

TOM A. COBURN, M.D.
2D DISTRICT, OKLAHOMA

COMMITTEE ON COMMERCE

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HEALTH AND ENVIRONMENT
ENERGY AND POWER

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Congress of the United States
House of Representatives
Washington, DC 20515-3602

September 18, 1995

Chairman Thomas J. Bliley, Jr.
Committee on Commerce
2125 Rayburn House Office Building
Washington, DC 20515-6115

Dear Chairman Bliley,

Thank you for your leadership on the Ryan White CARE Act. I especially appreciate your willingness to include the newborn HIV testing language which I proposed in the final bill.

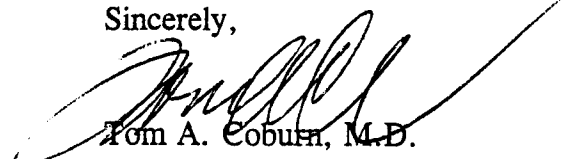
Although this measure was approved by voice vote, I am very concerned that the testing provisions will not survive the conference committee with the Senate. Both Senators Kassebaum and Kennedy of the Labor and Human Resources Committee favor voluntary testing and would be very unlikely to support our mandatory approach.

As you know, voluntary measures have failed. And unless we insist upon mandatory testing, hundreds of babies which could be saved will die painful deaths. It is imperative that this message be made forcefully at the conference.

Therefore, I would request to be named as a conferee to the Ryan White CARE Act conference committee. As a practicing physician, I can provide first hand experience of the benefits of mandatory testing for disease, particularly for the deadly and incurable HIV virus.

Thank you again for your assistance and consideration. I look forward to hearing from you soon.

Sincerely,



Tom A. Coburn, M.D.
Member of Congress

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Congress of the United States
House of Representatives
Washington, DC 20515-3602

September 15, 1995

BABIES HAVE RIGHTS, TOO

Dear Colleague,

Within the next several days, we will consider reauthorization of the Ryan White CARE Act under suspension. As you may know, I intended to offer an amendment which would require HIV testing of all newborns whose mothers' status is unknown. This language will be included in the version of the bill which we will consider. Therefore, final passage of the CARE Act is extremely important if we are committed to stopping the spread of AIDS/HIV and saving the lives of innocent babies.

Studies have shown that the rate of HIV transmission from mothers to infants can be dramatically reduced. Thus, knowing the status of the mother or her baby right away would allow treatment and counseling to begin immediately and prevent an uninformed mother from transmitting HIV to her baby through breast feeding.

Because they believe the mother's confidentiality outweighs her child's welfare, many AIDS groups are opposed to this amendment. They argue that because all infants born to HIV-infected mothers carry the mother's antibodies and not necessarily the virus itself, testing those babies where the mother has not given consent is equivalent to testing the mother. Not surprisingly, most Americans— 79.4% in one recent poll— believe that the life and health interests of the child supersede the privacy rights of the infected mother.

Public health laws already make all sorts of tests mandatory for newborns. As a practicing physician who has delivered over 3,000 babies, I can attest that these tests are always handled with the utmost confidentiality.

If you have any questions, please feel free to contact Roland Foster of my staff at 5-2701.

Sincerely,



Tom A. Coburn, M.D.

Testing Newborns: Policy of Compassion

By Tom Coburn

A legislative proposal I have authored would save the lives of thousands of newborns every year and improve the lives of many others.

This measure would simply require that all newborns be tested for the AIDS virus if the infant's mother was not voluntarily tested during her pregnancy.

How would this save lives?

Some 7,000 babies are born each year in America to HIV-infected women. About 2,000 of these infants test positive for HIV, the virus that causes AIDS.

Almost three out of every four of these babies who initially test positive at birth are merely carrying the mother's antibody and are not yet infected. They are, however, at a terrible risk of becoming infected.

If a mother is not informed that she is HIV-positive, she will almost certainly infect the infant through breast feeding. By identifying infants who carry the HIV antibody, we can prevent such an unfortunate situation.

Even the lives of children who are born infected can be improved with proper treatment, possibly prolonging their lives long enough to give science the chance to find a cure.

We can only help these infants if we discover their status early and begin treatment immediately.

