter of NAPNAP membership includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for our state’s pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the Maryland Chapter legislative chair, Dr. JD Murphy, at mdchesnappnapleg@outlook.com.

Sincerely,

Dr. Jessica D. Murphy DNP, CPNP-AC, CPHON, CNE
Maryland Chapter Legislative Chair

Dr. Evgenia Ogorodova DNP, CPNP-PC
Chapter Legislative Co-Chair

Dr. Yvette Laboy DNP, CPNP-AC, CCRN, CPN; Chapter President

Ms. Lindsay Ward MSN, CPNP-PC, IBCLC; Immediate Past-President

Dr. Samantha Hoffman DNP, MS, CPNP-PC; Chapter President-elect

HB901 (2026) letter of support.docx.pdf

Uploaded by: John Sheridan

Position: FAV



February 20, 2026

I write in strong support of House Bill 901 (HB901). This legislation is an important and practical step toward ensuring that students with autism in Maryland receive timely, appropriate educational supports without unnecessary delay.

HB901 requires local school systems to recognize a diagnosis of autism provided by a qualified medical, mental health, or educational professional and to begin providing recommended supports during the time the school conducts its own evaluation. Too often, families who have already gone through the time, expense, and emotional strain of securing a professional diagnosis encounter additional administrative barriers before their child can receive services in school. During that waiting period, students can fall behind academically and socially. HB901 addresses this gap.

Early and consistent intervention is critical for students with autism. By allowing schools to act on credible external diagnoses while completing their own assessments, this bill promotes continuity of care.

The bill also strengthens collaboration between families and schools. Parents who seek outside evaluations are advocating for their children. HB901 does not eliminate a school system's responsibility to conduct its own evaluation; rather, it ensures that students receive reasonable supports in the interim.

Finally, HB901 promotes statewide consistency and educational equity. Establishing a clear standard for how external autism diagnoses are treated will reduce disparities among districts and provide families with predictable, fair processes no matter where they live in Maryland.

HB901 is compassionate, practical, and aligned with Maryland's commitment to inclusive education. I respectfully urge you to support and pass this important legislation.

Sincerely,

Jolene Ivey
Member At-Large
Prince George's County Council

Website: pgccouncil.us/CMAL_Ivey | Wayne K. Curry Administration Bldg.
Telephone: (301) 952-2638 | 1301 McCormick Drive, 2nd Floor
 @cmjoleneivey •  @JoleneIveyPGC | Largo, Maryland 20774

Linda Carpenter-Grantham's - Written Testimony for

Uploaded by: Linda Carpenter-Grantham

Position: FAV

Date: February 25, 2026

To: Chair Jheanelle Wilkins and Members of the Ways and Means Committee

From: Linda Carpenter-Grantham, President, The Blue Runway for Autism (ERIC's ID LAW)

Re: Support for House Bill #HB901 – Education – Public School Student – Recognition of External Diagnosis of Autism

1. Introduction

My name is Linda Carpenter-Grantham and I am a resident of Silver Spring, Maryland. I am writing to strongly support House Bill #HB901, Requiring a school to recognize a student's external diagnosis of autism from certain professionals until the school completes an initial evaluation; requiring a school to initiate an evaluation of a student within 30 days of receiving an external diagnosis of autism and written consent from the student's parent. Being a parent of a son with autism. This Bill would help the child and the parent to get the support and services early that the family would need.

2. Personal Story

This bill is important to me because I knew when my son Eric was an infant that something was different. He cried a lot. He was sensitive to bright lights, loud sounds and touch. It was a very difficult space to live in when others are telling you to wait until your child is of a certain age before the child can be evaluated. It prolongs the stress on the child and the parent. I am very appreciative for Eric's doctor from Children's National Hospital. Dr. Nathaniel Beers. He educated me when Eric was less than a year old. He told me that I would have to re-create Eric's birth. Swaddle him in the blanket, No Bright light, No Loud Noise. He knew already that Eric was going to have delays. When others are judging you who knew nothing about autism/delays.

3. Key Points

This Bill will help so many parents to feel supported and the child will get the help they need asap instead of waiting and the situation becomes stressful and frustrating. Being educated on how to support your child and family is very important.

Early diagnosis will bring quick results on next steps to help the child and family.

4. Conclusion

For these reasons, I urge the committee to support House Bill #HB901. Thank you for the opportunity to submit this testimony.

Sincerely,

Linda Carpenter-Grantham

Address: 8250 Georgia Avenue, #823, Silver Spring, Maryland 20910

Email: bluerunwayforautism@gmail.com – Cell Phone: 240 688 3322

External Evaluations HB901.pdf

Uploaded by: Robert Malone

Position: FAV

Date: February 25, 2026
To: Delegate Jheanelle K. Wilkins, Chair, House Ways and Means Committee
From: Rob Malone, CEO, The Arc Prince George's County
Re: Support - HB901 Support Education - Public School Students - Recognition of External Diagnosis of Autism

Thank you Chair Wilkins and committee members for the opportunity to submit testimony in support of HB901.

I am writing in strong support of the proposed bill that would require schools to provide services to children with autism and recognize external diagnoses from qualified professionals until the school completes its own evaluation. This bill is crucial to ensuring that children with autism receive the timely support and services they need to thrive.

