
By: **Delegates Nathan-Pulliam, Anderson, Benson, Burns, Cane, Carter,
C. Davis, D. Davis, Gaines, Goodwin, Haynes, Howard, Jones, Kirk,
Marriott, Oaks, Paige, Patterson, Rosenberg, and Taylor**

Introduced and read first time: February 9, 2005

Assigned to: Rules and Executive Nominations

HOUSE JOINT RESOLUTION

1 A House Joint Resolution concerning

2 **Funding Treatment for Adults with Sickle Cell Anemia**

3 FOR the purpose of stating that there is a need to appropriate funding to expand
4 sickle cell anemia clinics for adults in the State or assist certain health care
5 institutions to create certain clinics for or provide outreach to adults with sickle
6 cell anemia; and encouraging the Office of Minority Health and Health
7 Disparities in the Department of Health and Mental Hygiene to improve the
8 quality of health care delivery to adult sickle cell anemia sufferers and
9 implement certain programs to reduce the mortality rate of the sickle cell
10 anemia population.

11 WHEREAS, Sickle cell anemia is a painful and sometimes deadly blood
12 disorder; and

13 WHEREAS, In 1972, the Sickle Cell Anemia Control Act was approved by the
14 United States Congress and signed into law; and

15 WHEREAS, Costs and individual suffering can be reduced by early medical
16 intervention for those with sickle cell anemia; and

17 WHEREAS, Many adults are suffering from unnecessary complications because
18 of misdiagnosis and delays in treatment and a lack of coordinated care leading to
19 disabilities and, in some cases, death; and

20 WHEREAS, In the past, only a small number of patients survived to adulthood;
21 and

22 WHEREAS, Due to the success of sickle cell anemia research, patients are now
23 living into their 40's, 50's, or late 60's; and

24 WHEREAS, There is a lack of medical facilities and trained staff to treat adults
25 with sickle cell anemia; and

26 WHEREAS, Little has been done to build a comprehensive care infrastructure
27 for adults with sickle cell anemia; and

1 WHEREAS, Adults with sickle cell anemia face complex problems that require
2 health professionals with expertise in treating this disease but instead are usually
3 forced to see many specialists instead of one; and

4 WHEREAS, Many adult patients must rely on pediatric care facilities
5 ill-equipped to deal with the range of problems presented by older patients forced to
6 wait long hours in emergency rooms; and

7 WHEREAS, People with sickle cell anemia are confronted with many social
8 problems that complicate their care; and

9 WHEREAS, Because of recurring cycles of pain and incapacitation, people with
10 sickle cell anemia experience frequent interruptions in their educational preparation;
11 and

12 WHEREAS, Adults with sickle cell anemia are often jobless, employed in
13 low-paying jobs, or lack formal education which affects their ability to effectively
14 interact with the increasingly complicated health care bureaucracy; now, therefore, be
15 it

16 RESOLVED BY THE GENERAL ASSEMBLY OF MARYLAND, That there is a
17 need to appropriate funding to expand sickle cell anemia clinics for adults in the State
18 or to assist established health care institutions to create clinics for and provide
19 outreach to the adult population; and be it further

20 RESOLVED, That the Maryland General Assembly encourages the Office of
21 Minority Health and Health Disparities in the Department of Health and Mental
22 Hygiene to improve the quality of health care delivery to adult sickle cell anemia
23 sufferers and implement programs to reduce the mortality rate of the sickle cell
24 anemia population; and be it further

25 RESOLVED, That a copy of this Resolution be forwarded by the Department of
26 Legislative Services to the Honorable Robert L. Ehrlich, Jr., Governor of Maryland;
27 the Honorable Thomas V. Mike Miller, Jr., President of the Senate of Maryland; and
28 the Honorable Michael E. Busch, Speaker of the House of Delegates.