

18-501.

THE INTENT OF THIS SUBTITLE IS:

- (1) TO EDUCATE PARENTS AND PHYSICIANS REGARDING HOMOZYGOUS SICKLE CELL ANEMIA OR-VARIANTS; AND
- (2) TO MONITOR EACH AFFECTED INFANT'S HEALTH IN THAT REGARD.

18-502.

(A) AFTER SECURING THE WRITTEN APPROVAL OF ONE OF THE PARENTS OR GUARDIAN OF AN INFANT AT RISK, ~~THE--DEPARTMENT--SHALL ADMINISTER--A-TEST-FOR-SICKLE-CELL-ANEMIA-OR-RELATED-DISEASES~~ THE PERSON IN CHARGE OF THE INSTITUTION IN WHICH THE INFANT IS BORN, OR THE PERSON WHO IS REQUIRED TO PREPARE AND REGISTER THE CERTIFICATE OF BIRTH FOR AN INFANT BORN OUTSIDE AN INSTITUTION, SHALL HAVE ADMINISTERED A TEST FOR SICKLE CELL ANEMIA TO THE INFANT AT RISK.

(B) IN ADDITION TO TESTING, THE DEPARTMENT SHALL UNDERTAKE A PRENATAL EDUCATION PROGRAM FOR PREGNANT FEMALES IN THE POPULATION GROUP AT RISK ON THE SUBJECT OF SICKLE CELL ANEMIA AND RELATED DISEASES.

18-503.

(A) ON DETERMINATION OF THE PRESENCE OF SICKLE CELL ANEMIA, THE DEPARTMENT SHALL:

(1) NOTIFY IN WRITING:

(I) THE PHYSICIAN OF RECORD OR THE INSTITUTION AT WHICH THE CHILD IS BORN; AND

(II) THE PARENT--OR PARENTS OR GUARDIAN OF THE INFANT; AND

~~(2)--EDUCATE-THE--PARENTS--OF--THE--INFANT--CONCERNING SICKLE-CELL-ANEMIA-~~

(2) PROVIDE THE PARENTS OR GUARDIAN OF THE INFANT AND THE PHYSICIAN OF RECORD WITH EDUCATIONAL MATERIALS; AND

(3) OFFER REFERRAL FOR GENETIC COUNSELING.

(B) WITHIN 2 MONTHS AFTER A POSITIVE FINDING OF SICKLE HEMOGLOBIN CELL ANEMIA, A CONFIRMATORY TEST SHALL BE ADMINISTERED AND THE RESULTS OF THIS TEST SHALL BE REPORTED TO THE DEPARTMENT.

18-504.

(A) THE DEPARTMENT AND ALL PERSONS SHALL KEEP--STRICTLY CONFIDENTIAL MAINTAIN AND TREAT ALL INFORMATION DERIVED FROM