The number of children diagnosed with autism has been growing steadily over the past few decades; Part of this increase can be attributed to improved awareness, broader diagnostic criteria, and better access to evaluation services. However, research still shows a significant rise in diagnoses that suggests an actual increase in prevalence as well. In 2023, the CDC released its latest estimates for autism prevalence, showing that **1 in 36 children** in the U.S. has been diagnosed with autism. This reflects a continuing trend of rising diagnoses.

As you may know, autism is a complex developmental disorder that affects each child differently. Early diagnosis and intervention are essential for improving outcomes for children with autism. However, too often, schools delay services for children who have already been diagnosed by external professionals, causing unnecessary delays in critical support. These delays can result in children falling further behind academically, socially, and emotionally.

A report by the *National Early Childhood Technical Assistance Center* (2012) demonstrated that early intervention is cost-effective, as it reduces the need for more intensive services later in life. Early treatment for speech delays, for example, prevents long-term complications and minimizes future educational and social support costs.

The *Heckman Equation* (2016) shows that investing in early childhood interventions, including speech therapy, yields a high return on investment. For every dollar spent on early childhood education, there's an estimated return of \$7 in long-term economic benefits, including reduced costs in special education and improved workforce productivity.

Beyond the researched based impacts, we know how much anxiety, frustration and hopelessness can build in parents as they see their children lag behind without any supports. I was recently at a forum for parents who have children on the autism spectrum and a number of

them expressed concerns with delays in services and being told to give their children more time to catch up.

I urge you to support this bill, which will ensure that children with autism receive the services they need when they need them. Recognizing the diagnoses from qualified professionals will help provide these children with the necessary support to succeed in school and in life. Early intervention is critical to their future, and this bill will provide the tools to ensure that they are not left behind.

When trusted, licensed professionals raise concerns about developmental limitations of our children, we need to act to provide supports to assist them as soon as possible. The Arc stands with our families and asks for you to move this bill forward with a favorable report.

HB901_LG_FAV.pdf

Uploaded by: Therese Hessler

Position: FAV



Shari Bailey

CEO & Founder, Laila's Gift
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443-509-4515

February 25, 2026

Ways and Means Committee

House Bill 901 — Education – Public School Students – Recognition of External Diagnosis of Autism

Position: SUPPORT

Chair Wilkins, Vice Chair Feldmark, and Members of the Committee:

On behalf of Laila's Gift, we respectfully submit this testimony in strong support of House Bill 901, which requires public school systems to recognize an external diagnosis of autism spectrum disorder provided by a qualified health care professional when determining eligibility for services and supports.

Laila's Gift works with families of children with autism and other developmental disabilities, many of whom navigate complex educational and safety challenges. Timely recognition of a medically documented autism diagnosis is critically important not only for educational access, but also for ensuring that schools have the information necessary to appropriately plan for student safety, behavioral supports, and individualized needs.

When an autism diagnosis is clearly recognized and incorporated into a student's educational planning — including the Individualized Education Program (IEP) or Section 504 plan — schools are better positioned to implement appropriate accommodations, supervision strategies, communication supports, and behavioral interventions. This information is particularly important for children who experience wandering or elopement behaviors, which are well-documented safety risks for individuals with autism. Early and accurate recognition of a student's needs allows school teams to proactively develop safety plans, train staff, and coordinate with families to reduce the risk of dangerous incidents.

Families often pursue diagnostic evaluations outside of the school system due to long wait times or limited availability of specialists. When those diagnoses are not consistently recognized within educational eligibility processes, children may experience delays in services and safety planning, leaving gaps during critical developmental periods. House Bill 901 helps eliminate unnecessary barriers by promoting coordination between medical and educational systems and ensuring that schools have timely access to relevant clinical information.



From a safety perspective, recognizing autism diagnoses and documenting them appropriately within educational plans supports prevention and response strategies when wandering or elopement occurs. Accurate information about a child's communication abilities, sensory needs, triggers, and behaviors can inform staff responses, emergency protocols, and coordination with caregivers and first responders when necessary.

House Bill 901 also complements broader efforts to improve safety and awareness for individuals with autism, including legislation focused on elopement prevention and response.

By improving coordination across systems and reducing delays in service recognition, House Bill 901 supports both educational outcomes and child safety. Early intervention, appropriate supports, and proactive safety planning benefit not only students and families but also educators, schools, and communities.

For these reasons, Laila's Gift respectfully urges the Committee to issue a favorable report on House Bill 901.

Thank you for your consideration.

Warm regards,

Shari Bailey
Founder, CEO, Caregiver
Laila's Gift

HB 901_ Education - Public School Students - Reco

Uploaded by: Trudy Tibbals

Position: FAV

HB 901: Education - Public School Students - **Recognition of External Diagnosis of Autism:** Please vote to **SUPPORT** this bill.

Dear Ways & Means Committee:

I am writing to respectfully **support HB 901**, concerning *Education – Public School Students – Recognition of External Diagnosis of Autism*.

