

constituents constrained the legislators from voting their consciences and who instead favored special protections and undue entitlements. Chief among her opponents was Richard Gottfried, a Manhattan Democrat who chaired the Assembly's Health Committee. As one of the original drafters of the 1988 confidentiality statute, he was a staunch supporter of voluntary programs. After several newspaper editorials came out in favor of Mayersohn's proposed legislation (including the New York Times and Newsday), and there was mounting legislative support for her bill, Gottfried moved to table her bill pending a report by a panel of clinicians and ethicists constituted as a subcommittee of the AIDS Advisory Council and known as the "Blue Ribbon panel." The motion to table the bill barely passed by a 10-9 vote in August 1993. The Blue Ribbon panel was expected to deliver its report in early 1994.

"At the beginning," said one legislative leader who favored voluntary testing, "we were trying to buy time, to build an opposition. When [Mayersohn] raised the issue in Spring 1993, Jim Tallon [the Assembly majority leader] came up with the idea to reach out to [Dr. David] Rogers [the chair of the AIDS Advisory Council] to create a subcommittee to study the issue. It had support from the Speaker. If the Blue Ribbon panel had not been there the bill might have passed into law that year."

Between September and December 1993 the Blue Ribbon panel held five public meetings and a public hearing in a packed Manhattan conference room. In late January 1994, the chair of the Assembly's Health Committee, Richard Gottfried, wrote an op-ed piece reaffirming the importance of voluntary testing programs. "Treating a patient with consideration and respect -- which includes relying on informed consent -- is the best way to win that patient's cooperation." He reiterated his position that counseling every pregnant woman would find and treat more HIV-positive babies than a mandatory approach because it would involve the women in their care, and he concluded with a call for mandatory counseling of all women.

On Feb 10, 1994, the Blue Ribbon panel issued its recommendations. During their deliberations, the panel had considered the range of mandatory and voluntary testing options, the potential timing of such HIV testing (prenatally or antenatally), and the available treatment opportunities for women and infants identified as HIV-positive. Furthermore, the panel had considered the effects of various treatment options on two outcomes: increasing the percent of HIV-positive women and infants who were tested and increasing the rate at which infected and exposed women and infants could be expected to enter treatment. Given that HIV testing during the prenatal period provided greater opportunities for counseling and informing mothers, avoided the possibility of losing as many cases to follow-up if HIV test results were delayed post-partum, and offered the greater opportunity for preventing perinatal transmission if the AZT clinical trial proved successful, a majority of the panel rejected the mandatory newborn testing policy and instead recommended mandatory HIV counseling for all pregnant and post-partum women. The panel further urged the development of intensive counseling programs similar to that of Harlem Hospital's, which routinely persuaded over 90% of its obstetrical patients to accept HIV testing. Four physicians on the panel -- the public health commissioner from Westchester County and three pediatricians -- dissented. One of them, Dr. Lou Cooper, the head of the New York chapter

of the American Academy of Pediatrics, told the New York Times, "Reliance on counseling that encourages voluntary testing ignores the unacceptably high failure rate of such an approach. In addition, it siphons off resources which could be focused more effectively for needed care."

Within days after the Blue Ribbon panel released its report, the Data Safety Monitoring Board of the NIAID interrupted AIDS Clinical Trial Group 076 when it became clear that AZT administered to pregnant women and newborns could reduce vertical transmission of HIV by 69%. Citing the dramatic, incontrovertible value to intervening prenatally, Cooper reversed his position and sided with the majority view of the panel to focus prevention and case-finding efforts on pregnant women rather than newborns.

On Feb 24, 1994, the AIDS Advisory Council adopted the Blue Ribbon panel's recommendation and advised the state to pursue universal voluntary testing. On the same day, a joint Senate-Assembly bill was proposed by Michael Tully, the chair of the Senate Health Committee and Assembly Speaker Sheldon Silver, calling for mandatory counseling and voluntary testing of pregnant women. The sponsors pointed to the recent reports of AZT's efficacy as a clear mandate to focus efforts on enlisting pregnant women in the detection and care of their HIV-infected babies. The battle over Mayersohn's bill had clearly been joined.