We can prevent even more unborn children from becoming infected if we discover the status of their expectant mothers.



Tom Coburn

Recent medical studies have discovered that the rate of HIV transmission from mothers to children can be reduced by two-thirds if the drug AZT is properly administered to an infected mother during pregnancy and delivery and to her baby for a period after birth.

Since there is no cure for HIV or AIDS, this is the first medical breakthrough to curb the spread of this deadly virus. This is particularly important since the epidemic is spreading faster among women of childbearing age than any other group. More than 60,000 women have been diagnosed with AIDS; about half have been reported in just the past four years.

Although newborn testing makes sound medical sense and passed with wide bipartisan support in the House, the chances of this policy becoming public law are anything but certain.

Politics has overtaken public health when determining AIDS policy.

Current "confidentiality" laws governing AIDS ensure that each year thousands of newborns are sent home from the hospital without anyone — including their parents and doctors — knowing that they are infected with HIV.

Confidentiality when dealing with AIDS has been interpreted to mean that you can't test a newborn without the mother's expressed permission because by testing the child, you are in turn testing the mother. The argument goes that this is an invasion of her privacy. Sadly, by protecting a woman's privacy not to know that she is infected, we have condemned thousands of babies to painful and premature deaths.

The opponents of newborn testing prefer that we settle on voluntary testing. In an ideal world, all pregnant women would undergo testing for HIV. However, this has not been

the case and too many innocents have suffered because of the failure to identify those women who are infected.

This legislation strongly advocates that all pregnant women be counseled and voluntarily tested for HIV. However, it is impossible to convince every pregnant woman to be tested and many other women never receive adequate prenatal care.

State public health laws already make all sorts of tests mandatory for newborns. As the seventh leading cause of death in children aged one to four, it makes sound medical sense to test for HIV, too.

As a practicing physician who has delivered more than 3,000 babies, I have required all of my patients to be tested for HIV and other diseases and I have never had a problem with confidentiality.

Almost every mother-to-be wants to do what is right for her unborn child, but we cannot risk any child's health and well-being by letting him or her slip through the cracks. It is simply immoral and unconscionable to allow even one newborn to go undiagnosed and untreated.

Since the Senate passed a version which does not call for mandatory testing, a conference committee of five senators and five congressmen will decide the fate of this proposal. I have been asked to be part of this conference. As a physician and a father, I will argue forcefully to identify those infants at risk and do what we can to save as many babies as possible.

If this proposal is enacted, we will finally stop treating AIDS as a political issue and start treating the epidemic as the public health issue it is. The lives of countless babies are dependent upon our success.

Tom A. Coburn, M.D., is a U.S. representative of the 2nd District.

TW N-G 2 2-11-96



Christian Coalition

Capitol Hill Office

March 25, 1996

HELP SAVE BABIES LIVES!
SUPPORT THE COBURN/ACKERMAN INFANT TESTING PROPOSAL

Dear Representative:

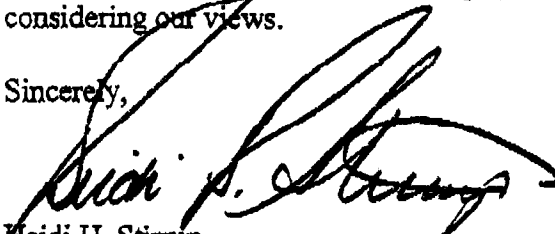
As the conference concludes its consideration of the reauthorization of the Ryan White CARE Act, Christian Coalition urges your support for the Coburn/Ackerman/Waxman amendment dealing with testing of newborn babies for HIV.

Studies have shown that the transmission of HIV from mother to child can be reduced by two-thirds if the drug AZT is administered during pregnancy, labor and six weeks after birth. Knowing the HIV status early on allows treatment to begin immediately in order to prolong and improve the baby's life. Regrettably, relying on voluntary testing has not worked. What this amendment would require is mandatory testing of a newborn only when the mother's status is not known.

Mothers, unaware of their HIV status, can transmit HIV to their babies through breast feeding. AIDS is the seventh leading cause of death in young children ages 1 to 4. Of the 7000 deliveries each year by HIV-infected women, 2000 babies are infected with HIV. This amendment will put in place the necessary requirements for testing and provide access to counseling, treatment and services to improve the health of the child.

