

110TH CONGRESS  
2D SESSION

# S. 2749

To ensure that the highest priority for HIV/AIDS-related funding is saving lives most immediately and urgently threatened by HIV–AIDS, including babies at risk of being infected at birth.

---

## IN THE SENATE OF THE UNITED STATES

MARCH 12, 2008

Mr. COBURN (for himself, Mr. BURR, and Mr. KYL) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

---

## A BILL

To ensure that the highest priority for HIV/AIDS-related funding is saving lives most immediately and urgently threatened by HIV–AIDS, including babies at risk of being infected at birth.

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 “Save Lives First Act  
5       of 2008”.

6       **SEC. 2. FINDINGS.**

7       Congress makes the following findings:

1           (1) According to the United Nations, there  
2       were—

3                   (A) 33,200,000 people living with HIV/  
4       AIDS worldwide in 2007, including 22,500,000  
5       people in sub-Saharan Africa;

6                   (B) 2,500,000 new HIV/AIDS infections in  
7       2007, including 1,700,000 in sub-Saharan Africa;  
8       and

9                   (C) 2,010,000 people on antiretroviral  
10      therapy in developing countries in 2006.

11           (2) Over 2,100,000 people die from AIDS every  
12      year.

13           (3) Fewer than 10 percent of HIV-infected individuals in the developing world receive treatment.

14           (4) More than 80 percent of people with HIV/  
15      AIDS in developing countries are unaware of their  
16      status.

17           (5) Peer-reviewed studies have shown that patients who are well managed on anti-retroviral therapy achieve low viral loads, which may reduce their chances of infecting others.

18           (6) Perinatal transmission is the leading cause  
19      of pediatric HIV infections, despite medical advances  
20      that have made it possible to nearly eliminate  
21      perinatal HIV transmission.  
22      of pediatric HIV infections, despite medical advances  
23      that have made it possible to nearly eliminate  
24      perinatal HIV transmission.  
25      perinatal HIV transmission.

1           (7) Research studies have demonstrated that  
2           the administration of antiretroviral medication dur-  
3           ing pregnancy, during labor, and immediately fol-  
4           lowing birth can significantly reduce the trans-  
5           mission of HIV from an infected mother to her  
6           baby.

7           (8) Nevirapine, an antiretroviral drug that costs  
8           less than \$4 a dose, has been proven to prevent HIV  
9           transmission from mother to child with the adminis-  
10          tration of just two doses.

11          (9) Even if treatment begins shortly after birth,  
12          antiretroviral therapy can substantially reduce the  
13          chance that an HIV-exposed infant will become in-  
14          fected.

15          (10) The American Medical Association rec-  
16          ommends universal HIV testing of all newborns with  
17          appropriate treatment for affected mothers and chil-  
18          dren.

19          (11) Testing newborns whose mothers' statuses  
20          are unknown ensures that every child at risk for  
21          HIV is identified.

22          (12) The provision of testing of pregnant  
23          women and newborns with appropriate counseling  
24          and treatment can significantly reduce the number  
25          of pediatric HIV infections, including AIDS cases,

1 improve access to medical care for women and chil-  
 2 dren, and provide opportunities to further reduce  
 3 transmission among adults.

4 (13) The provision of such testing, counseling,  
 5 and treatment can reduce the overall cost of pedi-  
 6atric HIV infections, including AIDS cases.

7 (14) Saving lives with HIV/AIDS treatment is  
 8 the best way to prevent children from becoming or-  
 9 phans and to preserve the family and community  
 10 structure so essential to social cohesion and eco-  
 11 nomic prosperity in communities affected by AIDS.

12 (15) The provision of HIV/AIDS treatment has  
 13 brought hope, health, and a future to communities  
 14 living under a death sentence, and with worldwide  
 15 death rates still exceeding 2,100,000 per year, other  
 16 objectives, although meritorious, must defer to test-  
 17 ing and treatment.

18 **SEC. 3. ALLOCATION OF FUNDS FOR THERAPEUTIC MED-**  
 19 **ICAL CARE.**

20 Section 403(a) of the United States Leadership  
 21 Against HIV/AIDS, Tuberculosis, and Malaria Act of  
 22 2003 (22 U.S.C. 7673(a)) is amended by striking “(a)  
 23 THERAPEUTIC MEDICAL CARE.—” and all that follows  
 24 through “related care. For fiscal years 2006 through

1 2008” and inserting the following: “(a) THERAPEUTIC  
2 MEDICAL CARE.—

3 “(1) ALLOCATION OF HIV ASSISTANCE  
4 FUNDS.—

5 “(A) IN GENERAL.—For fiscal years 2009  
6 through 2013—

7 “(i) not less than 55 percent of the  
8 amounts appropriated pursuant to the au-  
9 thorization of appropriations under section  
10 401 for HIV/AIDS assistance for each  
11 such fiscal year shall be expended for  
12 therapeutic medical care of individuals in-  
13 fected with HIV, in furtherance of the re-  
14 quirement under subparagraph (B)(i);

15 “(ii) not less than 5 percent of the  
16 amounts appropriated pursuant to the au-  
17 thorization of appropriations under section  
18 401 for HIV/AIDS assistance for each  
19 such fiscal year shall be expended to ex-  
20 pand the use of rapid HIV/AIDS testing,  
21 in furtherance of the requirement under  
22 subparagraph (B)(ii); and

23 “(iii) not less than 25 percent of the  
24 amount allocated under clause (ii) shall be  
25 expended for assistance to countries that

1 have adopted a national policy of universal,  
2 routine, rapid HIV/AIDS diagnosis of all  
3 patients of publicly funded facilities, in-  
4 cluding pregnant women and newborns.

5 “(B) REQUIRED MEDICAL PROGRESS.—

6 The President shall ensure that, by the end of  
7 fiscal year 2013—

8 “(i) antiretroviral treatment for HIV/  
9 AIDS and associated opportunistic infec-  
10 tions or medical monitoring of HIV-  
11 seropositive people not in clinical need of  
12 retroviral treatment has been provided to  
13 no fewer than 7,000,000 people living in  
14 countries receiving funding under this Act;

15 “(ii) no fewer than 1,000,000,000  
16 rapid tests for HIV/AIDS have been con-  
17 ducted on people living in countries receiv-  
18 ing funding under this Act; and

19 “(iii) every available intervention is  
20 provided to ensure that 100 percent of in-  
21 fants born to HIV-infected women in coun-  
22 tries where funds are expended pursuant  
23 to this Act are born uninfected and remain  
24 uninfected for at least the first year after  
25 birth, as measured by 100 percent diag-

1                   nosis of pregnant women for HIV infection  
2                   and of newborns for HIV antibodies and  
3                   100 percent treatment for each such moth-  
4                   er or child diagnosed.

5                   “(2) ALLOCATION OF HIV/AIDS PREVENTION  
6                   FUNDS.—For fiscal years 2006 through 2008”.

○