Newsday columnist Jim Dwyer, who would later win a Pulitzer Prize for his series of columns on the Baby AIDS legislation, published a column in April, 1994, "A Silence that Kills Children," prompted by a conversation he had with Mayersohn that transpired after he had attended the funeral of a baby who died from AIDS complications. In the column, he quoted pediatrician Stephen Nicholas of Columbia Presbyterian Medical Center as favoring "routine newborn testing, the same we do for syphilis testing." Nicholas, who had been involved in the design and implementation of Harlem Hospital's much-touted High Risk Pregnancy Clinic, told the columnist that he felt that even 90% voluntary agreement to test was not sufficient, "because you're still missing 10%."

April 1994

Throughout the early Spring, there was considerable political discussion and negotiation over possible terms of compromise between the Silver-Tully sponsors and the Mayersohn-Veella sponsors. One compromise being considered was directed counseling which urged HIV testing, and the written acceptance or refusal of testing at delivery. At the same time, the foster-care agency ABC had renewed its advocacy for allowing HIV testing of foster children without explicit consent of the birth parents, a policy that many saw as linked with the mandatory newborn testing proposals because both would amend the state's confidentiality statute and both would be undertaken on behalf of HIV-infected children. ABC and their pro-bono counsel had made it clear to the state commissioners of social services and health that they would pursue a lawsuit against Governor Cuomo and the state. On Jun 6, 1994, only days before the lawsuit was to be filed, the Commissioner of Social Services announced new regulations which would allow foster children to be tested after a good faith effort to locate the natural parents had been made. The regulations would be adopted on an emergency basis, which meant that within a year the agency would have to hold hearings and adopt the regulations permanently. ABC, satisfied with the

compromise, dropped its plans for a lawsuit.

Throughout June the battle over the Baby AIDS bill intensified, particularly since the end of the legislative session was scheduled for the first week of July and there was a major election looming in November. Newsday columnist Dwyer wrote one column referring to the "corrosive influence of a Religious Left" backed by well-paid Albany lobbyists, which was marked by dogma that held that any threat to a woman's right to privacy was a threat to abortion, that any abrogation of the state's confidentiality statute was the first step on a slippery slope to the persecution of people with AIDS, and that mandatory testing would drive mothers away from medical care.

New York Times columnist Anna Quindlen took the opposing view. "The word on the mandatory reporting measure is that it is opposed only by special interest groups, gay organizations obsessed with privacy, and feminists concerned only with women. Why then is it opposed by Lorraine Hale, whose Hale House has been caring for sick and abandoned babies for years?" Quindlen concluded that, "The Baby Bill sounds so right; the mothers, with all their many problems, are not so sympathetic. But winning their trust and cooperation, not coercing and blindsiding them, is how real change will occur."

The clinical trial results of 076 had changed the terms of the debate for a number of individuals and organizations. Both the New York chapter of the American Academy of Pediatrics and the Medical Society of the State of New York reversed their positions on mandatory testing, favoring instead a policy of mandatory counseling for pregnant women and voluntary testing. Given the existence of an effective treatment, a number of clinicians were loathe to institute a policy which might drive any women from care, and a number had seen the clinical opportunity shift from the delivery setting -- which many regarded as too late for effective intervention -- to the prenatal setting.

The Republican candidate for governor, State Senator George Pataki, announced in early June that he favored mandatory HIV testing of newborns, a position that was echoed by the candidate for state attorney general, Dennis Vacco, running on Pataki's ticket. Governor Cuomo had still not taken a public stand. In early Spring, months after the AIDS Advisory Council had released its recommendations, Cuomo charged the Task Force on Life and the Law with reviewing the issue of mandatory HIV newborn testing. According to one member of that advisory panel, which often addressed ethical issues of concern to the governor, Cuomo wanted to delay his decision until after the gubernatorial reelection campaign.