On behalf of Christian Coalition, I urge you to support this important provision. Thank you for considering our views.

Sincerely,



Heidi H. Stirrup

Director, Government Relations



12 USA WEEKEND • April 12-14, 1996

NEWS & VIEWS

HIV tests for pregnant women: How you voted in our call-in

A story in the March 8-10 issue ("Mandatory AIDS tests?") examined the debate over testing expectant mothers for HIV, the virus that causes AIDS. We asked readers to tell us whether they favor mandatory HIV testing of all pregnant women, a measure under consideration in some state legislatures. An overwhelming majority, nearly nine in 10, said yes. To vote, readers called a "900" phone line, sent postcards or took our QuickPoll on America Online.

**BOSTON
SUNDAY HERALD**

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Test newborns for HIV

Very few babies (about one in 2,000) are born with the AIDS-producing virus, HIV, which they get from their mothers. There is little hope for these poor creatures — nine out of 10 will never celebrate a fifth birthday.

Yet we can prevent many newborns from getting HIV, and it's tragic that we don't try. Sen. Edward M. Kennedy and his colleagues are in a position to help. We hope they will.

The first step is testing the baby. Seven out of 10 babies born to HIV-positive mothers are free of the virus, but can get it in their mother's milk.

Testing babies is nothing new. Almost all states require a battery of tests for various diseases — for example, PKU, which produces mental retardation but can be prevented by a lifelong special diet.

But agitation by groups upholding "rights" to privacy has kept any state from requiring HIV tests. Last year, these groups brought about the end of a federal blind testing program in which the mother was not told the outcome.

Senate and House negotiators — of which Kennedy is one — have deadlocked over testing in their versions of a renewed Ryan White Act, the government's chief vehicle for financing AIDS care.

A provision in the House bill would require states to test babies whose mothers' HIV status is unknown, provide funds to do so and encourage mothers to volunteer for testing before birth. If treatment with AZT is started early enough in pregnancy and con-

tinued for six weeks after birth, the incidence of HIV infection in the babies can be cut by two-thirds.

The Senate bill would encourage voluntary testing, which certainly deserves emphasis — but hasn't been very effective. Many HIV-infected mothers lead disorganized lives, often because of the drug habits that led to their infections. They simply won't be tested.

Better than a federal mandate would be incentives for the states to act — the pioneering states could provide lessons for the laggards. But testing should not be held up over this quibble. The worst of all would be to do nothing, and the House provision should be accepted without delay. As the senior Democrat on the Senate side, Kennedy could help swing votes this way if he made up his mind to do so. We hope he will.

Prevention is not the only point. Though at present treatment can only prolong life, not save it, medicine often advances by vigorous treatment of fatal diseases — leukemia provides a good example: It's no longer always fatal.

New drugs called protease inhibitors are coming into use which suppress HIV to the point that doctors now can see the possibility of HIV infection becoming a chronic disease that can be managed throughout life, like diabetes, or for that matter, PKU.

HIV babies, the most helpless of humans, deserve our compassion and best efforts. Perhaps future brothers and sisters won't be condemned to short, hopeless lives.

House OKs Coburn Bill to Test Babies for HIV

TW N-8 5-2-96

By Jim Myers
World Washington Bureau

WASHINGTON — The House overwhelmingly gave its final approval Wednesday to a bill that included a compromise version of U.S. Rep. Tom Coburn's controversial proposal on HIV testing for newborns.

Following the House vote of 402-4, Coburn, R-Okla., predicted the Senate would follow suit and approve the measure.

Hammered out in a House and Senate conference committee, the bill for bringing has held up legal action on the Ryan White AIDS Resource Entitlement Act, which authorizes billions of dollars for the nation's primary AIDS treatment program.

Coburn's provision, which calls

for mandatory testing of babies, was much stronger than the voluntary testing proposal passed by the Senate.

He believes his position won.

The agreement reached by House and Senate negotiators would eventually require states to begin mandatory testing of newborns, stated a press release issued by his office.

That mandate would be placed on states, however, only if they went to continue to receive Ryan White funds and if they fail to make "dramatic" reductions in the number of AIDS babies born within 18 months.

