

HOUSE BILL 178

J1
HB 1306/25 – HGO

(PRE-FILED)

6lr1417

By: **Delegate Patterson**

Requested: October 29, 2025

Introduced and read first time: January 14, 2026

Assigned to: Health

A BILL ENTITLED

1 AN ACT concerning

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

4 FOR the purpose of requiring the Maryland Department of Health to establish certain
5 specialized clinics for the management and treatment of sickle cell disease and
6 establish a scholarship program for medical residents who specialize in classical
7 hematology with a focus on sickle cell disease; and generally relating to sickle cell
8 disease.

9 BY adding to

10 Article – Health – General

11 Section 18–510 and 18–511

12 Annotated Code of Maryland

13 (2023 Replacement Volume and 2025 Supplement)

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,

15 That the Laws of Maryland read as follows:

16 **Article – Health – General**

17 **18–510.**

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

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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



- 1 (I) MONTGOMERY COUNTY;
- 2 (II) HARFORD COUNTY; AND
- 3 (III) A COUNTY LOCATED ON THE EASTERN SHORE.

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

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

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

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

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

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

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

22 (IV) COLLABORATE WITH LOCAL PRIMARY CARE PROVIDERS
23 AND SOCIAL SERVICES AGENCIES TO STREAMLINE REFERRALS, REDUCE CARE GAPS,
24 AND ADDRESS SOCIAL DETERMINANTS OF HEALTH WITHIN THE COMMUNITY; AND

25 (V) PARTNER WITH A SICKLE CELL DISEASE-FOCUSED,
26 COMMUNITY-BASED ORGANIZATION LOCATED IN THE STATE TO IDENTIFY AND
27 ADDRESS SOCIAL BARRIERS, INCLUDING ASSISTANCE WITH TRANSPORTATION,
28 HOUSING, NUTRITION, AND OTHER ESSENTIAL SUPPORTS.

29 (C) (1) FOR FISCAL YEAR 2028, THE GOVERNOR SHALL INCLUDE IN THE
30 ANNUAL BUDGET BILL AN APPROPRIATION OF \$6,138,000 TO SUPPORT CLINIC
31 OPERATIONS, STAFFING, TRAINING, AND SOCIAL SUPPORT SERVICES.

5 (I) ENHANCE PATIENT OUTREACH;

6 (II) PROVIDE EDUCATION;

7 (III) EXPAND SUPPORT SERVICES;

8 (IV) STRENGTHEN COMMUNITY PARTNERSHIPS; AND

9 (v) IMPROVE THE OVERALL CONTINUUM OF CARE FOR
10 INDIVIDUALS LIVING WITH SICKLE CELL DISEASE WITH AN EMPHASIS ON
11 SUPPORTING THE TRANSITION FROM PEDIATRIC TO ADULT CARE.

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

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

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

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

28 (I) CLINIC OPERATIONS:

29 (II) OUTCOMES FOR PATIENTS TREATED AT THE CLINIC;

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

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

6 (v) IMPLEMENTATION OF TELEMEDICINE AND DIGITAL
7 HEALTH TOOLS TO EXPAND AND EXTEND CARE TO UNDERSERVED AREAS.

8 18-511.

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

12 (B) THE SCHOLARSHIP PROGRAM ESTABLISHED UNDER SUBSECTION (A) OF
13 THIS SECTION SHALL PROVIDE FINANCIAL ASSISTANCE TO THE MEDICAL RESIDENT
14 IN EXCHANGE FOR THE RECIPIENT'S COMMITMENT TO PRACTICE IN THE STATE FOR
15 A MINIMUM PERIOD OF TIME, AS DETERMINED BY THE DEPARTMENT, FOLLOWING
16 THE RECIPIENT'S RESIDENCY OR FELLOWSHIP.

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

20 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
21 October 1, 2026.