Right up to the end of the legislative session in early July, supporters of the Silver-Tully bill calling for mandatory counseling and voluntary testing believed their bill would pass in the final hours. Even Mayersohn had accepted the likelihood of her opponents' bill passing. "I left at midnight [on the last night of the legislative session] thinking this would pass. [Newsday columnist] Dwyer called me the next morning to say the bill wasn't introduced. It was never put up for a vote. That left an opening for our bill to be reintroduced in the 1995 session."

Mayersohn harbored no illusions as to the impact of the upcoming gubernatorial elections. "With Pataki, I had no doubt that if he won we would see a different force at work. The activists would not have the same influence they had under Cuomo."

In Nov 1994, George Pataki narrowly defeated Mario Cuomo for governor.

### **Political Maneuverings, 1995-1996**

Shortly after Pataki assumed office, he held to one of his campaign promises to limit government by placing a moratorium on the promulgation of any new regulations. Ironically, this included the Department of Social Services's effort to create permanent rules for the HIV testing of foster children after its emergency rule-making of 1994. The Association to Benefit Children felt that their negotiated victory was in jeopardy and began preparing another lawsuit. In mid-March, ABC sued the governor on behalf of "Baby Girl," seeking routine HIV testing for all newborns, and treatment and counseling for all HIV-positive infants, mothers, and other family members. Mayersohn had encouraged the lawsuit, since she felt it would help advance the cause of mandatory testing. The HIV Law Project, a legal advocacy group representing HIV-infected women, petitioned the court to be added as a "defendant-intervenor" since they felt that the state would not adequately represent its own interest in maintaining the voluntary testing program given the campaign statements of both Pataki and Attorney General Dennis Vacco.

There was little doubt as to the new administration's agenda concerning newborn testing. When Pataki's nominee for health commissioner, Dr. Barbara DeBuono, commented in an appointment hearing that she supported voluntary testing over mandatory testing approaches, Mayersohn placed a call to the governor. Within a couple of days DeBuono had reversed her position and proffered her support for pursuing mandatory newborn testing.

Actions at the federal level in the Spring of 1995 were felt at the state level as well. In March, Congressmen Gary Ackerman and Tom Coburn introduced HR-1289, an amendment to the Ryan White CARE Act which would require that states disclose the HIV status of newborns. The amendment gained broad bipartisan support, including from the Congressional Black Caucus and such progressive representatives as Ronald Dellums and Patricia Schroeder. In response, in May, 1995, the CDC suspended its anonymous HIV Survey of Childbearing Women. According to one senior New York public health official, the state health department decided to continue its program of newborn surveillance without the \$500,000 provided by the CDC. "After Mayersohn began agitating," the official noted, sharply contrasting the state response to that of the federal public health agency's response, "it would not have been politically astute to pull it."

After Mayersohn and Vellella reintroduced their mandatory testing bills, there was again a great deal of movement to strike a compromise before the end of the legislative session in early July. Late in the evening on one of the last nights of the session, a member of Assembly Speaker Silver's staff approached Mayersohn. The Speaker was willing to amend the law to allow the health commissioner to order the HIV test, rather than mandate it by law. Mayersohn readily

accepted the compromise. This time as the legislative session drew to a close, Mayersohn was convinced that her position would prevail. As happened the previous year, though, the legislation that everyone expected to pass was not brought to the floor. According to various accounts, the Speaker had been approached by Assembly Democrats opposed to mandatory testing, so he had decided instead to await the resolution of the Ackerman-Coburn amendment in the House of Representatives.

