

Department of Legislative Services
Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 60
Appropriations

(Delegate Patterson)

Sickle Cell Disease - Institutions of Higher Education - Policies, Procedures, and Educational Campaigns

This bill prohibits an institution of higher education from denying access to facilities or services to a student based on a sickle cell disease (SCD) diagnosis and requires provision of reasonable accommodations. Each institution must establish a process for reporting violations and publicize access requirements and reporting procedures. The Maryland Department of Health (MDH), in consultation with specified organizations, must develop an education and awareness campaign for institutions regarding students with SCD. MDH, in consultation with the Maryland Higher Education Commission (MHEC), the Statewide Steering Committee on Sickle Cell Disease, and SCD community organizations must develop a framework and procedures for institutions to follow in assessing, supporting, and treating students with SCD. Beginning December 1, 2026, MDH, MHEC, and the Statewide Steering Committee on Sickle Cell Disease must provide technical assistance to institutions to implement such procedures and develop a process to monitor compliance. MDH, in consultation with specified entities, must also develop or compile SCD educational materials for institutional employees.

Fiscal Summary

State Effect: General fund expenditures increase by \$139,400 and \$157,900 in FY 2027 and 2028, respectively, for contractual personnel, as discussed below. Institutions of higher education can likely meet the requirements of the bill using existing resources. Revenues are not affected.

(in dollars)	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	139,400	157,900	0	0	0
Net Effect	(\$139,400)	(\$157,900)	\$0	\$0	\$0

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

Local Effect: Local community colleges can likely meet the requirements of the bill using existing resources. Revenues are not affected.

Small Business Effect: None.

Analysis

Bill Summary:

Education and Awareness Campaign

MDH, in consultation with SCD treatment providers and community-based organizations, must develop an education and awareness campaign, which must describe challenges faced by young adults living with SCD. The campaign must also provide information on the accommodations and support that institutions can offer to students.

Framework, Procedures, and Technical Assistance

MDH, MHEC, and the Statewide Steering Committee on Sickle Cell Disease must jointly provide technical assistance to institutions to implement a framework and procedures and instruct institutional personnel regarding the procedures developed.

Educational Resources and Institutional Activities

Each institution is encouraged to conduct periodic assessments, surveillance activities, awareness campaigns, and educational sessions based on the materials developed or compiled under the bill as financial resources allow.

Current Law:

Institution of Higher Education

“Institution of higher education” is defined as an institution of postsecondary education that generally limits enrollment to graduates of secondary schools and awards degrees at either the associate, baccalaureate, or graduate level. It includes public, private nonprofit, and for-profit institutions.

Sickle Cell Disease

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, 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.

On determination of the presence of sickle beta thalassemia, which indicates the presence of thalassemia, a laboratory must notify the appropriate health care provider, who often refers the newborn to a hematologist. Additional testing can confirm the type of thalassemia abnormality present. MDH advises that there is no current requirement for a health care provider to notify parents or guardians of a newborn’s thalassemia trait status, or to provide the parent with educational materials.

State/Local Expenditures:

Maryland Department of Health

Under the bill, MDH must (1) develop an education and awareness campaign for institutions, including information on accommodations and support and (2) in consultation with MHEC, the Statewide Steering Committee on Sickle Cell Disease, and other partners, develop a framework and procedures for institutions to follow in assessing, supporting, and treating students with SCD; (3) provide technical assistance beginning December 1, 2026; and (4) develop a process to monitor implementation.

MDH advises that additional resources are needed to implement the bill. Thus, MDH general fund expenditures increase by \$90,565 in fiscal 2027. This estimate reflects the cost of hiring one contractual nurse program administrator to develop educational materials, clinical procedures, and a monitoring process. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Contractual Positions	1.0
Salary and Fringe Benefits	\$81,424
Operating Expenses	<u>9,141</u>
Total FY 2027 MDH Expenditures	\$90,565

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

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.

This analysis assumes that once the education and awareness campaign, educational materials, and framework and procedures have been developed and initially implemented by institutions (presumably by the start of the 2027-2028 academic year), the position will provide ongoing technical assistance and monitor initial implementation for that academic year before terminating on June 30, 2028. After that time, it is assumed that MDH can absorb ongoing responsibilities under the bill with existing budgeted resources.

Maryland Higher Education Commission

Under the bill, MHEC must provide consultation to MDH to develop a framework and procedures for institutions to follow regarding students with SCD and, jointly with MDH and the Statewide Steering Committee, (1) provide technical assistance to institutions to implement the procedures and instruct personnel about them and (2) develop a process to monitor implementation.

MHEC advises that it currently lacks a dedicated Student Affairs department to provide statewide support for campuses regarding health-related policy mandates, such as overdose medication and reproductive health. Current Academic Affairs staff are at capacity with institutional and program review and cannot absorb the additional high-touch coordination required to provide technical assistance under this bill.

As a result, MHEC general fund expenditures increase by \$48,811 in fiscal 2027. This estimate reflects the cost to hire one part-time (50%) contractual program manager to serve as the primary liaison with MDH and national SCD organizations, design technical assistance toolkits, and maintain the monitoring framework to ensure institutional compliance. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Position	0.5
Salary and Fringe Benefits	\$40,712
Operating Expenses	<u>8,099</u>
Total MHEC FY 2027 Expenditures	\$48,811

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

analysis assumes that the position terminates on June 30, 2028. After that time, it is assumed that MHEC can more readily absorb ongoing responsibilities under the bill with existing budgeted resources.

Institutions of Higher Education

With technical assistance from the contractual staff at MDH and MHEC, and the clinical expertise of the Statewide Steering Committee on Sickle Cell Disease, it is assumed that institutions of higher education – including public four-year institutions and local community colleges – can implement the bill’s requirements using existing resources.

However, some resources may need to be temporarily diverted from current health initiatives. This estimate assumes that accommodations are generally low-cost to implement, such as providing extra time on assignments, bathroom access, hydration access, and flexible attendance policies. More extensive accommodations, such as providing transportation between classes, may increase higher education expenditures but have not been considered as part of this estimate.

Additional Comments: The Maryland Independent College and University Association advises that private nonprofit institutions can likely develop and implement a policy for awareness of SCD using existing resources.

Additional Information

Recent Prior Introductions: Similar legislation has been introduced within the last three years. See HB 1352 of 2025.

Designated Cross File: None.

Information Source(s): Maryland Higher Education Commission; Baltimore City Community College; University System of Maryland; St. Mary’s College of Maryland; Maryland Independent College and University Association; Maryland Department of Health; Department of Legislative Services

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