Timely identification and support are critical for students with autism. When a licensed medical or clinical professional has already provided a formal diagnosis, families should not be required to navigate duplicative evaluations or unnecessary administrative hurdles before their child can access appropriate school-based services. **HB 901 promotes efficiency, consistency, and responsiveness by recognizing qualified external diagnoses within the public school system.**

Delays in recognition can postpone vital interventions, accommodations, and individualized supports that help students succeed academically and socially. Early and appropriate support improves long-term educational outcomes and reduces stress for both students and their families.

This legislation also respects the expertise of licensed healthcare professionals and helps ensure that determinations are not inconsistently applied across school districts. By establishing clearer statewide standards, **HB 901** supports fairness and predictability for families, while still allowing schools to conduct educational assessments necessary for service planning.

Parents of children with autism already face significant emotional and logistical challenges. Removing redundant barriers and accelerating access to services is a practical and compassionate step forward.

For these reasons, I respectfully urge you to **support HB 901**.

Thank you for your time and thoughtful consideration.

Respectfully,

Trudy Tibbals

HB 0901.pdf

Uploaded by: Womens Caucus

Position: FAV

DEL. DANA JONES, DISTRICT 30A
President

DEL. MICHELE GUYTON, DISTRICT 42B
1st Vice-President

DEL. JENNIFER WHITE HOLLAND, DISTRICT 10
2nd Vice-President

DEL. SARAH WOLEK, DISTRICT 16
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DEL. LINDA FOLEY, DISTRICT 15
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DEL. KAREN R. TOLES, DISTRICT 25
Parliamentarian

DEL. JACQUELINE T. ADDISON, DISTRICT 45
At Large

DEL. KYM TAYLOR, DISTRICT 23
At Large

WOMEN LEGISLATORS OF MARYLAND
THE MARYLAND GENERAL ASSEMBLY

2/18/2026

To: Delegate Jheanelle K. Wilkins, Chair

Delegate Jessica Feldmark, Vice Chair

Ways and Means Committee

The Maryland Women's Caucus is proud to express its support for **HB 0901 – Education – Public School Students – Recognition of External Diagnosis of Autism.**

HB 0901 amends § 8-404 to ensure that public schools recognize external autism diagnoses and provide timely, appropriate supports so that students with autism have equal access to education. Under this bill, school systems are required to accept an autism diagnosis made by a qualified medical, mental health, or educational professional until the school completes its own initial evaluation. During this period, schools must provide necessary services and accommodations to the student.

HB 0901 ensures that students do not experience unnecessary delays in receiving critical support. Recognizing an external diagnosis allows schools to implement specialized instructional strategies, including sensory supports, structured routines, and clear, explicit instruction that are essential for students with autism. Early recognition also enhances student safety, as children with autism are often particularly vulnerable to bullying and social isolation. Awareness enables school staff to better protect these students and foster inclusive school environments that value neurodiversity.

Educators are frequently among the first to observe early indicators of autism and rely on accurate diagnostic information to deploy appropriate resources and interventions. HB 0901 clarifies that school systems should not postpone accommodations or services while awaiting internal evaluations once a qualified professional has made a diagnosis. Prompt intervention is critical to supporting student learning, emotional well-being, and long-term educational outcomes.

This legislation promotes equity, prevents unnecessary barriers to support, and affirms the importance of early and informed responses in educational settings. By ensuring continuity of care and recognition, HB 0901 protects autistic students from stigma and disruption while supporting their development and success.

For these reasons, the Maryland Women's Caucus respectfully urges a **favorable report** on HB 0901.

Delores BrittMillhouse HB901 TestinFavwAmend.pdf

Uploaded by: Delores Millhouse

Position: FWA



AMERICANMOTHERS®

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Maryland Association

• Educating • Inspiring • Recognizing •

Delores Britt-Millhouse

2026 Maryland Mother of the Year® | American Mothers, Inc.®

Healing our children and empowering our families!

February 23, 2026

Testimony in Support of HB 901

Education – Public School Students – Recognition of External Diagnosis of Autism

Good afternoon, Chair, Vice Chair, and Members of the Committee:

My name is Delores Britt-Millhouse. I am a resident of Legislative District 25, and I serve as the 2026 Maryland Mother of the Year® with American Mothers, Inc.®. I am testifying in my individual capacity.

I rise in strong support of House Bill 901 and in support of Delegate Denise Roberts' leadership in advancing this important legislation.

HB 901 ensures that when a qualified medical or mental health professional provides an autism diagnosis, Maryland public schools must recognize that diagnosis and provide appropriate supports while completing their own evaluation. It also requires that school-based evaluations begin within 30 days of receiving the diagnosis and parental consent, and that recommended supports continue during the review process.

This matters.

I have a niece and nephew on the autism spectrum. I have seen the stress families experience when external expertise is questioned or delayed, and when children are left waiting for supports during critical developmental windows. Delays are not neutral they affect learning, confidence, behavior, and long-term outcomes.

As Maryland Mother of the Year®, my platform focuses on strengthening family capacity, advancing equitable educational access, and ensuring youth receive timely mental and

developmental health support. HB 901 aligns directly with that work. It respects clinical expertise, honors family advocacy, and removes unnecessary barriers between children and the services they need to thrive.

