

106<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 4426

To amend the Public Health Service Act with respect to testing pregnant women and newborn infants for infection with the human immunodeficiency virus.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 11, 2000

Mr. ACKERMAN (for himself and Mr. COBURN) introduced the following bill;  
which was referred to the Committee on Commerce

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## A BILL

To amend the Public Health Service Act with respect to testing pregnant women and newborn infants for infection with the human immunodeficiency virus.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Women and Children’s  
5 HIV Protection Act of 2000”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

1           (1) Perinatal transmission is the leading cause  
2 of pediatric cases of acquired immune deficiency  
3 syndrome (commonly known as AIDS).

4           (2) The Centers for Disease Control and Pre-  
5 vention (CDC) estimates that nearly 7,000 HIV-in-  
6 fected women give birth in the United States each  
7 year and as many as 400 babies continue to be born  
8 with HIV infection each year.

9           (3) Medical advances have made it possible to  
10 nearly eliminate perinatal HIV transmission.

11           (4) Research studies have demonstrated that  
12 the administration of antiviral medication during  
13 pregnancy, during labor, and immediately following  
14 birth can significantly reduce the transmission of the  
15 human immunodeficiency virus (commonly known as  
16 HIV) from an infected mother to her baby. Cesarean  
17 section further reduces the risk of transmission.

18           (5) Even if treatment begins shortly after birth,  
19 antiretroviral therapy can substantially reduce the  
20 chance that an HIV-exposed child will become in-  
21 fected.

22           (6) Breastfeeding by HIV-infected mothers  
23 poses additional significant risk of infection to ba-  
24 bies.

1           (7) The Institute of Medicine (IOM) has rec-  
2           ommended the adoption of a national policy of uni-  
3           versal HIV testing, with patient notification, as a  
4           routine component of prenatal care. However, 15  
5           percent of HIV-infected pregnant women receive no  
6           prenatal care according to the IOM.

7           (8) The American Medical Association rec-  
8           ommends mandatory HIV testing of all pregnant  
9           women and newborns with counseling and rec-  
10          ommendations for appropriate treatment.

11          (9) Testing newborns whose mothers' status is  
12          unknown ensures that every child at risk for HIV is  
13          identified.

14          (10) The provision of testing of pregnant  
15          women and newborns with appropriate counseling  
16          and treatment can significantly reduce the number  
17          of pediatric cases of acquired immune deficiency  
18          syndrome, can improve access to and medical care  
19          for the woman and children, and can provide oppor-  
20          tunities to further reduce transmission among  
21          adults.

22          (11) The provision of such testing, counseling,  
23          and treatment can reduce the overall cost of pedi-  
24          atric cases of AIDS.

1           (12) For the reasons specified in paragraphs  
2           (1) through (7)—

3                   (A) universal routine HIV testing of preg-  
4                   nant women and newborns should be the stand-  
5                   ard of care; and

6                   (B) the relevant medical organizations, as  
7                   well as public health officials, should issue  
8                   guidelines making such testing, counseling, and  
9                   treatment the standard of care.

10 **SEC. 3. ADDITIONAL REQUIREMENT FOR CERTAIN GRANTS.**

11           Subpart I of part B of title XXVI of the Public  
12 Health Service Act (42 U.S.C. 300ff–21 et seq.) is amend-  
13 ed by inserting after section 2616 the following section:

14 **“SEC. 2616A. ADDITIONAL REQUIREMENT FOR CERTAIN**  
15 **GRANTS.**

16           “For fiscal year 2002 and subsequent fiscal years,  
17 the Secretary shall not make a grant to a State under  
18 this part unless the State demonstrates that the law or  
19 regulations of the State are in accordance with the fol-  
20 lowing:

21                   “(1) That all pregnant women receiving pre-  
22                   natal care in the State be offered counseling and  
23                   testing regarding HIV disease.

24                   “(2) In the case of prenatal testing for such  
25                   disease that is conducted in the State, that the re-

1       sults of such testing be promptly disclosed to the  
2       pregnant woman involved.

3           “(3) In the case of newborn infants who are  
4       born in the State and whose biological mothers have  
5       not undergone prenatal testing for HIV disease, that  
6       each such infant undergo testing for such disease.

7           “(4) That the results of such testing of a new-  
8       born infant be promptly disclosed in accordance with  
9       the following, as applicable to the infant involved:

10           “(A) To the biological mother of the infant  
11       (without regard to whether she is the legal  
12       guardian of the infant).

13           “(B) If the State is the legal guardian of  
14       the infant:

15           “(i) To the appropriate official of the  
16       State agency with responsibility for the  
17       care of the infant.

18           “(ii) To the appropriate official of  
19       each authorized agency providing assist-  
20       ance in the placement of the infant.

21           “(iii) If the authorized agency is giv-  
22       ing significant consideration to approving  
23       an individual as a foster parent of the in-  
24       fant, to the prospective foster parent.

1                   “(iv) If the authorized agency is giv-  
2                   ing significant consideration to approving  
3                   an individual as an adoptive parent of the  
4                   infant, to the prospective adoptive parent.

5                   “(C) If neither the biological mother nor  
6                   the State is the legal guardian of the infant, to  
7                   another legal guardian of the infant.

8                   “(D) To the child’s health care provider.

9                   “(5) That, in disclosing the test results to an  
10                  individual under paragraph (2) or (4), appropriate  
11                  counseling on HIV disease and appropriate referrals  
12                  for health care be offered to the individual (except  
13                  in the case of a disclosure to an official of a State  
14                  or an authorized agency, or to a health care pro-  
15                  vider).”.

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