States would be compelled to enact the Centers for Disease Control guidelines regarding HIV and pregnant women.

Coburn's provision also but in-
surance companies from discrim-

inating against people found to be carrying HIV, the virus that causes AIDS. It would require spouses of people with HIV to be notified.

The bill, which is headed for the Senate and House floors, also authorizes \$10 million to fund the programs.

"This compromise was a caring approach that says public health policy should be about saving the lives of newborns," said Coburn, a physician who has delivered thousands of babies.

"There is nothing more heart-breaking than to deliver a new life that you know will be shortened. We have an obligation to try to (give) these infants a chance for life."

He said once infants are identified as being infected with the human immunodeficiency virus, they can be treated with the drug

AZI.

The American Medical Association and the National Governors Association reportedly opposed Coburn's provisions.

They argued that testing of newborns is not necessary and does not offer any real solution.

Less than one-quarter of all babies born to HIV-infected mothers have developed the disease, even though they may test positive for the virus.

AIDS, acquired immune deficiency syndrome, is a fatal disease spread through blood and sexual fluids and from mother to fetus.

The virus gradually destroys the body's immune system, leaving the person vulnerable to diseases. People may live for years with the infection before developing any symptoms.

The Washington Post

AIDS Testing Compromise Is Reached

Hill Negotiators Agree On Prenatal Program

By Helen Dewar
Washington Post Staff Writer

House and Senate negotiators agreed yesterday to a new program aimed at encouraging pregnant women to be tested for the virus that causes AIDS but requiring mandatory testing of newborn infants if the voluntary effort fails.

Under the HIV testing compromise, tests would be required for newborns by the year 2000 for states that have not demonstrated success in testing pregnant women or in curbing the number of children born with parental-caused HIV infection.

The agreement broke an impasse over a House-approved proposal to require newborn testing that held up a five-year reauthorization of the Ryan White CARE program. Under the program, named after an Indiana teenager with hemophilia who died after contracting AIDS through a blood transfusion seven years ago, \$738 million in spending for treatment and support for AIDS victims has been appropriated for this year.

Senators, with support from physicians, governors and AIDS organizations, favored voluntary efforts over mandatory infant testing. One argument against mandatory testing of newborns is that it violates privacy rights; another is that the pre-birth testing of mothers is preferable because it leads to treatments that reduce risk of infection for their children.

"Medical technology today enables us to greatly reduce the chance that an HIV-positive mother will pass HIV to her newborn if she receives proper treatment prior to delivery," said Senate Labor and Human Resources Committee Chairman Nancy Landon Kassebaum (R-Kan.). "This is why I felt it was critical to focus our federal resources on voluntary testing of mothers rather than testing newborns when it would be too late to try to prevent most HIV transmission."

Many doctors already urge testing for pregnant women, especially if they are deemed at risk for infection, and drugs can be prescribed to reduce the risk that these women will pass the AIDS virus on to their children.

The House-Senate agreement, which is subject to final approval by both houses, provides \$10 million a year to assist states in implementing guidelines from the Centers for Disease Control for voluntary HIV testing, counseling and treatment of pregnant women.

Toward the end of 1998, the secretary of health and human services is to determine whether mandatory testing of newborns has become standard medical practice. If it has become common practice, states would have to show by 2000 that they have reduced by 50 percent the number of newborns who develop AIDS as a result of parental infection or that 95 percent of pregnant women who make at least two prenatal visits are seeking to be tested.

If states do not meet at least one of these tests, they would have to require tests for all newborns whose mothers have not undergone prenatal HIV testing or face loss of their federal AIDS funding under the Ryan White legislation.

House overwhelmingly passed the compromise measure last night, and Kassebaum said the Senate will act on it shortly. President Clinton supported reauthorization of the program.

The Washington Post

AN INDEPENDENT NEWSPAPER

Mom's Privacy or Baby's Welfare?

FOR MORE THAN a year, Congress has failed to provide guidance on the divisive matter of testing mothers and newborn babies for HIV infection. This week an agreement was reached that is less decisive than it should have been but at least is an improvement over current practice.