This bill does not eliminate school responsibility for evaluation. It ensures continuity and collaboration. It centers the child.

I respectfully request a favorable report on HB 901 and thank Delegate Roberts for her commitment to families in District 25 and across Maryland.

Thank you.

Delores Britt-Millhouse

2026 Maryland Mother of the Year®
American Mothers, Inc.®

Respectfully,

Delores Brit-Millhouse
2026 Maryland Mother of the Year®
American Mothers, Inc.®

support for HB901.pdf

Uploaded by: Eboni Burch

Position: FWA

Dear Chair and Members of the Committee:

I respectfully submit this testimony in strong support of House Bill 901, with two strengthening amendments.

House Bill 901 addresses a critical gap in the educational system: the period between when a child receives a qualified external diagnosis and when a school completes its internal evaluation. During this interim period, students are often left without appropriate supports despite credible medical evidence identifying a disability. This gap can lead to academic regression, behavioral escalation, emotional distress, and unnecessary disciplinary action.

As both a parent of a child with a disability and a mental health professional, I have personally experienced the consequences of this delay. Despite obtaining a comprehensive external autism evaluation conducted by qualified experts using standardized diagnostic instruments, our school system declined to recognize the diagnosis while conducting its internal review. As a result, my child remained in an inappropriate placement for three years. Ultimately, I was required to retain an educational advocate to secure appropriate services. No family should have to navigate that level of resistance simply to have medically sound evidence acknowledged.

Amendment 1: Restrict Diagnostic Authority to Specialized Medical Experts

Autism Spectrum Disorder—and other neurodevelopmental conditions—are medical diagnoses requiring advanced clinical training and the use of standardized tools such as the Autism Diagnostic Observation Schedule (ADOS-2) and the Autism Diagnostic Interview–Revised (ADI-R). To ensure clinical rigor and avoid ambiguity, diagnostic authority under this bill should be limited to licensed developmental pediatricians, clinical psychologists, psychiatrists, and neurologists.

Educational professionals play a vital role in identification and support; however, they are not medically/clinically licensed to render formal medical diagnoses. Clarifying this standard strengthens the bill, ensures reliance on evidence-based assessment, and reduces litigation risk.

Amendment 2: Ensure Equitable Application Across All Disability Categories

While HB 901 focuses on autism, limiting immediate interim recognition to a single diagnosis creates an inequitable, tiered system. Federal law under IDEA and Section 504 mandates equitable Child Find and evaluation procedures for all children with suspected disabilities.

Children with other severe, externally diagnosed conditions—such as traumatic brain injury, epilepsy, major depressive disorder, specific learning disorders, ADHD, or other qualifying disabilities—should not be denied the same interim protections simply because their diagnosis is not autism.

If a parent provides documentation of a comprehensive, independent medical evaluation identifying a federally recognized disability category, the same temporary recognition and

interim support provisions should apply while the school conducts its evaluation. Expanding the scope of this bill ensures:

- Alignment with federal equity mandates under IDEA and Section 504;
- Consistent procedural safeguards across disability categories;
- Reduced risk of disparate treatment claims;
- A more coherent and defensible statutory framework.

This expansion does not alter eligibility standards. Schools would retain full authority to conduct their own evaluations and determine eligibility. The bill would simply ensure that credible, standardized clinical evidence triggers temporary support during the evaluation window.

In sum, House Bill 901, strengthened by these amendments, promotes fairness, clinical integrity, and student safety. It protects children from avoidable harm while preserving school system authority. It reduces adversarial conflict and promotes collaboration between families, medical providers, and educators.

Most importantly, it ensures that children are supported when credible medical evidence demonstrates need—not months later after bureaucratic delay.

For these reasons, I respectfully urge a favorable report on House Bill 901 with the proposed amendments.

Respectfully submitted,

Dr. Eboni Burch

HB901_PGCPS_BOE.docx.pdf

Uploaded by: Phelton Moss

Position: FWA



Board Chairman

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District 6

Board Vice Chair

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Secretary/Treasurer
Dr. Shawn Joseph
Superintendent

February 25, 2026

Chair Atterbeary, Vice Chair Wilkins, and esteemed members of the Ways and Means Committee

House Bill 901 Education – Public School Students – Recognition of External Diagnosis of Autism

Position: Support with Amendment

Contact: Dr. Phelton Moss, Chair, Policy and Governance Committee
Phelton.Moss@pgcps.org | Johntel Greene, Government Relations Johntel@goodgov.ai

Dear Chair Atterbeary, Vice Chair Wilkins, and esteemed members of the Ways and Means Committee,

Thank you for the work you all do on behalf of our students, educators, and staff across the state and in the Prince George’s County Public Schools community. On behalf of the Prince George’s County Board of Education, representing over 130,000 students and thousands more in our school communities, we write in support of this legislation with the proposed amendments offered by Delegate Roberts.

HB901 addresses a real and growing challenge facing families and school systems across Maryland. When a child receives an external autism diagnosis from a qualified licensed professional, families deserve to know that their school will recognize that diagnosis and begin working toward the right supports without unnecessary delay. This legislation ensures that happens. The Prince George’s County Board of Education worked directly with Delegate Roberts on amendments that strengthen this bill and make it workable for school systems while keeping students at the center.

