DIGEST

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HB 283 Original 2016 Regular Session Emerson

Abstract: Requires all newborns to be screened for Krabbe disease.

Present law requires the physician attending a newborn child, or the person attending a newborn child who was not attended by a physician, to have the child tested for all of the following:

(1) Phenylketonuria.
(2) Congenital hypothyroidism.
(3) Sickle cell diseases.
(4) Biotinidase deficiency.
(5) Congenital adrenal hyperplasia.
(6) Carnitine uptake defect.
(7) Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency.
(8) Medium-chain acyl-CoA dehydrogenase deficiency.
(9) Trifunctional protein deficiency.
(10) Very long-chain acyl-CoA dehydrogenase deficiency.
(11) Glutaric acidemia type I.
(12) 3-hydroxy-3-methylglutaryl-CoA lyase deficiency.
(13) Isovaleric acidemia.
(14) 3-methylcrotonyl-CoA carboxylase deficiency.
(15) Methylmalonic acidemia (CBL A,B).
(16) Beta ketothiolase.
(17) Methylmalonic acidemia (MUT).
(18) Propionic acidemia.
(19) Multiple carboxylase deficiency.
(20) Argininosuccinate acidemia.
(21) Citrullinemia type I.
(22) Homocystinuria.
(23) Maple syrup urine disease.
(24) Tyrosinemia type I.
(25) Other genetic conditions that have been approved by the Dept. of Health and Hospitals.

Proposed law retains present law and adds Krabbe disease to the list of required screenings.

Present law further provides that no such tests shall be given to any child whose parents object.

Proposed law retains present law.

Present law requires the physician attending a newborn child to have the child subjected to tests for cystic fibrosis effective July 1, 2007.

Proposed law retains present law but makes a technical change by relocating the requirement through adding cystic fibrosis to the list of required tests and deleting the current language.

(Amends R.S. 40:1081.2(A)(1))