



Maryland  
Hospital Association

## **House Bill 1192- State Board of Sign Language Interpreters - Membership and Licensing**

### **Position: *Support with Amendments***

March 10, 2026

House Government, Labor, and Elections Committee

### **MHA Position**

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support with amendments of House Bill 1192. Maryland hospitals and health systems strongly support a formal licensure process to ensure highly qualified sign language interpreters are available across the state, as effective communication is a critical component of clinical safety and high-quality care for deaf and hard of hearing individuals. We share the sponsor's commitment to licensure for Maryland sign language interpreters, and we recognize that HB 1192 provides a necessary statutory framework to operationalize licensure and address the implementation hurdles associated with the 2023 Sign Language Interpreters Act.

To ensure this framework can be successfully implemented within the health care delivery system, we respectfully submit the following targeted amendments. Any regulatory reforms must be considered in light of practical realities, including a severe statewide shortage of interpreters and the significant administrative time it will take to form a new Board, promulgate regulations, and establish the licensure process.

There are approximately 500 certified sign language interpreters available in Maryland to serve a deaf and hard of hearing population of approximately 1.2 million. This extreme supply and demand imbalance is not evenly distributed, as this limited workforce is heavily concentrated in the Baltimore and Washington metropolitan corridor. A strict in-person mandate disproportionately impacts rural hospitals, such as those on the Eastern Shore or in Western Maryland and the patients who reside in those communities.

Because of these constraints, advancing rigid statutory mandates could ultimately delay critical care for deaf and hard of hearing patients. Maryland would be an outlier by requiring strict consumer choice requirements for in-person interpretation services. No other state in the nation has enacted such a high and inflexible standard. Given the limited supply of interpreters in the state, we respectfully caution that implementing this mandate could delay access to critical services for the very community it is designed to support. The proposed amendments are designed to balance the need to deliver timely care with the desire to provide the best interpreter services available.

Additionally, hospitals are bound by the federal Emergency Medical Treatment and Labor Act (EMTALA), which requires the immediate screening and stabilization of any patient presenting

to the emergency department. If a patient who is deaf arrives with symptoms of a time-sensitive emergency, such as a stroke, severe trauma, or heart attack, the hospital is federally mandated to treat them immediately. In these critical moments, delaying these health services to wait for an in-person interpreter to travel to the facility is clinically dangerous and in violation of EMTALA. Without legally protected access to instant video remote interpreting (VRI), state law would penalize hospitals for utilizing remote interpreters, while federal law would penalize them for delaying life-saving care to wait for an on-site interpreter. Our proposed amendments resolve this conflict by ensuring VRI remains a protected clinical tool when timely communication is essential to patient care.

Finally, interpreters are in high demand nationwide. Maryland risks losing access to critical out of state VRI interpreters without a measured approach to these regulations. Maryland should preserve reciprocity for interpreters under a framework that ensures access to quality services.

MHA is committed to working collaboratively with the sponsor and the Committee to achieve a workable licensure framework. These amendments will strengthen the bill and ensure continued access to equitable care while protecting patients' ability to receive high-quality interpreter services.

For these reasons, we request a favorable with amendments report on HB 1192.

For more information, please contact:

Jake Whitaker, Assistant Vice President, Government Affairs & Policy  
Jwhitaker@mhaonline.org

## **Proposed Amendments and Rationale**

### **Amendment 1:**

Strike §9–2411(a)(2)(vi), and replace it with the following:

"THREE SHALL BE AFFILIATED WITH ENTITIES THAT OPERATE AND IMPLEMENT DEAF SERVICES, INCLUDING ONE IN AN EDUCATIONAL SETTING, ONE IN A LEGAL SETTING, AND ONE IN A MEDICAL SETTING"

**Explanation:** This will ensure that there is adequate representation from three fields providing essential services.

### **Amendment 2:**

Update existing reporting requirements for the Board (§9–2407) by adding:

(6) THE NUMBER OF LICENSED SIGN LANGUAGE INTERPRETERS IN EACH COUNTY.

**Explanation:** This will strengthen any future policies or regulatory action/updates by ensuring that there is an accurate understanding of the number of available interpreters across different jurisdictions in the State.