PGCPS already recognizes external diagnoses of autism and works to connect students with appropriate supports. This legislation codifies that practice statewide and ensures that no family has to fight to have their child’s diagnosis acknowledged while waiting for a school-based evaluation. For our district, which serves one of the most diverse student populations in the state, this bill reflects what we are already doing and what every school system should be doing.

The amendments proposed by Delegate Roberts are critical to making this bill effective. Amendment No. 1 clarifies that schools shall determine the appropriate supports to provide, rather than being locked into specific external recommendations that may not align with the school setting. Amendment No. 2 ensures that supports are based on the diagnosis and any recommended supports, and adds important language allowing schools to make appropriate changes to supports during the evaluation period, including



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adding or eliminating supports as necessary. These changes give schools the professional discretion needed to serve students well while still honoring the external diagnosis.

To be clear, this bill does not bypass the Individualized Education Program process required under federal law, nor does it commit school systems to providing services without professional evaluation. What it does is close the gap between when a family receives a diagnosis and when the school begins responding to it. That gap is where families lose trust and children lose time.

The fiscal note raises concerns about cost. The amendments address much of that exposure by giving schools the flexibility to determine and adjust appropriate supports rather than being required to implement every specific external recommendation. Because PGCPs already follows this practice, we do not anticipate significant new costs for our district. The real cost is in doing nothing — leaving families without a clear pathway and students without timely support.

We respectfully request that the committee adopt the proposed amendments and issue a favorable report on HB901 as amended. Dr. Moss will be testifying in person on behalf of the Board and is available to answer any questions the committee may have.

Thank you,

Prince George's County Board of Education

PublicComment_HB901_FAV_TSmith.pdf

Uploaded by: Theresa Smith

Position: FWA



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

HB901 OPPOSE.pdf

Uploaded by: Grace Wilson

Position: UNF



**HB0901 – EDUCATION – PUBLIC SCHOOL STUDENTS –
RECOGNITION OF EXTERNAL DIAGNOSIS OF AUTISM**

February 25, 2026
WAYS AND MEANS

OPPOSE

Grace Wilson, Director of Legislation & Policy (410.440.1758)

Anne Arundel County Public Schools (AACPS) opposes **HB0901 - Education - Public School Students - Recognition of External Diagnosis of Autism**. This bill requires a school to recognize a student's external diagnosis of autism from a medical, mental health, or educational professional as a diagnosis until an initial evaluation of the student is completed by the school. For the purposes of the bill, a medical, mental health, or educational professional includes: (1) a licensed developmental pediatrician; (2) a licensed clinical psychologist; (3) a licensed psychiatrist; (4) a licensed clinical social workers with autism diagnosis training; (5) a licensed speech-language pathologist working as part of a multidisciplinary diagnostic team; and (6) a licensed occupational therapist working as part of a multidisciplinary diagnostic team.

School staff are subsequently required to initiate a school-based evaluation of a student within 30 days of receiving an external diagnosis of autism and written consent from the student's parent/guardian. During the evaluation period, a school is required to provide a student with an external autism diagnosis with the supports recommended in the diagnosis. A school may provide alternative supports to a student when a specific recommendation conflicts with federal or State law or presents a safety risk. A school is required to continue to provide supports to a student until the school-based evaluation is completed and a determination is made regarding whether a student should continue to receive supports.

AACPS opposes HB0901 as a clear violation of the Individuals with Disabilities Education Act (IDEA) and as it would result in increased workloads for special education teachers and related service providers. IDEA requires a comprehensive educational evaluation and team-based eligibility determination before any special education services are provided. The bill places an undue burden on school staff, who would be expected to deliver services without the legally mandated evaluation data necessary to determine what services are appropriate, effective, or educationally justified. This bill also singles out autism against all other disability categories by creating a separate, preferential process exclusively for students with an external autism diagnosis, undermining the equitable, uniform procedures that federal law requires.

Accordingly, AACPS respectfully requests an **UNFAVORABLE** committee report on HB0901.

HB 901 - Oppose - External Autism Diagnosis.pdf

Uploaded by: Jessica Goff

Position: UNF

BILL: House Bill 901
TITLE: Education - Public School Students - Recognition of External Diagnosis of Autism
HEARING DATE: February 25, 2026
POSITION: Unfavorable
COMMITTEE: Ways and Means
CONTACT: Jessica Goff, Governmental Affairs Associate (jgoff@mabe.org)

The Maryland Association of Boards of Education (MABE), representing all of the State's local boards of education, **opposes House Bill 901 - Education - Public School Students - Recognition of External Diagnosis of Autism.**

House Bill 901 would require a school to recognize a student's external autism diagnosis until an initial evaluation of the student is completed by the school. HB 901 requires a school to initiate a school-based evaluation within 30 days of receiving the external diagnosis and written parental consent. During the evaluation period, the school would also have to provide the student with the supports recommended in the external evaluation. The school would have to continue to provide supports to the student until the school-based evaluation is completed and a determination is made regarding whether the student should continue to receive supports.

