

Department of Legislative Services
 Maryland General Assembly
 2026 Session

FISCAL AND POLICY NOTE
 First Reader

House Bill 178 (Delegate Patterson)
 Health

**Public Health - Sickle Cell Disease - Specialized Clinics and Scholarship Program
 for Medical Residents**

This bill requires the Maryland Department of Health (MDH) to establish three specialized clinics dedicated to the management and treatment of sickle cell disease (SCD) – one in Montgomery County, one in Harford County, and one on the Eastern Shore. For fiscal 2028, the Governor must include \$6,138,000 in the annual budget bill to support clinic operations, staffing, training, and social support services. By December 1 each year, MDH must report on the specialized clinics to the General Assembly. MDH must establish a scholarship program for medical residents who choose to specialize in classical hematology with a focus on SCD care.

Fiscal Summary

State Effect: No effect in FY 2027. MDH general fund expenditures increase by \$6.1 million in FY 2028 due to the mandated appropriation; future years reflect ongoing staff to complete the annual report. Federal fund revenues and expenditures may increase by an indeterminate amount as early as FY 2027 for the scholarship program. **This bill establishes a mandated appropriation for FY 2028.**

(in dollars)	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
FF Revenue	-	-	-	-	-
GF Expenditure	\$0	\$6,138,000	\$64,000	\$67,000	\$70,000
FF Expenditure	-	-	-	-	-
Net Effect	\$0	(\$6,138,000)	(\$64,000)	(\$67,000)	(\$70,000)

Note: () = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: Revenues and expenditures for local health departments (LHDs) in the counties where the clinics are established may increase under the bill, as discussed below.

Small Business Effect: None.

Analysis

Bill Summary:

Specialized Sickle Cell Clinics

Each clinic must:

- operate under a hub-and-spoke model with a specialized SCD care hub;
- provide routine care, pain management, genetic counseling, mental health services, surveillance, and patient education; and
- in collaboration with the specialized SCD care hub (1) ensure consistent access to hub-based SCD specialists through telehealth or on-site visits to manage complex patient needs; (2) offer comprehensive behavioral health and social support services to address the multifaceted challenges faced by individuals with SCD; (3) operate or coordinate infusion therapy and structured pain management programs tailored to the clinical demands of SCD patients; (4) collaborate with local primary care providers and social services agencies to streamline referrals, reduce care gaps, and address social determinants of health within the community; and (5) partner with an SCD-focused community-based organization located in the State to identify and address social barriers, including assistance with transportation, housing, nutrition, and other essential supports.

Mandated Appropriation

A portion of the funding provided to support clinics must be allocated to community-based organizations and SCD nonprofit organizations located in the State to enhance patient outreach, provide education, expand support services, strengthen community partnerships, and improve the overall continuum of care for individuals living with SCD with an emphasis on supporting the transition from pediatric to adult care.

The funding must be prioritized for (1) the hiring of qualified health care professionals, including hematologists, nurse practitioners, nurse navigators, and community health care workers; (2) addressing social determinants of health affecting individuals with SCD; and (3) collaborating with community-based organizations and SCD nonprofit organizations located in the State.

Required Report

By December 1 each year, MDH must report to the General Assembly. The report must address, for each clinic, (1) clinic operations; (2) outcomes for patients treated at the clinic;

(3) the overall impact of each clinic in reducing health disparities in individuals with SCD; (4) utilization rates, patient volume, and accessibility, including impacts of hours of operations and geographic reach; and (5) implementation of telemedicine and digital health tools to expand and extend care to underserved areas.

Scholarship Program

The scholarship program must provide financial assistance to the medical resident in exchange for the recipient's commitment to practice in the State for a minimum period of time, as determined by MDH, following the recipient's residency or fellowship. To the extent practicable, MDH must use federal funding to support the scholarship program.