Many people working to control AIDS believe as follows: Nothing should be mandatory; pregnant women should be counseled about the disease and its potential effect on their babies, but only if they voluntarily agree; no tests should be required of anyone; and the results of tests taken as part of a sample used for statistical purposes should remain secret—even from the mothers. Others, admittedly more concerned about the babies' welfare than the mothers' privacy, argue that while counseling and voluntary testing are fine, all infants whose HIV status is unknown should be tested at birth and the results made known to parents, guardians and primary medical care givers. They are right.

Infants who are HIV positive need a different kind of care. They should not be breast-fed by an HIV-positive mother, for example. They should not receive routine vaccinations of the same kind and on the same schedule as unaffected children. Great care must be taken to protect them from other infections, such as pneumonia and tuberculosis. And foster parents, who care for many of these children, must

know about this special problem. And while it recently has been proved that AZT therapy given before and during labor to infected mothers and thereafter to their babies cuts the risk of HIV infection by two-thirds, some variation of this treatment given only to the baby after birth may prove beneficial. Balancing all this against a mother's right to privacy, we believe, makes a choice easy.

Instead, there is a compromise. All pregnant women—not only those in high-risk groups—are to be offered counseling and testing. And the states are to compile and report statistics on mother-to-baby HIV transmission to the Centers for Disease Control. That's all fine so far. But it does not deal with the problem of mothers who do not want to know their HIV status and will object to the testing of their children. Congress puts that off until the year 2000, when the testing of infants will become mandatory unless the rate of transmission is cut in half, or if 95 percent of pregnant women receiving prenatal care have agreed to be tested. As for the HIV-positive babies born between now and the end of the century—between 6,000 and 7,000 a year, if current rates continue—some will receive the medication and special care they need. Unfortunately, many others whose status will be unknown will not be helped at all. That's what's so wrong with the compromise.

Law Requires Giving Results Of H.I.V. Tests Of Newborns

By RAYMOND HERNANDEZ

ALBANY, June 26 — Ending one of the fiercest legislative battles in years, Gov. George E. Pataki signed a bill today that requires health officials to tell parents the results of the H.I.V. tests that the state routinely performs on all newborns.

The state now tests newborns for H.I.V., the virus that causes AIDS, primarily to track the spread of the disease, but parents are not told if the infants test positive unless they request the results.

The issue of mandatory disclosure has been bitterly debated in New York and across the country for years. Proponents contend that disclosure would result in quicker and better medical care for infected infants. But opponents argue that that such a policy violates the privacy of mothers and amounts to mandatory H.I.V. testing for them.

The law was prompted in part by recent efforts in Congress to require states to begin mandatory H.I.V. testing of newborns, with the results disclosed to parents, unless state health officials can somehow reduce the number of infected infants born in the next few years.

The House and Senate passed bills last month that would cut off Federal money for AIDS treatment to states that fail to comply with the requirements. New York receives more than \$150 million a year from the Government to treat people with AIDS.

Proponents of mandatory testing for newborns praised the law. They have argued that hundreds of new parents leave hospitals each year not knowing that their babies have tested positive for the virus.

A positive H.I.V. test in a newborn does not necessarily mean the child has the virus. The infant could simply be carrying the mother's antibodies. Studies have shown that only one quarter of newborns who test positive at birth are infected.

THE NEW YORK TIMES

A positive H.I.V. test in a newborn does not necessarily mean the child has the virus. The infant could simply be carrying the mother's antibodies. Studies have shown that only one quarter of newborns who test positive at birth are infected.

A positive test in a newborn does mean, however, that the mother is infected. So there are several public health arguments for testing, most important that the mother can avoid breast feeding or other contact that could transmit the virus to an uninfected child.

"This is a landmark piece of legislation," said Nettie Mayersohn, a Queens Democrat who sponsored the Assembly legislation. "It will end the discrimination against AIDS babies by allowing them to access the same state-of-the-art medical treatment that adult victims of AIDS are rightfully demanding and receiving."

Nearly eight months ago, Governor Pataki adopted a measure that allowed the Health Department to offer parents the results of the tests to track the AIDS virus. Parents could refuse the information.

Barbara Ann DeBuono, State Health Commissioner, said today that in May, 28 women whose babies tested positive went home unaware of their children's status because they did not request the results.

"Unfortunately, those women left the hospital without knowing their babies' H.I.V. status," she said during a bill-signing ceremony this morning. "This landmark legislation changes that. Each and every mother will be given the information."