MABE fully acknowledges the frustration that parents of autistic children feel when they are waiting for a diagnosis so that their child may begin to receive supports and services in school. However, we have concerns regarding the interplay of HB 901 with the requirements under the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act, the significant cost, administrative burden, and practical considerations that will be borne by school systems, and importantly, the inequitable results that this bill, were it to become law, would create between low-income and higher income families.

The Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act do not require schools to use an external or private medical diagnosis for autism to provide special education services. Instead, schools are legally mandated under IDEA's implementing regulations, commonly referred to as "Child Find," to conduct their own comprehensive, multidisciplinary evaluations within 60 days of parental consent to determine eligibility. While we understand that waiting up to 60 days for a school-based evaluation can be challenging, this timeline is the well-established standard applicable to all disability evaluations.

Moreover, HB 901 would create a diagnostic-specific benefit for students with autism that is not available to students with other disabilities, who also require timely assessment and services. While students with autism unquestionably face distinct challenges, Maryland's (and the nation's) special education framework is grounded in individualized need, not hierarchy. Prioritizing one disability group risks elevating autistic students above students with other learning disabilities, speech or language impairments, hearing or vision impairments, developmental delays, or emotional disabilities. The result is inequity.

The bill further drives socioeconomic inequity among students with autism, as it provides families who can afford an external evaluation with a benefit that will evade those who cannot afford it. The cost of an external evaluation is typically exorbitant—often costing families several thousand dollars. Families able to pay for the external evaluations will now be prioritized for school-based services under HB 901, allowed to jump the line for an evaluation within 30 days, and to have their externally-diagnosed services provided immediately, while students with autism from families unable to afford external evaluations are left waiting for the school-based evaluation and without services.

Mandating reliance on external evaluations without a corresponding funding structure will impose significant and unsustainable financial and operational burdens on local school systems. External evaluations tend to recommend cost prohibitive and impractical services. The Fiscal Note for HB 901 emphasizes this – Prince George's County anticipates more than \$30 million in increased costs and Anne Arundel County stated that they may need to add Learning Labs to as many as 39 elementary schools that currently do not have a lab, each staffed by a Learning Lab technician. Yet HB 901 includes no funding mechanism.

Importantly, the Maryland State Department of Education also advises in the Fiscal Note, that: (1) a diagnosis of autism does not always indicate an educational impact, and services should only be provided to students when there is an educational impact based on their disability; (2) school systems cannot use IDEA funds for services to support a student who is not identified with a disability; (3) absent the IEP process, neither the school nor external provider have the appropriate information to make decisions about services and supports. Further, under IDEA, if a school system changes the services that a student receives—which would likely happen once it conducts its own evaluation after the external evaluation—due process protections are triggered. These due process protections are important, ensuring that students continue to receive targeted educational services aligned with their Individualized Education Program (IEP), but they are a significant burden on school systems that, in this case, are entirely avoidable if HB 901 did not attempt to upset the well-established process under IDEA.

Ultimately, while HB 901 seems well intentioned, the practical effects are entirely too burdensome, unworkable, and costly for school systems. Moreover, the inequitable

treatment that would result should weigh heavily on the General Assembly. Higher income families will be able jump the line while low-income families are left behind.

For the reasons highlighted above, MABE respectfully requests an unfavorable report on House Bill 901.

HB0901 - State Board & MSDE - Oppose.docx.pdf

Uploaded by: Richard Kinkaid

Position: UNF

TO: House Ways and Means Committee

BILL: House Bill (HB) 0901 – Education – Public School Students – Recognition of External Diagnosis of Autism

DATE: February 25, 2026

POSITION: Oppose

The Maryland State Board of Education (State Board) and the Maryland State Department of Education (MSDE) respectfully oppose HB 0901 – Education – Public School Students – Recognition of External Diagnosis of Autism, which would require local education agencies (LEAs) to provide students with an external diagnosis of autism with supports pending the identification as a student with a disability under the Individuals with Disabilities Education Act (IDEA).

MSDE appreciates the goal of increasing supports to students diagnosed with autism. However, several provisions of this legislation raise educational, legal, and operational concerns for LEAs. First, a medical diagnosis of autism does not automatically establish an educational impact requiring special education services. Under federal special education law, eligibility and services are determined through an evaluation process focused on educational need and developed in collaboration with students' educational teams and families to ensure services are tailored to the individual student. Providing services prior to determining educational impact risks misalignment with established eligibility standards and undermines the purpose of the evaluation process.

Second, recommendations made by medical providers may not align with the supports that can or should be implemented within an educational setting. Clinical providers serve an important role; however, they are not positioned to determine how a disability affects educational performance or access to curriculum. MSDE has engaged with the medical community to clarify the distinction between clinical and educational decision-making. Requiring schools to act on recommendations developed outside the educational context may create conflict between medical and educational frameworks and set unrealistic expectations for families.

Additionally, several practical concerns warrant consideration:

1. Since individuals outside the school system are not responsible for determining educational impact or program design, placing weight on external recommendations may create conflict when those recommendations differ from those of the educational team.
2. Without the full IEP evaluation process, neither schools nor external providers possess the comprehensive data necessary to determine appropriate supports or services.