Current Law: SCD is a group of inherited red blood cell disorders in which the cells become hard and sticky and look like a C-shaped farm tool called a "sickle." Approximately 4,000 individuals in Maryland have SCD. In Maryland, all newborn babies are screened for SCD as part of universal newborn screening. The screening includes sickle cell trait (SCT), sickle beta thalassemia, and SCD testing and identifies newborns that are "at risk" for potential disorders. Information is also provided on whether additional diagnostic testing is required.

On determination of the presence of sickle cell anemia, MDH must (1) notify the physician of record or the institution where the child is born, and the parents or guardian of the infant; (2) provide the parents or guardian of the infant and the physician with educational materials; and (3) offer referral for genetic counseling. Within two months after a positive finding of sickle cell anemia, a confirmatory test must be administered, and the results must be reported to MDH.

Chapter 279 of 2022 requires the Statewide Steering Committee on Sickle Cell Disease, in consultation with MDH, to establish and implement a system of providing information on SCT or the thalassemia trait to an individual who has either trait or, for a minor, the individual's family. MDH must maintain a list of online resources for health care practitioners to improve their understanding and clinical treatment of individuals with SCD or SCT. Chapter 279 required the steering committee, in conjunction with MDH and other relevant stakeholders, to make recommendations on specified issues and submit a [report](#) to the General Assembly.

State Fiscal Effect:

Specialized Sickle Cell Clinics

MDH general fund expenditures increase by \$6,138,000 in fiscal 2028 to reflect the bill's mandated appropriation. This analysis assumes that a portion of these funds are used by

MDH to hire one full-time contractual nurse program consultant to oversee the implementation of the local clinics, provide technical assistance, and coordinate the centralized care hub. This estimate includes a salary, fringe benefits, and operating expenses. The position is assumed to begin July 1, 2027, and terminate June 30, 2028 (concurrent with the mandated appropriation). Remaining funds are used to establish the three clinics, as specified under the bill.

Beginning in fiscal 2029, once the clinics have been established and are fully operational, MDH general fund expenditures increase by \$64,013, which reflects the cost to hire one part-time epidemiologist to evaluate the clinics and submit the annual reports. This estimate includes a salary, fringe benefits, and ongoing operating expenses.

	<u>FY 2028</u>	<u>FY 2029</u>
Contractual Position	1.0	-1.0
Permanent Position	-	0.5
Funding for Establishment of Clinics	\$6,017,227	-
Salaries and Fringe Benefits	102,450	\$62,596
Operating Expenses	<u>18,323</u>	<u>1,417</u>
Total General Fund Expenditures	<u>\$6,138,000</u>	<u>\$64,013</u>

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State’s implementation of the federal Patient Protection and Affordable Care Act.

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses.

The bill specifies that MDH must *establish* and report on the clinics but does not specify the source of *ongoing funding* for the three clinics following fiscal 2028; therefore, such costs are not reflected in this analysis.

Scholarship Program

The bill requires MDH to establish a scholarship program for medical residents who chose to specialize in benign or classical hematology with a focus on sickle cell care, and to the extent practicable, use federal funding to support the scholarship program. MDH can likely establish the scholarship program and seek federal funding using existing budgeted resources. To the extent that MDH obtains federal funding for the scholarship program, federal fund revenues and expenditures increase as early as fiscal 2027.

Local Fiscal Effect: The bill requires MDH to establish a specialized SCD clinic in Harford and Montgomery counties, and one county on the Eastern Shore. Funding for the initial establishment of the clinics is provided by MDH. Thus, revenues and expenditures for the LHDs in the counties in which the clinics are established may increase under the bill in fiscal 2028 to the extent that they are involved in the establishment of such clinics (potentially as a location for a clinic or as a partner in the process of establishing the clinic or the hub-and-spoke model). The amount of such increase cannot be reliably estimated and will depend on the LHDs' involvement.

Additional Information

Recent Prior Introductions: Similar legislation has been introduced within the last three years. See HB 1306 of 2025.

Designated Cross File: None.

Information Source(s): Maryland Association of County Health Officers; Harford and Montgomery counties; Maryland Department of Health; Department of Legislative Services

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