

**Senate Bill 421 – Sickle Cell Disease - Institutions of Higher Education - Policies, Procedures, and Educational Campaigns**

**POSITION: Support with Amendment**

February 10, 2026

Senate Education, Energy, and the Environment Committee

The University of Maryland Medical System (“UMMS”) respectfully submits this letter of support with amendments for Senate Bill 421 – Sickle Cell Disease - Institutions of Higher Education - Policies, Procedures, and Educational Campaigns (“SB 421”). SB 421 proposes to require the Maryland Department of Health (“MDH”) to develop an education and awareness campaign for colleges and universities regarding students with sickle cell disease (“SCD”), and require colleges and universities to establish a process to assess, support, and treat students with SCD.

The University of Maryland Capital Region Health (“UM CRH”) is a statewide leader in sickle cell disease care through its Adult Sickle Cell Clinic. The clinic is Prince George’s County’s only dedicated adult sickle cell clinic, serving a population with one of the highest prevalences of SCD in the state, and provides a multidisciplinary program offering comprehensive services, including disease-modifying therapies, infusion services, transfusion coordination, pain management, and social support. Since opening in March 2023, the Adult Sickle Cell Clinic has achieved remarkable outcomes, including:

- 63 percent reduction in emergency department utilization for sickle cell–related care,
- 30 percent reduction in inpatient admissions compared to the prior year,
- 350 percent increase in outpatient visits, reflecting improved engagement in preventive and longitudinal care, and
- More than 300 unique patients have been served to date.

These outcomes demonstrate that specialized, coordinated outpatient care works for improving health outcomes and enabling patients to remain engaged in work, school, and community life. Educational institutions should be encouraged to connect students to these types of specialized resources.

This bill is necessary and timely. Students living with sickle cell disease face significant and often invisible barriers to academic success. SB 421 acknowledges those challenges and begins to address the long-standing stigma, misunderstanding, and lack of institutional infrastructure that too often prevent these students from thriving in higher education.

Placing students with SCD into academic systems that are not built to support their needs decreases their chances of being successful academically. The stigma associated with SCD, particularly in emergency and primary care settings, compounds these challenges and can discourage students from seeking timely care or requesting accommodation.

Intentional, structured support from institutions of higher learning will increase rates of academic achievement for students with SCD. The downstream impacts are profound: improved quality of life, better health literacy, and a greater ability to navigate the sequelae of chronic disease with confidence and insight.

While SB 421 is strong in its intent, UM CRH respectfully requests consideration of the following amendment:

Educational materials developed under the bill should explicitly direct students to specialized treatment resources for sickle cell disease, including comprehensive adult sickle cell clinics available in Maryland.

Primary care providers and emergency department physicians often lack specialized training in sickle cell disease management. As a result, students may receive inconsistent or suboptimal care, particularly during pain crises. Ensuring that educational materials point students — and campus health professionals — to expert SCD treatment centers will improve care coordination, reduce unnecessary emergency department utilization, and support student stability and academic continuity.

If the legislation is successful, and MDH moves forward with convening stakeholders, UM CRH recommends that the department will take into account how sickle cell disease affects each individual differently, and that as a result institutional supports must be comprehensive, flexible, and student-centered. Policies developed pursuant to SB 421 should contemplate a broad spectrum of support, including:

- Alternative learning methods such as virtual or hybrid instruction during illness,
- Flexible academic schedules or year-round curricula,
- Individualized academic plans, including 504 Plans or IEP-like accommodations at the postsecondary level,
- Clear procedures for medical leave and re-entry without academic penalty, and
- Faculty and staff education to reduce stigma and improve understanding of chronic illness.

For these reasons, the University of Maryland Medical System supports SB 421 with a proposed amendment, and respectfully requests a *favorable* report on the bill.

For more information, please contact:

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