**Amendment 3:**

In §9–2414, revise date of establishment and publication of licensing requirements from December 31, 2026 to JULY 1, 2027.

**Explanation:** Given the proposed changes to the Board composition, it is unlikely that the Board will be able to convene and promulgate updated regulations before the end of the year.

**Amendment 4 (Consumer choice requirement):**

Modify §9–2415(C)(3) as follows:

(C) The Board shall adopt regulations to:

ALLOW DEAF AND HARD OF HEARING INDIVIDUALS TO **INDICATE** WHETHER THEY PREFER SIGN LANGUAGE INTEPRETATION SERVICES BEING PROVIDED IN A VIDEO REMOTE INTERPRETING SETTING OR THROUGH IN-PERSON INTERPRETING **AND REQUIRE EMPLOYERS TO PROVIDE REASONABLE ACCOMMODATIONS TO SUPPORT THIS PREFERENCE TO THE EXTENT PRACTICABLE.**

**Explanation:** While we support the goal of providing consumer choice, a strict consumer choice requirement is impractical given the limited number of interpreters in Maryland. In certain counties/jurisdictions, it would be virtually impossible for employers to consistently meet this requirement.

**Amendments 5 and 6:**

Modify §9–2415(C)(1) and §9–2415(C)(4):

(C) The Board shall adopt regulations to:

(1) govern sign language interpretation services provided in a video remote interpreting setting **BY INTERPRETERS LOCATED IN THE STATE;**

(4) provide sign language interpretation services provided in a video remote interpreting setting **BY INTERPRETERS LOCATED IN THE STATE;**

Add subsection §9-2418(b)(3):

(b) This section does not apply to an individual who:

(3) PROVIDES SIGN LANGUAGE INTERPRETATION SERVICES AS PART OF A VIDEO REMOTE INTERPRETING SERVICE, HOLDS A RID OR BEI CERTIFICATION, AND IS LOCATED OUT-OF-STATE;

**Explanation:**

Often those providing virtual/remote interpreting services are located in other states. Many in-person interpreters offering services to Maryland residents may also be located in neighboring states. Requiring them to go through the licensure process in Maryland may discourage these providers from offering their services to Maryland residents. This seems especially likely since some neighboring states (DC, Pennsylvania) do not currently require a license for interpreters. However, while requiring all video remote interpreters (especially out-of-state VRI) to be licensed presents operational challenges, we also believe that simply waiving all requirements for VRI providers would essentially undermine the purpose of this bill as a significant portion of interpreting services provided in this state are done remotely.

**Amendment 7:**

Modify §9-2420(a) and (b) and delete §9-2420(c):

- (a) Subject to the provisions of this section, the Board ~~may~~ SHALL waive any requirement of this part for an applicant who is licensed to provide sign language interpretation services in another state.
- b) The Board may grant a waiver under this section only if the applicant:
  - (1) pays to the Board:
    - (i) the nonrefundable application fee set by the Board; and
    - (ii) the license fee set by the Board; and
  - ~~(2) provides satisfactory evidence that, at the time the applicant was licensed in the other state, the applicant was required to meet the qualifications for licensure that were substantially equivalent to the qualifications in the State.~~
- ~~(c) The Board may grant a waiver under this section only if the state in which the applicant is licensed waives the qualifications of licensees of the State to a similar extent as the State waives the qualification requirements for individuals licensed in that state.~~

**Explanation:**

This amendment changes §9-2420(a) so that the Board must waive the requirements for someone who is already licensed to provide sign language interpretation services in another state.

The amendment also removes (b) that states that licensure requirements must be substantially similar in other states. It also removes §9-2420(c), which currently requires that the other state offer the same kind of waiver back to Maryland. Without that reciprocity rule, the Board can more easily recognize out of -state licenses. Overall, the goal is to make it simpler for qualified interpreters from other states to be permitted- to provide interpreting services in Maryland.

**Amendment 8:**

Revise date by which interpreters need to be licensed from July 1, 2027 to JANUARY 1, 2028.

**Explanation:** This change is to accommodate the change in the date by which licensing requirements need to be established and published.