

**Department of Legislative Services**  
 Maryland General Assembly  
 2016 Session

**FISCAL AND POLICY NOTE**  
**First Reader**

Senate Bill 495 (Senator Nathan-Pulliam, *et al.*)  
 Education, Health, and Environmental Affairs

**Statewide Steering Committee on Services for Adults With Sickle Cell Disease -  
 Infusion Center - Study**

This bill requires the Statewide Steering Committee on Services for Adults with Sickle Cell Disease (SCD) to (1) study adult SCD infusion center models; (2) complete a specified cost-benefit analysis; and (3) make recommendations based on the steering committee’s findings. The steering committee must submit an interim report by December 1, 2016, and a final report by December 1, 2017, to the Governor, the Office of Minority Health and Health Disparities, and specified committees of the General Assembly.

The bill takes effect June 1, 2016.

**Fiscal Summary**

**State Effect:** Department of Health and Mental Hygiene (DHMH) general fund expenditures increase in FY 2017 and 2018 to complete the study and cost-benefit analysis and submit the required reports. No expenditures are anticipated in FY 2016. Revenues are not affected.

(in dollars)	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	0	75,000	31,300	0	0
Net Effect	\$0	(\$75,000)	(\$31,300)	\$0	\$0

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

**Local Effect:** None.

**Small Business Effect:** None.

## Analysis

**Bill Summary:** The cost-benefit analysis regarding the feasibility of establishing an adult SCD infusion center that offers genetic counseling and performs outreach must include a determination of whether savings, both overall and to the State, would result from the establishment of an infusion center. If the committee determines that an infusion center should be established, the committee should recommend where the infusion center should be located.

**Current Law/Background:** SCD is an inherited, red blood cell disorder. Healthy red blood cells are round and move through small blood vessels to carry oxygen to all parts of the body; in SCD, red blood cells become hard and sticky and look similar to C-shaped farm tools called “sickles.” Sickle cells die early, which causes a constant shortage of red blood cells. Additionally, when traveling through small blood vessels, sickle cells may become stuck and clog blood flow, which can cause pain and other serious problems.

Chapter 435 of 2007 established the Statewide Steering Committee for Adults with Sickle Cell Disease to establish institutional and community partnerships and a statewide network of stakeholders who care for individuals with SCD. The steering committee is also charged with educating individuals with SCD, the public, and health care providers about options for care of SCD in Maryland. The steering committee must seek grant funding to (1) develop and establish a case management system for adults with SCD; (2) establish an adult SCD day infusion center; (3) develop, implement, and lead a State comprehensive education and treatment program for adults with SCD; and (4) develop and implement a health care provider awareness and education campaign to increase provider awareness of health care disparities, community dynamics, cultural practice, behavioral and psychosocial issues, and the use of standardized treatment and emergency room protocols. According to DHMH, the steering committee has not met in approximately three years.

Further, according to DHMH, approximately 1,800 children and 3,500 adults in Maryland live with SCD. Five clinical centers serve the majority of Maryland residents with SCD. Three centers are located in Baltimore: The Johns Hopkins Hospital (which has a comprehensive hematology center and an infusion center for adults with pain crises), University of Maryland Medical Center, and Sinai Hospital. Two centers, Howard University Hospital and Children’s National, are located in Washington, DC.

**State Expenditures:** To implement the bill, DHMH must reconvene the steering committee to study adult SCD infusion center models, complete a cost-benefit analysis, and issue both an interim and final report. In order to complete the study and cost-benefit analysis within the required timeframe, DHMH would contract with a vendor at an estimated total cost of \$106,250 for the period July 1, 2016, through November 30, 2017 (the steering committee’s final report is due December 1, 2017). Although the bill takes

effect June 1, 2016, no expenditures are anticipated in fiscal 2016. General fund expenditures increase by an estimated \$75,000 in fiscal 2017 and \$31,250 in fiscal 2018 for contractual expenditures. DHMH can otherwise reconvene and provide staff support to the steering committee and monitor the contract and deliverables within existing budgeted resources.

**Additional Comments:** Senate Bill 156/House Bill 823 of 2015 would have required DHMH to establish an SCD outreach program, coordinated through a community-based organization, with the goal of decreasing the use of acute care services by individuals with SCD. The program would have provided educational programs, social services, and other programs or services to decrease the use of acute care services by individuals with SCD. Senate Bill 156/House Bill 823 were heard by the Senate Education, Health, and Environmental Affairs and the House Health and Government Operations committees, respectively, but no further action was taken on either bill.

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### **Additional Information**

**Prior Introductions:** None.

**Cross File:** None.

**Information Source(s):** Department of Health and Mental Hygiene, Department of Legislative Services

**Fiscal Note History:** First Reader - February 15, 2016  
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