

106TH CONGRESS
2^D SESSION

H. R. 4665

To authorize assistance for mother-to-child HIV/AIDS transmission prevention efforts.

IN THE HOUSE OF REPRESENTATIVES

JUNE 14, 2000

Ms. MILLENDER-MCDONALD introduced the following bill; which was referred to the Committee on International Relations

A BILL

To authorize assistance for mother-to-child HIV/AIDS transmission prevention efforts.

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. FINDINGS.**

4 Congress makes the following findings:

5 (1) It is estimated that 10 percent of all indi-
6 viduals who become infected with HIV/AIDS world-
7 wide are children.

1 (2) Mother-to-child transmission is the largest
2 source of HIV infection in children under age 15
3 and the only source for very young children. The
4 total number of births to HIV-infected pregnant
5 women each year in developing countries is approxi-
6 mately 3,200,000.

7 (3) In 1999, the United Nations estimated that
8 570,000 children age 14 or younger became infected
9 with HIV. More than 90 percent were babies born
10 to HIV-positive women. Almost $\frac{9}{10}$ of these babies
11 were born in sub-Saharan Africa.

12 (4) It is estimated that 1,800 infants become
13 infected with HIV each day worldwide.

14 (5) HIV/AIDS has doubled infant mortality in
15 the most heavily impacted countries.

16 (6) HIV may be transmitted during pregnancy,
17 childbirth, and breastfeeding. The risk of a baby ac-
18 quiring HIV from an infected mother ranges be-
19 tween 25–35 percent in developing countries.

20 **SEC. 2. STATEMENTS OF POLICY.**

21 Congress declares the following:

22 (1) Primary prevention of mother-to-child
23 transmission through education and prophylaxis is
24 important to protect women of childbearing age from
25 becoming infected with HIV in the first place.

1 (2) Counseling and voluntary testing are critical
2 services to help infected women accept their HIV
3 status and the risk it poses to their unborn child.
4 Mothers who are aware of their status can make in-
5 formed decisions about sexual practices, child-
6 bearing, and infant feeding.

7 (3) Privacy is paramount in counseling and vol-
8 untary services programs where women who are
9 identified as HIV-positive may face discrimination,
10 violence, and even death. Measures must be under-
11 taken that protect the pregnant woman's absolute
12 right to choose, on the basis of full information,
13 whether to take advantage of the intervention.

14 (4) Based on an international study performed
15 in Uganda in 1999, the drug nevirapine reduced
16 mother-to-child transmission of HIV/AIDS by 50
17 percent when given to the mother during labor and
18 delivery and when given as a single dose to the in-
19 fant within 72 hours of birth. This study constitutes
20 a major breakthrough in the fight against HIV/
21 AIDS.

22 (5) The cost of the combined mother and infant
23 dose is approximately \$4, which makes a solution to
24 this particular mode of transmission practicable in
25 the short to medium term.

1 (6) Replacement feeding is an important part of
2 the strategy for lowering the rate of mother-to-child
3 transmission of HIV/AIDS but should not under-
4 mine decades of promoting breastfeeding as the best
5 possible nutrition for infants—which has been effec-
6 tive in lowering infant mortality in developing coun-
7 tries.

8 (7) The affordability and cost-effectiveness of
9 the strategy are dependent upon the local health in-
10 frastructure and cooperation with national and local
11 policy decisionmakers and health professionals.

12 **SEC. 3. PILOT PROGRAMS FOR SUB-SAHARAN AFRICA AND**
13 **INDIA TO PREVENT MOTHER-TO-CHILD HIV/**
14 **AIDS TRANSMISSION.**

15 (a) ESTABLISHMENT OF PROGRAMS.—The Director
16 of the Centers for Disease Control and Prevention shall,
17 through the LIFE Initiative program, establish and carry
18 out pilot programs for sub-Saharan Africa and India to
19 prevent mother-to-child HIV/AIDS transmission through
20 effective partnerships with nongovernmental organizations
21 and university-based research facilities.

22 (b) CONDUCT OF PROGRAMS.—(1) The pilot pro-
23 grams shall be limited to prenatal voluntary counseling,
24 voluntary testing, and use of nevarapine and replacement

1 feeding to establish “best practices” locally before intro-
2 ducing the services more widely.

3 (2) The pilot programs shall, at a minimum, consist
4 of activities—

5 “(A) to address the issue of providers failing to
6 recommend and offer HIV testing to pregnant
7 women;

8 “(B) to voluntarily test and provide counseling
9 services (with or without testing) that address the
10 needs of pregnant women are counseled regarding
11 mother-to-child transmission of HIV/AIDS;

12 “(C) to inform women who are infected of rec-
13 ommendations about prophylactic treatment and as-
14 sistance for those women who elect to undergo treat-
15 ment to be assisted to adhere to the treatment regi-
16 men before, during, and after delivery;

17 “(D) to counsel women who undergo the treat-
18 ment with their infants and assistance to provide re-
19 placement feeding formula in order to ensure that
20 the women do not breastfeed their babies; and

21 “(E) to provide treatment services that will be
22 available without regard to age, ancestry, color, dis-
23 ability, national origin, race, religion, or political sta-
24 tus.

25 (c) AUTHORIZATION OF APPROPRIATIONS.—

1 (1) IN GENERAL.—In addition to amounts oth-
2 erwise available for the purposes of this section,
3 there are authorized to be appropriated to carry out
4 this section \$5,000,000 for each of the fiscal years
5 2001 through 2003.

6 (2) AVAILABILITY.—Amounts appropriated pur-
7 suant to the authorization of appropriations under
8 paragraph (1) are authorized to remain available
9 until expended.

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