In Sep 1995, the state attorney general approached ABC to settle their lawsuit. Since the governor could not change the confidentiality statute by executive order, the state was limited to working within the bounds of an arrangement that included written informed consent. The two sides (absent the HIV Law Project) settled upon a compromise. The state would propose rules by which postpartum women would be approached for consent to have their infant's HIV-status disclosed, and there would be a provision allowing physicians to conduct HIV testing if he or she determined an emergency existed. According to the ABC counsel, Colin Crawford, in retrospect ABC "could have considered the possibility of voluntary testing following a compelled choice either to learn the results or not, far earlier than we did. We could have come to this realization, moreover, from working even harder than we did to try and accommodate the confidentiality and civil liberties of our opponents."

Assembly Health Committee chair Richard Gottfried was not unhappy with the settlement. "For some people, the ABC lawsuit gave legitimacy to Nettie's position. But, in fact, it was almost exactly what I would have wanted to have as state law." The only critical difference, according to Gottfried, was that the proposed rules would mandate directed HIV-counseling only in state regulated facilities (such as hospitals, clinics, and certain HMO practices), whereas the Silver-Tully bill he had co-sponsored would require all physicians -- whether regulated or not, public or private -- to provide mandatory counseling.

In settling the lawsuit, Governor Pataki was quoted in the New York Times as saying, "This is as far as we can go in the absence of legislative action." Mayersohn announced she would reintroduce her bill in Jan 1996. Pataki, supporting Mayersohn, said he would sign the bill if it crossed his desk.

Over a period of five months, the state health department worked with the governor's office to develop rules and an implementation plan for what was being called the "Consented Newborn HIV Testing Program." As implemented on May 1, 1996, the regulations required that women in labor must sign a written consent form, and if neither consent nor refusal is present a physician may order the HIV test. If the woman provided written consent, she would receive the results of her newborn's HIV test, would consent to follow-up testing of the baby after discharge to determine if baby is truly infected, and would authorize the disclosure of the baby's test result to appropriate programs and the state health department to ensure that the baby received follow-up and specialty medical care. The facility providing maternity services would be responsible for identifying a physician to receive the HIV test results, preferably the baby's pediatrician. Post-test counseling would be provided at the time the woman was notified of the test results, and the

pediatrician was required to order a polymerase chain reaction (PCR) test on newborn to determine if the infant was HIV-infected or was only manifesting the mother's antibodies. If the state newborn screening program did not receive the PCR specimen within 5-6 weeks after birth, it would contact the hospital designee or pediatrician for further follow up.

Women could refuse notification of results, in which case the screening would remain anonymous and be used for epidemiologic purposes only. If a woman in the newborn setting did not provide written consent or refusal, her physician could act in the absence of parental consent "when a medical emergency exists for the infant." According to state health department officials, over the nine-month period of the Consented Newborn HIV Testing Program this emergency provision was exercised only four times -- in two cases the babies had been separated from their mothers, and in one case the mother was comatose.

Notwithstanding the compromise reached over the lawsuit, in the months surrounding the implementation of the Consented Testing program the mandatory testing legislation reintroduced by Mayersohn and Vellella gained considerable momentum. In late April, House and Senate negotiators came to an agreement over mandatory testing as part of the Ryan White reauthorization. House Republicans agreed to support the position of the Senate conference committee, the American Medical Association, and the National Governor's Association calling for a five-year trial period of voluntary testing before instituting mandatory newborn testing. As signed in June, the Ryan White CARE Reauthorization Act required states to demonstrate that they had satisfied one of the following criteria, or face the loss of their Title II funding: (1) Either a 50% reduction in AIDS cases from perinatal transmission compared with 1993 data, or (2) HIV testing of at least 95% of pregnant women who had received at least two prenatal visits prior to 34 weeks gestation, or (3) a program of mandatory testing of all newborns whose mothers had not undergone prenatal HIV testing.

Also in Jun 1996, Assembly Speaker Sheldon Silver reversed his position on the mandatory testing legislation and allowed the bill to pass the legislature. According to one legislative insider, "The Assembly leadership did not want to go into 1996 elections with this as an open issue. In 1994, the US House and Senate went Republican, as did the New York governor. In 1996, the Speaker was very concerned this [opposition to mandatory testing] would lead to a loss of a significant number of Assembly seats, and that would then invigorate the Republicans. We could potentially lose majority control. That got played out on a long list of issues, whether criminal justice, or welfare reform, or mandatory testing." On Jun 26, 1996, Pataki signed the Baby AIDS bill into law. The new law gave the health commissioner the authority to impose newborn HIV tests. According to Speaker Silver, "We're leaving it to the health professionals to make the determination."

