Testimony in Support of HB178

Public Health – Sickle Cell Disease – Specialized Clinics & Medical Resident Scholarships

Good afternoon Chair, Vice Chair, and members of the committee.

My name is **Teanika Hoffman**. I am a **sickle cell warrior**, advocate, and the Founder and Executive Director of the **Sickle Cell Coalition of Maryland, INC**. I am here today in strong support of **HB178**.

Maryland is home to **more than 5,000 sickle cell warriors**, one of the largest sickle cell populations in the nation. Yet despite this reality, our health care infrastructure has not kept pace with the needs of this community.

HB178 addresses this gap directly. The bill requires the Maryland Department of Health to establish **three specialized sickle cell clinics**—in Montgomery County, Harford County, and on the Eastern Shore—using a **hub-and-spoke model**that ensures patients can access trained sickle cell specialists through in-person care and telehealth. This approach expands access while reducing geographic and racial disparities in care.

Today, many sickle cell warriors rely on emergency rooms as their primary source of care. This is medically inappropriate and fiscally inefficient. Emergency-based care leads to delayed pain treatment, preventable hospitalizations, higher Medicaid costs, and irreversible complications including stroke, organ damage, and shortened life expectancy.

Specialized clinics are proven to work. They reduce emergency department utilization, decrease inpatient admissions, improve pain control, and support longer, healthier lives. HB178 ensures these clinics provide routine and preventive care, pain management, mental health services, genetic counseling, patient education, and coordinated social supports such as transportation, housing, and nutrition—key drivers of outcomes for people living with sickle cell disease.

HB178 also addresses Maryland's **severe workforce shortage**. Too few adult providers are trained to manage sickle cell disease. The bill establishes a **medical resident scholarship program** to train hematologists with a focus on sickle cell care, in exchange for a commitment to practice in Maryland. This builds a sustainable pipeline of specialists rather than relying on temporary fixes.

Importantly, **HB178 strengthens trusted community partners like the Sickle Cell Coalition of Maryland**. The bill explicitly prioritizes funding for collaboration with **community-based and sickle cell–focused nonprofit organizations**. This allows organizations like SCCM to expand patient outreach, deliver education, support care coordination, and help address social determinants of health—ensuring state investments translate into real-world impact. SCCM serves as a bridge between patients and providers, improves care adherence, supports transitions from pediatric to adult care, and reduces avoidable hospital use.

From a fiscal perspective, this is a smart investment. The bill allocates **$6.138 million in FY 2028** with clear priorities—staffing, training, community partnerships, and measurable outcomes—and requires **annual reporting to the General Assembly** on utilization, access, patient outcomes, and reductions in health disparities. This level of accountability ensures taxpayer dollars are used effectively.

As someone living with sickle cell disease, I know that when care is delayed, the damage is permanent. When care is coordinated—with clinics, specialists, and community partners working together—people live longer, stay employed, raise families, and contribute fully to our state.

HB178 is smart public health policy for the more than 5,000 sickle cell warriors in our great State of Maryland—and it empowers trusted organizations like the Sickle Cell Coalition of Maryland to help deliver results.

I respectfully urge a **favorable report** on HB178. Lives truly depend on it.

Thank you.