HOUSE BILL 1306

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By: **Delegates Patterson, Addison, Alston, Bartlett, Boafo, Boyce, Cardin, Hill, Holmes, Ivey, Kaiser, J. Long, McCaskill, McComas, Mireku–North, Pasteur, Phillips, Roberson, Ruff, Taylor, Toles, Turner, Wells, White Holland, Wims, and Woods**

Introduced and read first time: February 7, 2025
Assigned to: Health and Government Operations

A BILL ENTITLED

AN ACT concerning

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

FOR the purpose of requiring the Maryland Department of Health to establish certain specialized clinics for the management and treatment of sickle cell disease and establish a scholarship program for medical residents with a certain specialization and focus on sickle cell disease; and generally relating to sickle cell disease.

BY adding to
Article – Health – General
Section 18–510 and 18–511
Annotated Code of Maryland
(2023 Replacement Volume and 2024 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

18–510.

(A) (1) THE DEPARTMENT SHALL ESTABLISH THREE SPECIALIZED CLINICS DEDICATED TO THE MANAGEMENT AND TREATMENT OF SICKLE CELL DISEASE.

(2) THE CLINICS ESTABLISHED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE LOCATED IN:

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets**]** indicate matter deleted from existing law.

(I) MONTGOMERY COUNTY;

(II) HARFORD COUNTY; AND

(III) A COUNTY LOCATED ON THE EASTERN SHORE.

(B) EACH CLINIC ESTABLISHED UNDER SUBSECTION (A) OF THIS SECTION SHALL:

(1) OPERATE UNDER A HUB–AND–SPOKE MODEL WITH A SPECIALIZED SICKLE CELL DISEASE CARE HUB;

(2) PROVIDE ROUTINE CARE, PAIN MANAGEMENT, GENETIC COUNSELING, MENTAL HEALTH SERVICES, SURVEILLANCE, AND PATIENT EDUCATION; AND

(3) IN COLLABORATION WITH THE SPECIALIZED SICKLE CELL CARE HUB:

(I) ENSURE CONSISTENT ACCESS TO HUB–BASED SICKLE CELL DISEASE SPECIALISTS THROUGH TELEHEALTH OR ON–SITE VISITS TO MANAGE COMPLEX PATIENT NEEDS;

(II) OFFER COMPREHENSIVE BEHAVIORAL HEALTH AND SOCIAL SUPPORT SERVICES TO ADDRESS THE MULTIFACETED CHALLENGES FACED BY INDIVIDUALS WITH SICKLE CELL DISEASE;

(III) OPERATE OR COORDINATE INFUSION THERAPY AND STRUCTURED PAIN MANAGEMENT PROGRAMS TAILORED TO THE CLINICAL DEMANDS OF SICKLE CELL DISEASE PATIENTS;

(IV) 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

(V) PARTNER WITH A SICKLE CELL DISEASE–FOCUSED COMMUNITY–BASED ORGANIZATION TO IDENTIFY AND RESOLVE SOCIAL BARRIERS, INCLUDING ASSISTANCE WITH TRANSPORTATION, HOUSING, NUTRITION, AND OTHER CRITICAL SUPPORTS.

(C) (1) FOR FISCAL YEAR 2027, THE GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET BILL AN APPROPRIATION OF $6,000,000 TO SUPPORT CLINIC OPERATIONS, STAFFING, TRAINING, AND SOCIAL SUPPORT SERVICES.

(2) A PORTION OF THE FUNDING PROVIDED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE ALLOCATED TO COMMUNITY–BASED ORGANIZATIONS AND SICKLE CELL DISEASE NONPROFIT ORGANIZATIONS TO ENHANCE PATIENT OUTREACH, PROVIDE EDUCATION, EXPAND SUPPORT SERVICES, AND STRENGTHEN COMMUNITY PARTNERSHIPS TO IMPROVE SICKLE CELL DISEASE CARE.

(3) THE FUNDING PROVIDED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE PRIORITIZED FOR:

(I) THE HIRING OF QUALIFIED HEALTH CARE PROFESSIONALS, INCLUDING HEMATOLOGISTS, NURSE PRACTITIONERS, AND COMMUNITY HEALTH CARE WORKERS;

(II) ADDRESSING SOCIAL DETERMINANTS OF HEALTH AFFECTING INDIVIDUALS WITH SICKLE CELL DISEASE; AND

(III) COLLABORATING WITH COMMUNITY–BASED ORGANIZATIONS AND SICKLE CELL DISEASE NONPROFIT ORGANIZATIONS.

(D) (1) ON OR BEFORE DECEMBER 1 EACH YEAR, THE DEPARTMENT SHALL REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, ON THE CLINICS ESTABLISHED UNDER THIS SECTION.

(2) THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL ADDRESS, FOR EACH CLINIC:

(I) CLINIC OPERATIONS;

(II) OUTCOMES FOR PATIENTS TREATED AT THE CLINIC;

(III) THE OVERALL IMPACT OF EACH CLINIC IN REDUCING HEALTH DISPARITIES IN INDIVIDUALS WITH SICKLE CELL DISEASE;

(IV) UTILIZATION RATES, PATIENT VOLUME, AND ACCESSIBILITY, INCLUDING IMPACTS OF HOURS OF OPERATIONS AND GEOGRAPHIC REACH; AND

(V) IMPLEMENTATION OF TELEMEDICINE AND DIGITAL HEALTH TOOLS TO EXTEND CARE TO UNDERSERVED AREAS.

18–511.

(A) THE DEPARTMENT SHALL ESTABLISH A SCHOLARSHIP PROGRAM FOR MEDICAL RESIDENTS WHO CHOOSE TO SPECIALIZE IN BENIGN OR CLASSICAL HEMATOLOGY WITH A FOCUS ON SICKLE CELL CARE.

(B) THE SCHOLARSHIP PROGRAM ESTABLISHED UNDER SUBSECTION (A) OF THIS SECTION SHALL 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 THE DEPARTMENT, FOLLOWING THE RECIPIENT'S RESIDENCY OR FELLOWSHIP.

(C) TO THE EXTENT PRACTICABLE, THE DEPARTMENT SHALL USE FEDERAL FUNDING TO SUPPORT THE SCHOLARSHIP PROGRAM ESTABLISHED UNDER SUBSECTION (A) OF THIS SECTION.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2025.