As expected, health commissioner Barbara DeBuono issued a call for developing regulations to put the mandatory newborn HIV screening program into place, and on Feb 1, 1997, the Comprehensive Newborn Testing Program was implemented.

## Epilogue

In the wake of the mandatory newborn testing policy which began in 1997, Mayersohn returned to her original proposed partner notification legislation from 1993. Mayersohn's reintroduced bill requires providers to solicit the names of sexual contacts and intravenous drug using contacts from individuals who test positive for HIV. If the HIV-positive individual does not voluntarily notify his or her contacts, then the provider can either independently seek to notify these partners at risk or have the local health department conduct the partner notification. In addition to the "duty to warn," the legislation also establishes a named HIV registry similar to that in effect in 27 other states. Mayersohn's bill was tabled for further discussion in 1997, and then passed by both houses of the legislature in the closing days of the 1998 session. The bill was signed into law by Governor Pataki in Jun 1998.

The combined partner notification/named HIV registry legislation signified a further breach of New York's exceptionalist HIV policy. With some notable exceptions -- such as the development of Special Needs Plans for HIV-positive Medicaid recipients rather than pooling them with the rest of the Medicaid managed care population -- public health policy regarding HIV-positive individuals has tended toward the more traditional approaches of case-finding, containment, and chronic disease management.

Under the Pataki Administration, the composition of the AIDS Advisory Council has changed as well, since the governor can appoint 9 of the 17 Council members. There is less representation from advocacy groups and community interests, and a greater voice of traditionalist public health as represented by several suburban health commissioners. The governor also appointed Mayersohn's legislative counsel, William Viskovitch, to serve on the Council.

Mayersohn herself has continued to support her agenda on a national scale, through a growing electronic network that includes contacts in Delaware, a medical society in California, congressional staff, an Indiana-based children's publisher, and a number of physicians who treat HIV-positive patients.

The state health department's AIDS Institute is no longer entrenched in the HIV policy arena, as it was under Axelord and particularly Rango's direction. As one health official pointed out about the AIDS Institute, "There is no policy agenda now." Referring to the consolidation of all policy matters into a single office reporting directly to the commissioner, the official noted, "Our agenda is the Department's agenda."

Although the legislative battle over mandatory newborn testing in New York is over, the legal battle continues. The HIV Law Project, a legal advocacy service for low-income HIV-positive individuals in the Bronx and Manhattan, has pursued a dual strategy: malpractice suits against providers and institutions whose failure to carry out timely and appropriate testing and notification represent an abrogation of the standard of care; and a lawsuit against the state health

department for failure to carry out the law fairly, equitably, and with adequate protections. Despite the fact that the former strategy targets individual providers, the objective -- as in the latter strategy -- is to implicate the law. Since the HIV Law Project's request for a preliminary injunction against the state was not granted, as of July 1998 New York remained the only state to mandatorily test newborns for HIV and notify the mother of the results.

## SOURCE MATERIAL

American Healthline. Politics & Policy -- Ryan White Act: Includes Mandatory Newborn HIV Testing. May 1, 1996. <http://cloakroom.com/pubs/healthline>.

American Healthline. Stateline - New York: Pataki Signs Newborn HIV Testing Law. Jun 27, 1996. <http://cloakroom.com/pubs/healthline>.

American Healthline. Stateline - New York: Pataki and Legislators Agree on HIV Testing Law. Jun 6, 1996. <http://cloakroom.com/pubs/healthline>.

American Healthline. Stateline - New York: Mothers Will Know Babies' HIV Test Results. Oct 10, 1995. <http://cloakroom.com/pubs/healthline>.