3. The legislation may increase disputes and complaints when external recommendations are not reflected in IEP team determinations, potentially eroding trust between families and schools.
4. Federal IDEA funding is tied to students identified as eligible for special education. Requiring services prior to eligibility determination may create funding and compliance challenges for school systems.
5. Federal and state regulations allow up to 60 days after consent to complete an evaluation. Establishing a distinct 30-day requirement for students with autism creates inequity across disability categories and disrupts consistent referral procedures.
6. As the bill itself acknowledges, recommended supports may conflict with law or safety considerations, which is why the bill permits alternatives in such cases.

Public schools share the goal of supporting students with autism and their families. However, these supports must be grounded in educational evaluation, team-based decision-making, and alignment with federal and state law. The State Board and MSDE respectfully urge the Committee to carefully consider the unintended consequences of HB0901 and its potential to disrupt established special education processes.

For further information, please contact Laurel Cratsley, Interim Executive Director of Government Affairs, at 443-571-5461 or Laurel.Cratsley@maryland.gov.

HB 901_MSHA oppose.docx.pdf

Uploaded by: Sarah Peters

Position: UNF



February 22, 2026

Bill: HB901-Education - Public School Students - Recognition of External Diagnosis of Autism

Position: Oppose

Dear Chair, Vice-Chair, and Members of the Committee:

The Maryland Speech Language Hearing Association represents speech language pathologists and audiologists across Maryland. Collectively, we elevate and engage members to strive for excellence in serving those impacted by communication and related disorders through advocacy, equity, education, interprofessional collaboration, and leadership development.

We are writing in **opposition of HB 901** which would require public schools to recognize a student's diagnosis of Autism Spectrum Disorder from external professionals instead of following the current IDEA federal law. ¹

Public schools in Maryland follow The Individuals with Disabilities Education Act (IDEA) which ensures free appropriate public education tailored to individual needs. ¹ According to IDEA, the evaluation completed by the school team must be comprehensive. This means it must document the disability as well as an adverse educational impact. ² Sources to document adverse academic impact include not only formal assessments by an educational or related service professional but also observations at school, language samples, work samples, curriculum assessments, teacher checklist/reports, and/or school, district, or statewide assessments. For a public school team to accept an external (i.e. non-school based) diagnosis and then provide support based on an external report until a school based evaluation is completed would be a violation of IDEA.

It is the parents' right to request a meeting with the IEP team to request testing and share outside reports from medical professionals. The parents are then part of the IEP team to review the referral, data, and any exclusionary criteria ³ to determine if a disability is suspected and if the disability has an adverse academic impact. It is at this initial meeting when the school IEP team determines to accept the outside report. This could mean additional testing by the public school IEP team is not required. If the IEP team determines testing is warranted then there is a mandated timeline for the IEP team to complete the evaluation.

Maryland Speech-Language-Hearing Association
140B Purcellville Gateway Drive, Suite 120
Purcellville, VA 20132
301-304-7001
info@mdslha.org

Educators and related services providers such as SLPs and Audiologists in the schools are all looking out for our students' best interest, but following external professionals' recommendations and suggested supports without documented adverse educational impact conflicts with current IDEA law. MSHA is in **opposition of HB 901 as written.**

If this bill were to move forward, the chair, vice chair, and committee should consider revising line under FOR THE PURPOSES OF THIS SUBSECTION, A MEDICAL, MENTAL HEALTH, OR EDUCATIONAL PROFESSIONAL INCLUDES:

(V) A LICENSED SPEECH-LANGUAGE PATHOLOGIST ~~WORKING AS PART OF A MULTIDISCIPLINARY DIAGNOSTIC TEAM~~; . While speech language pathologists can work as part of a multidisciplinary diagnostic team, when trained, SLPs are qualified professionals to diagnose ASD using formal assessments.⁴

Thank you for your consideration



Rachael Caruso MS CCC-SLP

MSHA Director of Advocacy and Public Policy

Karen Miranda MS CCC-SLP

MSHA President

-
1. U.S. Department of Education. (2025, August 6). *Individuals with Disabilities Education Act (IDEA)*.
<https://www.ed.gov/laws-and-policy/individuals-disabilities/idea>
 2. Neal, A. (2022). School-based SLPs: Are Our Caseloads Really That High. *SpeechPathology.com*. Article 20581. Available at
www.speechpathology.com
 3. U.S. Department of Education. (2017, May 2). *Section 300.306: Determination of eligibility*.
<https://sites.ed.gov/idea/regs/b/d/300.306>
 4. Pearson Education. (n.d.). *Autism Diagnostic Observation Schedule, Second Edition (ADOS-2): Frequently asked questions*.
<https://www.pearsonclinical.co.uk/content/dam/school/global/clinical/uk-clinical/files/ados2-faq.pdf>

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HB901 MSPA Letter of Information .pdf

Uploaded by: Laura Grubb

Position: INFO



Delegate Jheanelle K. Wilkins, Chair
Delegate Jessica Feldmark, Vice Chair
Ways and Means Committee
130 Taylor House Office Building
131 Taylor House Office Building
Annapolis, Maryland 21401

Dear Chair Wilkins, Vice Chair Feldmark, and Members of the Committee,

The Maryland School Psychologists' Association (MSPA) respectfully submits this informational testimony regarding the Individuals with Disabilities Education Act (IDEA) and Code of Maryland Regulations (COMAR), and **House Bill 901**.