The law was attacked by foes of mandatory testing of newborns, who include medical associations, advocates for people with AIDS, advocates for women and civil libertarians. They said the law leads to forced testing of new mothers, because a positive test result in a newborn means that the mother is infected and that the baby may be.

The critics also argued that involuntary testing could cause women who are already leery of the medical system to shun treatment for themselves and their children. They contend that it would be more productive to offer every pregnant woman voluntary H.I.V. testing with the assurance that she and her child would be guaranteed appropriate medical care if they test positive.

Mary Armao McCarthy, the executive director of the New York chapter of the American College of Obstetricians and Gynecologists, said the voluntary approach had another advantage. She said studies have shown it is possible to prevent AIDS in babies if an infected woman takes a powerful AIDS drug during pregnancy.

Until now, New York's rules required written consent for all H.I.V. tests except those performed anonymously. But the new law says the mother's written consent will no longer be needed before her newborn is tested and the results disclosed to her.

The proposed legislation marked a drastic shift on the part of the State Assembly, whose Democratic majority had rejected a similar proposal last year because of pressure from liberal groups opposed to the legislation. Sheldon Silver, the Assembly Speaker, was notably absent from today's bill-signing ceremony.

But Thomas M. Reynolds, the leader of the Assembly's Republican minority, attended and praised his party's role in passing the legislation.

Doctors' Group Backs Testing All Pregnant Women for AIDS

CHICAGO, June 27 (AP) — In a surprising turnaround on an explosive issue, the American Medical Association today endorsed mandatory testing of all pregnant women and newborns for the AIDS virus.

The association had long supported voluntary testing because there was little doctors could do to treat a pregnant woman infected with the virus, H.I.V. That changed with the realization that the drug AZT can sharply reduce a woman's risk of passing the virus to her fetus.

The issue has remained an explosive one, however, with AIDS activists, civil libertarians and some women warning that such tests would invade women's privacy and lead to job discrimination.

The doctors' association's policy carries no legal weight, and the group did not specify whether action should be taken at the state or Federal level. But with 296,000 members, about half the nation's doctors, the group's policies can influence both lawmakers and public opinion.

The close vote of 185 to 181 by the association's policy-making House of Delegates reflected the fear among many doctors that making the test mandatory would also discourage women most at risk for AIDS from seeking prenatal care.

Those concerns were outweighed by what some members of the asso-

ciation saw as an opportunity to save more newborns from AIDS.

"We have learned enough about the disease to know that the differences in those who are treated versus those who are not treated cuts by two-thirds the risk to the unborn child," said Dr. Robert E. McAfee, a trustee and former president of the medical group.

The vote was immediately criticized by another doctors' group.

"Mandatory testing will prevent people from coming to see a doctor," said Dr. Stanley Zinberg, director of practice activities for the American College of Obstetricians and Gynecologists, which like the American Academy of Pediatrics favors voluntary testing. Dr. Zinberg said he knew of no legal requirement in any state for testing pregnant women. President Clinton signed a law in May that would require mandatory testing of newborns if too few pregnant women agree to voluntary testing.

Delegates here who supported mandatory testing noted that when AZT was given to H.I.V.-infected women in the 14th week of pregnancy and also to their newborns for a few weeks after birth, the rate of infection in babies dropped to 8 percent from 25 percent. Currently, about 1,600 newborns get infected by their mothers each year in this country.

TOM A. COBURN, M.D.
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June 27, 1996

AMA: TEST ALL PREGNANT WOMEN FOR HIV

Dear Colleague,

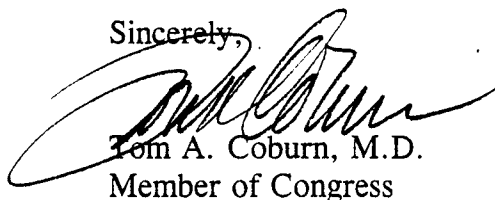
Today the *American Medical Association* (AMA) voted to protect the health of women and children by requiring HIV tests for all pregnant women. This resolution builds upon the Baby AIDS compromise that was signed into law earlier this year as part of the Ryan White CARE Act.