American Healthline. Politics & Policy -- Ryan White Act: House Passes Reauthorization Bill. May 2, 1996. <http://cloakroom.com/pubs/healthline>.

Avery GB. Editorial: Out of the vortex -- neonatologists' treatment decisions for newborns at risk for HIV. *AJPH*. 1995; 85(11):1484-1485.

*Baby Girl Doe v Pataki*, Index No. 95-106661 (SupCt NY County, filed July 18, 1997).

Bayer R. *Public health policy and the AIDS epidemic: An end to exceptionalism?* *NEJM*. 1991; 324:1500-1504.

Bayer R. Women's rights, babies' interests: Ethics, politics, and science in the debate of newborn HIV screening. In Minkoff HL, DeHovitz JA, Duerr A, eds. *HIV Infection in Women*. New York: Raven Press; 1995.

Bayer R, Levine C, Wolf SM. HIV antibody screening: An ethical framework for evaluating proposed programs. *JAMA*. 1986; 256(13):1768-1774.

Bayer R. Perinatal transmission of HIV infection: the ethics of prevention. In: Gostin LO, ed. *AIDS and the Health Care System*. New Haven: Yale University Press; 1990.

Bayer R. Rethinking the testing of babies and pregnant women for HIV infection. *Journal of Clinical Ethics*. 1996.

Bayer R. Rethinking the testing of babies and pregnant women for HIV infection. *Journal of Clinical Ethics*. 1996;7(1):85-87.

- Bayer R. AIDS and the future of reproductive freedom. In: Nelkin D, Willis D, Parris S, eds. *A Disease of Society*. Cambridge: Cambridge University Press; 1991.
- Bayer R. *Private Acts, Social Consequences*. New Brunswick: Rutgers University Press; 1991.
- Berger J, Rosner F, Farnsworth P. The ethics of mandatory HIV testing in newborns. *Journal of Clinical Ethics*. 1996;7(1):77-84.
- Bernstein A. The Newsday Interview with Barbara DeBuono. *Newsday* (A23). Mar 27, 1995.
- Bernstein N. The Secret Life of AIDS. *Newsday*. Jan 15, 1993.
- Bernstein N. 'No One Would Tell Me': Wife of AIDS victim was kept in dark. *Newsday*. Jan 15, 1993.
- Bernstein N. Death by Silence: A failure to notify costs lives. *Newsday*. Jan 15, 1993.
- Bernstein N. Doctors' Orders: No Obligation to Warn. *Newsday*. Jan 17, 1993.
- Bernstein N. 'Who Wants to Know They're Going to Die?' *Newsday*. Jan 17, 1993.
- Bernstein N. In Grave Danger: NY's partner-notification policy puts women at risk. *Newsday*. Jan 17, 1993.
- Bunis D, Slackman M. NY Plan: AIDS Test for All Newborns. *Newsday* (A4). Jun 6, 1996.
- Centers for Disease Control and Prevention. Update: HIV Counseling and Testing Using Rapid Tests -- United States, 1995. *MMWR*. 1998; 47(11):211-215.
- Chavkin W, Breitbart V, Wise P. Efforts to reduce perinatal mortality, HIV, and drug addiction: Survey of the states. *Journal of the American Medical Womens Association*. 1995; 50(5):164-166.
- Chavkin W, Breitbart V, Wise P. Finding Common Ground: The necessity of an integrated agenda for women's and children's health. *Journal of Law, Medicine & Ethics*. 1994; 22(3):262-269.
- Conner E. Reduction of maternal-infant transmission of HIV type I with zidovudine treatment. *New England Journal of Medicine*. 1994;331(18):1173-1180.
- Crossley M. Of diagnoses and discrimination: discriminatory nontreatment of infants with HIV infection. *Columbia Law Review*. 1993;93(7):1581-1667.

Curnin K. Newborn HIV screening and NY Assembly bill 6747-B: privacy and equal protection of pregnant women. *Fordham Urban Law Journal*. 1994;21(3):857-926.

