Talking Points on Ryan White CARE Act

Today's New York Times story on the Ryan White CARE Act reauthorization is a misleading and incomplete account of the bipartisan agreement that has been reached.

Background

Approximately 7,000 HIV-positive women give birth in the U.S. each year. Historically, an average of 25 percent of the infants born to those women are infected as well. In 1993, researchers at the NIH found that treatment of HIV-positive pregnant women with AZT during pregnancy and childbirth and treatment of the newborn with AZT for six weeks can reduce the risk of perinatal infection by 67 percent. The Public Health Service issued guidelines recommending that all pregnant women be counseled on the benefits of HIV testing and AZT treatment and that they be offered voluntary HIV antibody testing.

The CDC recently reported that the number of pediatric AIDS cases occurring in the U.S. in 1995 declined to 800 from a total of 900 in 1994. A separate study in North Carolina indicates that the rate of perinatal transmission declined from 21 percent of all infants born to HIV-positive mothers in 1993 to just 8.5 percent in 1994. Results from hospitals in major urban centers -- Miami, Atlanta, and New York -- show similar results.

The Administration View

The President has strongly supported reauthorization of the Ryan White CARE Act, as a vital source of medical care and support services to Americans living with HIV/AIDS. The Administration believes that the Public Health Service guidelines are the appropriate approach to reducing the incidence of perinatal HIV infection. The conference agreement appears to give those guidelines an opportunity to prove their effectiveness. We have already seen evidence that they are working in communities with high rates of perinatal transmission. We also believe that these guidelines will remain the standard of care in the U.S.

The Conference Agreement

The conference agreement calls for the following:

- Authorizes $10 million to assist states in implementing the Public Health Service guidelines, which call for voluntary counseling and testing for all pregnant women.

- Within four months of enactment (Sept. 1996), the Centers for Disease Control and Prevention, in consultation with the states, must develop and implement a system for states to gather data related to perinatal transmission of HIV to document reduction in such transmission.

- The Secretary of HHS is directed to contract with the Institute of Medicine to evaluate the extent to which state efforts have been effective in reducing perinatal transmission of HIV and to analyze existing barriers to further progress.

  Within two years of enactment (May 1998), the Secretary shall report these findings to Congress along with any recommendations made by the Institute of Medicine.

- After two years and four months (Sept. 1998), the Secretary of HHS will determine whether mandatory HIV testing of all infants born in the U.S. whose mothers have not undergone prenatal HIV testing has become routine practice in the provision of health care in the U.S. This determination will be made in consultation with states and experts.

- If the Secretary of HHS determines such mandatory testing has become routine practice, after an additional 18 months (March 2000), a state will no longer receive Title 2 Ryan White funding unless it can demonstrate one of the following:

  -- A 50 percent reduction in the rate of new AIDS cases resulting from perinatal transmission, comparing the most recent data to 1993 data (a comparable measure is established for states with fewer than 10 cases);

  -- At least 95 percent of women who have received at least two prenatal visits prior to 34 weeks gestation have been tested for HIV; or,

  -- A program for mandatory testing of all newborns whose mothers have not undergone prenatal HIV testing.

HIV Testing of Newborns/Ryan White CARE Act Reauthorization
May 1, 1996

The NY Times reported today that House and Senate conferees have reached agreement on a measure attached to the Ryan White CARE Act Reauthorization that would eventually require states to begin mandatory testing of newborns for HIV, if voluntary counseling programs failed to adequately lower the rate of HIV infection in newborns.

- The conference agreement emphasizes the voluntary approach to counseling and testing recommended by the Public Health Service, first and foremost, and we support that approach.

  Also, the agreement authorizes $10 million to assist states in implementing the Public Health Service Guidelines and provides two and a half years for states to demonstrate that the voluntary approach is working effectively to reduce the rate of HIV infection in newborns.

Do you support the conference agreement?

We have not yet seen the final bill, but barring any last minute surprises being added to the legislation, we are very pleased that this compromise was reached. We believe it is vitally important to continue this program which offers medical care to hundreds of thousands of Americans living with HIV and AIDS. We also believe that voluntary testing of newborns is the best way to reduce their HIV-infection rate and we are pleased that this compromise will give states the opportunity to prove that the Public Health Service Guidelines are working.

It is possible that mandatory testing could kick-in in later years. What is your position?

We believe that the Public Health Service Guidelines and voluntary testing are the most effective way to reduce the number of babies born infected with HIV. We have been encouraged by recent studies which have shown a reduction in the rate of infections since the developement and introduction of the Public Health Service Guidelines. This legislation provides ample opportunity for states to prove that these guidelines are working.

We all have the same goal: to reduce the percentage of babies born infected with HIV. If it is shown in coming years that our current approach has not worked, than we will have to try another strategy. This legislation indicates what that strategy might be.

Facts on HIV -- Public Health Service Guidelines:

Approximately 7,000 HIV-positive women give birth in the U.S. each year. Historically, an average of 25 percent of the infants born to those women are infected as well.

In 1993 researchers at the NIH found that treatment of HIV positive pregnant women with AZT during pregnancy and childbirth and treatment of the newborn with AZT for six weeks can reduce the risk of mother-child infection by 67 percent.

Immediately, the CDC and others began informing doctors and women about the importance of early detection and began drafting guidelines. In Spring of 1995 the Public Health Service issued guidelines recommending that all pregnant women be counseled on the benefits of HIV testing and AZT treatment and that they be offered voluntary HIV antibody testing.

The Public Health Service Guidelines voluntary approach has showed results. The CDC recently reported that the number of babies diagnosed with AIDS in the U.S. declined from 900 in 1994 to 800 in 1995.