I

107TH CONGRESS
1ST SESSION

H. R. 684

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

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 14, 2001

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

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A BILL

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

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. FINDINGS.

Congress makes the following findings:

(1) It is estimated that 10 percent of all individuals who become infected with HIV/AIDS worldwide are children.

(2) Mother-to-child transmission is the largest source of HIV infection in children under age 15 and the only source for very young children. The

total number of births to HIV-infected pregnant women each year in developing countries is approximately 3,200,000.

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

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

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

(6) HIV may be transmitted during pregnancy, childbirth, and breastfeeding. The risk of a baby acquiring HIV from an infected mother ranges between 25–35 percent in developing countries.

SEC. 2. STATEMENTS OF POLICY.

Congress declares the following:

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

(2) Counseling and voluntary testing are critical services to help infected women accept their HIV status and the risk it poses to their unborn child.

Mothers who are aware of their status can make informed decisions about sexual practices, childbearing, and infant feeding.

(3) Privacy is paramount in counseling and voluntary services programs where women who are identified as HIV-positive may face discrimination, violence, and even death. Measures must be undertaken that protect the pregnant woman's absolute right to choose, on the basis of full information, whether to take advantage of the intervention.

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

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

(6) Replacement feeding is an important part of the strategy for lowering the rate of mother-to-child transmission of HIV/AIDS but should not under-

mine decades of promoting breastfeeding as the best possible nutrition for infants—which has been effective in lowering infant mortality in developing countries.

(7) The affordability and cost-effectiveness of the strategy are dependent upon the local health infrastructure and cooperation with national and local policy decisionmakers and health professionals.

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

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

(b) CONDUCT OF PROGRAMS.—(1) The pilot programs shall be limited to prenatal voluntary counseling, voluntary testing, and use of nevarapine and replacement feeding to establish ''best practices'' locally before introducing the services more widely.

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

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

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

(C) to inform women who are infected of recommendations about prophylactic treatment and assistance for those women who elect to undergo treatment to be assisted to adhere to the treatment regimen before, during, and after delivery;

(D) to counsel women who undergo the treatment with their infants and assistance to provide replacement feeding formula in order to ensure that the women do not breastfeed their babies; and

(E) to provide treatment services that will be available without regard to age, ancestry, color, disability, national origin, race, religion, or political status.

(c) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—In addition to amounts otherwise available for the purposes of this section, there are authorized to be appropriated to carry out

this section $5,000,000 for each of the fiscal years 2002 through 2004.

(2) AVAILABILITY.—Amounts appropriated pursuant to the authorization of appropriations under paragraph (1) are authorized to remain available until expended.

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