Dwyer J. A Silence that Kills Children. *Newsday* (A2). Apr 15, 1994.

Dwyer J. That Dirty HIV Secret. *Newsday*. Jun 1, 1994.

Dwyer J. State Stands by as Babies Die. *Newsday* (A2). Jun 8, 1994.

Dwyer J. Baby Fodder for HIV Data. *Newsday* (A2). Jun 27, 1994.

Dwyer J. A Devastation We Didn't Stop. *Newsday* (A2). May 19, 1995.

Dwyer J. No Silver Lining for AIDS Kids. *Newsday* (A2). Jul 5, 1995.

Dwyer J. HIV Results not Positive. *Newsday*. Jul 14, 1996.

Editorial. State Should Tell Moms Their Infants Have HIV. *Newsday*. Aug 14, 1995.

Editorial. AIDS Babies Deserve Testing. *NY Times* (A16). Jun 27, 1994.

Editorial. AIDS and illiberal measures. *Nature*. 1987; 325:647.

Fleischman A, Dumois A. HIV Testing is not Health Care. *Newsday*. Jan 18, 1994.

Fleischman AR, Farber Post L, Neveloff Dubler N. Mandatory newborn screening for HIV. *Bull of the NY Academy of Medicine*. 1994; 71(1):5-17.

Goodman E. Need Change of Attitude on HIV Testing. *Albany Times Union* (A11). Jul 18, 1995.

Gostin LO, Curran WJ. Legal control measures for AIDS: Reporting requirements, surveillance, quarantine, and regulation of public meeting places. *AJPH*. 1987; 77(2):214-218.

Gostin LO, Webber DW. HIV infection and AIDS in the public health and health care systems: The role of law and litigation. *JAMA*. 1998; 279(14):1108-1113.

Gottfried RN. The Great Importance of Testing Newborns for HIV. *Albany Times Union* (A10). Jan 21, 1994.

Gottfried R. Wiser Moms, Healthier Kids. *Newsday* (A38). Apr 26, 1994.

Gottfried R. Make Counseling Mandatory. *Newsday* (A40). Jun 9, 1994.

- Grondahl P. Screening Eases Baby Disorders. *Albany Times-Union* (G1). Dec 16, 1990.
- Hardy LM, IOM Committee on Prenatal and Newborn Screening. *HIV Screening of Pregnant Women and Newborns*. Wash DC: National Academy Press; 1991.
- Healton C, Messeri P, Abramson D, Howard J, Sorin MD, Bayer R. A Balancing Act: The tension between case-finding and primary prevention strategies in New York State's voluntary HIV counseling and testing program in women's health care settings. *American Journal of Preventive Medicine*. 1996; 12 (4 Supp):53-60.
- Hentoff N. Silence = Death. *Village Voice*. May 11, 1994.
- Hentoff N. Gary Ackerman's Multicultural Liberators. *Village Voice*. May 17, 1995.
- Hentoff N. The Shame of Sheldon Silver. *Village Voice*. Aug 1, 1995.
- Hentoff N. Breakthrough for HIV-Positive Babies. *Washington Post*. July 1996.
- Krasinski K, Borkowsky W, Bebenroth T. Failure of Voluntary Testing for Human Immunodeficiency Virus to Identify Infected Parturient Women in a High-Risk Population (letter to the editor). *New England Journal of Medicine*. 1988; 318(3):185.
- Landesman S, Minkoff H, Holman S, McCalla S, Sijin O. Serosurvey of HIV Infection in Parturients. *JAMA*. 1987; 258(19):2701-2703.
- Lester P, Partridge J, Chesney M, Cooke M. The consequences of a positive prenatal HIV antibody test for women. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*. 1995;10(3):341-349.
- Levin BW, Krantz DH, Driscoll JM, Fleischman AR. The treatment of non-HIV-related condition in newborns at risk for HIV: A survey of neonatologists. *AJPH*. 1995; 85(11):1507-1513.
- Mason-Draffen C. A Vote for AIDS Tests: Nassau recommends screening pregnant women. *Newsday*. Jul 22, 1992.
- Mayersohn N. It's a baby, not a statistic, stupid. News from Assemblywoman Nettie Mayersohn, 27th Assembly District. 1993.
- Mayersohn N. The "Baby AIDS" bill. *Fordham Urban Law Journal*. 1997; 24(4):721-727.
- McFadden RD. David Axelrod, Health Chief Under Cuomo, is Dead at 59. *NY Times* (D14). Jul 5, 1994.