Studies have proven that we can reduce the chance of HIV transmission from mothers to children by **two-thirds** if the drug AZT is administered in pregnancy, during labor and for six weeks after birth. But only by knowing the status of an expectant mother can we help her and her child.

This policy, now endorsed by the medical community, has been overwhelming supported by the American public, but opposed by every AIDS organization with the exception of *Americans for a Sound AIDS/HIV Policy* (ASAP).

Finally, we have begun to address the HIV epidemic with sound medical science.

Sincerely,



Tom A. Coburn, M.D.
Member of Congress

TAC: rf

AMA Backs Mandatory HIV Testing Of Pregnant Women and Newborns

Associated Press

CHICAGO, June 27—In a surprising turnaround on an explosive issue, the American Medical Association today endorsed mandatory testing of all pregnant women and newborns for the AIDS virus.

The AMA had long favored voluntary testing because there was little doctors could do to treat a pregnant woman infected with HIV. That changed with the discovery that the drug AZT can dramatically reduce a woman's risk of passing the virus on to the fetus.

The issue has remained an explosive one, however, with AIDS activists, civil libertarians and some mothers warning such tests would invade women's privacy and lead to job discrimination.

The extraordinarily close 185 to 181 vote by the AMA's policy-making House of Delegates reflected the fear among many

doctors that making the test mandatory would also discourage women most at risk for AIDS from seeking prenatal care.

Those concerns were outweighed by what some AMA members saw as an opportunity to save more newborns from AIDS.

"We have learned enough about the disease to know that the differences in those who are treated versus those who are not treated cuts by two-thirds the risk to the unborn child," said Robert E. McAfee, an AMA trustee and former president.

AMA policy carries no legal weight, and the group did not specify whether action should be taken at the state or federal level. But with 296,000 members, about half the nation's doctors, the group's policies can influence both lawmakers and public opinion.

Currently, about 1,600 U.S. newborns are infected with HIV by their mothers each year.

AIDS/STD News Report

Legislation • Funding • Grant Tips • R&D • News

Washington: July 5, 1996

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RYAN WHITE FUNDING

AMA Want Mandatory HIV Testing; Coburn Persuades Oklahoma Doctors

The compromise on HIV-testing for pregnant women and newborns under the re-authorized Ryan White CARE Act has not stopped Rep. Coburn (R-Okla.) from pushing forward his plan for mandatory testing.

Fellow doctors from Coburn's home state of Oklahoma have also convinced the American Medical Association to support mandatory HIV-testing for pregnant women and newborns. The vote passed the AMA's policy making House of Delegates by a narrow 185 to 181 margin.

"Obviously, (Coburn) has some interest in this. And I think it's safe to say he was working behind the scenes," a House staffer tells us.

Still, an Oklahoma State Medical Assn. official says the policy change is based on proof that AZT significantly reduces the chance of mother-to-infant HIV-infection, not Coburn's influence.

"Clearly testing reduces the risk," Executive Director Mike Sulzycki says. "From a medical perspective, if doctors see a way to help someone they will. It's logical. I think the consensus is children have some rights too."

The change in policy created widespread criticism of the AMA by community HIV/AIDS care providers who say mandatory testing will only drive away the women who most need HIV counseling.

"I still think we have a better chance with voluntary testing," says Bill Pierson of the Oklahoma Health Dept. "We just started training nurses on how to make pregnant women feel comfortable with testing and see the test in a positive way. We want women to feel this is just another test on the way to having a health baby."

The AMA recommendation carries no legal authority and will not affect new testing guidelines under the

WASHINGTON WATCH:

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CARE Act, says a Health Resources and Services Administration staffer.

As part of a compromise between Coburn and Sen. Kassebaum (R-Kan.), states qualifying for CARE money must reduce HIV in newborns by 50% or prove 95% of all pregnant women are tested by 2000.

"First you have to get the women in the clinic. If you tell every single woman they must be tested, they won't show up," says Jeanne Caldwell, a case manager at Northwest Pennsylvania Rural AIDS Alliance.

"I think that's anecdotal," Sulzycki says. "This will not scare away women. Pregnant women have a responsibility to themselves and their children. We need to stop talking about HIV in a political sense and start talking about HIV from a pure medical standpoint."