Points of clarification are as follows:

1. Special education qualification is not dependent on a medical diagnosis.
2. IDEA protects each individual's right to a full and individualized evaluation *before* the provision of services, because services must be matched to individual need and specific to how that disability impacts education.
3. IDEA and COMAR prohibit schools from delivering services until the full evaluation has been completed, and the parent has fully consented to those procedures, as set forth in a meeting to which they have attendance and participation rights, and in technically adequate and accessible language in writing.
4. External or medical diagnoses are not intrinsically more accurate or thorough than educational evaluations - they do not necessarily conform to the standards required of special education evaluations.
5. Recommendations in external psychological reports are often uniform and not individualized, recommend very restrictive arrangements (e.g., one-to-one adult support, specific classroom ratios)
6. Implementing these recommendations immediately bypasses the safeguard and due process procedures protecting students' rights to the least restrictive environment, per IDEA.
7. Implementing a law that requires different treatment of a student based solely on their disability category is substantially inequitable.
8. Providing services before a full individualized educational evaluation will entail unnecessary provision of services (based on the eventuality that not every child will qualify for those services), wasting time and resources and taking them away from students who have already qualified.

IDEA sets forth federal disability categories, upon which eligibility for special education services is predicated. These categories are defined in the law and **do not depend on medical diagnoses**. Although use of empirically derived taxonomies (such as the Diagnostic and Statistical Manual, Fifth Edition, Text Revision; DSM-V-TR) is common in special education evaluations, the focus of the evaluation is on whether the disability category as outlined in IDEA is in evidence, and whether *by reason thereof* the student requires specially designed instruction and related services. This is because individual evaluation of each specific student **in the educational environment** is required to determine their eligibility for special education. See below for an excerpt of guidance regarding educational evaluation (IDEA):

- (3) Additional requirements
- Each local educational agency shall ensure that—
 - (A) assessments and other evaluation materials used to assess a child under this section—
 - § (i) are selected and administered so as not to be discriminatory on a racial or cultural basis;
 - § (ii) are provided and administered in the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is not feasible to so provide or administer;
 - § (iii) are used for purposes for which the assessments or measures are valid and reliable;
 - § (iv) are administered by trained and knowledgeable personnel; and
 - § (v) are administered in accordance with any instructions provided by the producer of such assessments;
 - (B) the child is assessed in all areas of suspected disability;
 - (C) assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child are provided; and
 - (D) assessments of children with disabilities who transfer from 1 school district to another school district in the same academic year are coordinated with such children's prior and subsequent schools, as necessary and as expeditiously as possible, to ensure prompt completion of full evaluations.
- (4) Determination of eligibility and educational need
 - Upon completion of the administration of assessments and other evaluation measures—
 - (A) the determination of whether the child is a child with a disability as defined in section 1401(3) of this title and the educational needs of the child shall be made by a team of qualified professionals and the parent of the child in accordance with paragraph (5); and
 - (B) a copy of the evaluation report and the documentation of determination of eligibility shall be given to the parent.

(5) Special rule for eligibility determination

- In making a determination of eligibility under paragraph (4)(A), a child shall not be determined to be a child with a disability if the determinant factor for such determination is—
 - (A) lack of appropriate instruction in reading, including in the essential components of reading instruction (as defined in section 6368(3) of this title, as such section was in effect on the day before December 10, 2015);
 - (B) lack of instruction in math; or
 - (C) limited English proficiency.

Parents and children have a right, through IDEA and COMAR, to a full individual evaluation before the provision of services. See below for an excerpt from IDEA:

- [§1414](#). Evaluations, eligibility determinations, individualized education programs, and educational placements
- [\(a\)](#) Evaluations, parental consent, and reevaluations
- [\(1\)](#) Initial evaluations
- [\(A\)](#) In general

§ A State educational agency, other State agency, or local educational agency shall conduct a full and individual initial evaluation in accordance with this paragraph and subsection (b), before the initial provision of special education and related services to a child with a disability under this subchapter.

Schools are prohibited from providing special education and related services before full parent consent is provided. See below for an excerpt from IDEA:

- [\(D\)](#) Parental consent
 - § [\(i\)](#) In general
 - [\(I\)](#) Consent for initial evaluation
 - The agency proposing to conduct an initial evaluation to determine if the child qualifies as a child with a disability as defined in section [1401](#) of this title shall obtain informed consent from the parent of such child before conducting the evaluation. Parental consent for evaluation shall not be construed as consent for placement for receipt of special education and related services.
 - [\(II\)](#) Consent for services
 - An agency that is responsible for making a free appropriate public education available to a child with a disability under this subchapter shall seek to obtain informed consent from the parent of such child before providing special education and related services to the child.

MSPA sincerely hopes this information is useful as your committee considers **HB901**. If we can provide any further information or be of any assistance, please contact us at legislative@mspaonline.org or Sarah Peters at speters@hbstrategies.us or 410-322-2320.

Respectfully submitted,



Laura M. Grubb, PhD, BCBA-D, LBA

Chair, MSPA Legislative Committee