Minkoff H, Willoughby A. Pediatric HIV disease, zidovudine in pregnancy, and unblinding heelstick surveys. *JAMA*. 1995; 274(14):1165-1168.

New York State Public Health Law. AIDS Institute Advisory Council. Article 27-E. Sec 2778; amended 1990.

New York State AIDS Institute. Principles for the Care of Women and Children with HIV Infection (the "Mohonk Principles"). 1990.

New York State Department of Health. HIV counseling and testing of pregnant women and newborns. Memorandum 96-7. Apr 8, 1996.

New York State Department of Health. Maternal-pediatric HIV prevention and care program: HIV counseling and voluntary testing of pregnant women; routine HIV testing of newborns as part of the Comprehensive Newborn Testing Program. Memorandum 97-2. Jan 24, 1997.

New York State AIDS Advisory Council. Report of the Subcommittee on Newborn HIV Screening. February 10, 1994.

New York State Assembly -- Nettie Mayersohn. 1998. <http://assembly.state.ny.us/members/bios/mayersn.html>.

Novick LF, Berns D, Stricof R, Stevens R, Pass K, Wethers J. HIV seroprevalence in newborns in New York State. *JAMA*. 1989; 261(12):1745-1750.

Novick LF. New York State HIV seroprevalence project: Goals, windows, and policy consideration. *AJPH*. 1991; 81(Supp):11-14.

Novick LF, Glebatis DM, Stricof RL, MacCubbin PA, Lessner L, Berns DS. Newborn seroprevalence study: Methods and results. *AJPH*. 1991; 81(Supp):15-21.

Novick LF. HIV seroprevalence surveys: Impetus for preventive activities. *AJPH*. 1991; 81(Supp):15-21.

Perez-Rivas M. The Baby AIDS Bill: On a Crusade -- Lawmaker's Profile Grows. *Newsday*. Mar 31, 1994.

Quindlen A. Take a Good, Hard Look at Infant AIDS Legislation. *Albany Times Union* (A11). Jun 8, 1994.

*R.Z. v Pataki*, Index No. 97-112960 (SupCt NY County, filed July 18, 1997).

Richardson L. HIV Testing Project Draws Complaints. *NY Times*. Jun 16, 1997.

- Riley J. AIDS Baby Bill Favored by GOP Guv Hopeful. *Newsday* (A12). Jun 11, 1994.
- Sack K. Battle Lines Drawn Over Newborn HIV Disclosure. *NY Times* (A23). Jun 26, 1994.
- Sontag D. HIV Testing for Newborns Debated Anew. *NY Times* (A1). Feb 10, 1997.
- Taylor CL. Baby AIDS Test Bill Fizzling: But Deal May be In Works. *Newsday*. May 24, 1994.
- Teare C, English A. Women, girls, and the HIV epidemic. In KL Moss, ed. *Man-Made Medicine: Women's health, public policy, and reform*. Durham, NC: Duke University Press; 1996.
- Truog R. Is 'Informed right of refusal' the same as informed consent. *Journal of Clinical Ethics*. 1996;7(1):87-89.
- Vacco D. Turning a 'Blind' Eye to Dying Babies. *Albany Times Union* (A9). Sep 12, 1995.
- Wiemer B. Conspiracy of Silence Aids AIDS' Spread. *Newsday*. Jul 27, 1992.