February 25, 2019

The Honorable Paul Pinsky
Chairman
The Honorable Shirley Nathan-Pulliam
Vice-Chair
Education, Health, and Environmental Affairs Committee
General Assembly of Maryland
100 State Circle
Annapolis, MD 21401

RE: Senate Bill 785

Dear Chairman Pinksy and Vice-Chairwoman Nathan-Pulliam:

On behalf of the American Speech-Language-Hearing Association, I write to oppose SB 785, which would require the Maryland Department of Education to identify and implement language developmental milestones for children who are deaf or hard of hearing (D/HH).

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists identify, assess, and treat speech and language problems, including swallowing disorders. Over 3,800 of our members reside in Maryland.

ASHA opposes efforts—like SB 785—that would establish a new precedent of placing hearing disabilities ahead of others identified in the Individuals with Disabilities Education Act (IDEA) by adding disability specific mandates and requiring additional resources only for children who are D/HH. ASHA recommends enforcing mandates included in IDEA that utilize talented professionals, including audiologists and speech-language pathologists (SLPs), who work with children who are D/HH every day, rather than implementing costly and redundant systems that violate the tenets of IDEA.

The Language Equality & Acquisition for Deaf Kids’ (commonly known as LEAD-K) is supported by the National Association for the Deaf and aims to promote the acquisition of American Sign Language (ASL) over all other forms of language or communication for children who are D/HH.

SB 785 is a form of LEAD-K legislation that would require a statewide coordinator to work with the Maryland School for the Deaf to develop language milestones for children...
who are D/HH. The statewide coordinator must be D/HH themselves and fluent in ASL. These milestones would then be distributed to county boards to use in developing and modifying individualized family service plans (IFSP) and individualized education programs (IEP). The statewide coordinator would also be tasked with reviewing, assessing, and revising the requirements for individuals providing language services to children who are D/HH.

SB 785 would also require each early intervention county service coordinator to provide ASL training to the child’s family.

The bill language in SB 785 uses the terms ASL and “English,” rather than referencing “spoken language” as a modality and favors ASL in its terminology and focus on including deaf educators and “experts” who use ASL. ASHA is concerned that there is no mention of hearing assistance technologies in language acquisition, which many parents choose for their children.

**Current Services for Children Who Are D/HH**

As it stands now, children who are D/HH can receive services through Maryland’s early intervention program, which includes a variety of communication methods that suit the individual child’s needs and the family’s preferences. Those methods could include ASL, but it could also include listening and spoken language (with assistance from a hearing aid or cochlear implant), cued speech or language, or another communication method with appropriate educational supports.

SB 785 will take away the family’s ability to choose which communication method is right for them. Having communication options to choose from is critical for parents. Over 90% of children who are deaf are born to parents who can hear. While ASL may be the most appropriate choice for some children, **ASHA recognizes that there are several evidence-based communication options that should be made available to families.**

**IDEA**

*Importance of a Comprehensive Assessment*

IDEA requires early intervention programs and schools to administer a comprehensive assessment to students who are suspected of having a disability. The assessment team must include qualified providers who are trained to assess the full range of the suspected disability, including communication disorders. Evaluators must administer appropriate assessments and recommend interventions and supports based on the child’s needs and their family’s priorities.

*Annual Assessments for Children who are D/HH*

Under IDEA, the IFSP/IEP team of professionals is tasked with continually evaluating whether the child’s individual goals are being met and if he or she is making adequate progress. **ASHA is concerned that requiring an annual assessment for children who are D/HH by professionals identified by the advisory committee is a costly and onerous expense that is already required under IDEA.**
Role of the IFSP or IEP Team
An IFSP or IEP team consists of qualified providers, including audiologists and SLPs, and parents who meet to develop an individualized program to address the child’s needs. Families who are dissatisfied with their child’s goals or progress on their IFSP/IEP have the right, under IDEA, to request additional assessments or changes to the IFSP/IEP.

ASHA is concerned that SB 785 would undermine the statutory authority of the IFSP/IEP team, which must include professionals knowledgeable about the assessment and services needed for children with disabilities including those children who are D/HH and their parents.

Thank you for considering ASHA’s position on SB 785. If you or your staff have any questions, please contact Susan Adams, ASHA’s director of state legislative and regulatory affairs, at sadams@asha.org.

Sincerely,

Shari B. Robertson, PhD, CCC-SLP
2019 ASHA President

cc: Education, Health and Environmental Affairs Committee

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