Sickle cell disease (SCD) is a rare, genetic, life-shortening blood disorder that affects every organ in the body. SCD is the most common inherited blood disorder in the U.S. It is caused by abnormal red blood cells. Instead of being soft and round, these red blood cells are hard and sticky, and shaped like a “sickle.” This can block blood flow and oxygen from reaching all parts of the body.

The most common symptoms of SCD are recurring pain crises. The disease can also cause chronic complications such as organ damage, death of bone tissue, skin ulcers, stroke, blindness, neurocognitive impairment, pulmonary hypertension, heart and kidney failure, and early mortality.

There are over 100,000 individuals with SCD in the United States. SCD disproportionately impacts Black & Brown communities.

1 in every 365 Black and African American births
1 in every 16,300 Hispanic American births

- People with SCD have less access to comprehensive team care than people with genetic disorders such as hemophilia and cystic fibrosis.
- Current standard of care for SCD treatments is not appropriate for all individuals living with SCD.
- Gene therapy is on the horizon for SCD. This development creates opportunities for legislative action to improve access to care and address issues with outdated healthcare payment models.

**WHAT DOES IT COST?**

- **$2.98B** Annual direct cost of SCD to the U.S. federal government

- **$10,000** Annual individual cost of caring for an insured child with SCD
  (Source: Kauf et al. (2009) "The Cost of Healthcare")

- **$30,000** Annual cost to an insured adult with SCD
  (Source: Kauf et al. (2009) "The Cost of Healthcare")

Expenditures for patients with SCD are 6 times higher than non-SCD patients on Medicaid and 11 times higher than non-SCD patients with private insurance.

**6** FDA-approved treatments since 1998

Limited treatments:
- Bone marrow/stem cell transplant
- Chronic transfusions