

AIDS Foundation OF CHICAGO

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Written Testimony to the House Health Care Availability and Access Committee On Implementation of the 2003 Perinatal HIV Prevention Act (PA 93-566)

Respectfully Submitted on May 3, 2005 by David Ernesto Munar,
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Founded in 1985 by community activists and physicians, the AIDS Foundation of Chicago (AFC) is a local and national leader in the fight against HIV/AIDS. We collaborate with community organizations to develop and improve HIV/AIDS services; fund and coordinate prevention, care, and advocacy projects; and champion effective, compassionate HIV/AIDS policy. Our mission is to lead the fight against HIV/AIDS and improve the lives of people affected by the epidemic.

In the United States, efforts to prevent mother-to-child HIV transmission have proved highly successful. In the early 1990s, before the availability of effective HIV treatments, an estimated 1,000 to 2,000 infants were born with HIV each year. Thanks to applied clinical research findings, advances in HIV medicine, and state and federal support for HIV/AIDS-related care, the number of annual perinatally-acquired HIV cases has declined by more than 80% in the past decade. According to the Centers for Disease Control and Prevention (CDC), annual cases of mother-to-child HIV transmission now number between 280 and 370. Current estimates are that 6,000 to 7,000 HIV-positive women deliver each year. Annual mother-to-child HIV transmission rates have declined from a high of 20% to 25% before 1994, to 2% and lower in 2001-02.

According to experts, further progress reducing perinatal HIV requires a sustained and expanded commitment to the following:

- **Universal access to prenatal care.** Prenatal care is linked to better health outcomes for pregnant women and their children. All pregnant women should be counseled about the benefits of HIV testing to them and their unborn children and offered voluntary testing. The offer of HIV testing should be repeated for women at high risk of HIV infection. HIV-positive pregnant women who gain access to prenatal care and who receive the standard of care in HIV monitoring and therapy can dramatically reduce their chances of transmitting HIV to their newborns.
- **Specialized support services for HIV-positive pregnant women.** HIV-positive pregnant women with irregular access to medical care and other life challenges such as low-income, domestic violence, and/or substance abuse can benefit from specialized, confidential case management, housing, medical care, nutritional assistance, and other support services to achieve greater stability, continuity of HIV-related medical care, and medication adherence. These services should begin early in a woman's pregnancy and continue at least six months after the birth of the woman's child.
- **Healthcare provider training and technical assistance.** Because HIV medical care is increasingly complex, obstetric, gynecological, and pediatric providers should receive

training and technical assistance on such issues as prevention of mother-to-child HIV transmission, counseling and voluntary testing, standards of HIV care, newborn HIV prevention, and other topics. In low prevalence settings, healthcare providers should be afforded ready access to technical assistance by HIV specialists in order to provide the highest standard of care.

- **Rapid testing in labor and delivery and in the newborn setting.** Women in labor who present with undocumented HIV status should be offered rapid HIV screening in order to provide medical interventions to reduce perinatal transmission if she is HIV-positive. Newborn screening has also been proved successful in instances where HIV status was not obtained previously.
- **Comprehensive and science-based sex education, prevention education, and reproductive health services.** Medically accurate and comprehensive sex education has been shown to delay sexual debut among young people and increase their use of contraception when they do become sexually active. Science-based HIV prevention education tailored to women and girls is essential to educate them about HIV/AIDS; ways to avoid HIV, STDs, and pregnancy; and the benefits of HIV testing and treatment services if they have engaged in high-risk behaviors. Interventions for boys and men are also necessary to promote use of condoms to avoid pregnancy and prevent against HIV and other sexually transmitted diseases.

Over the past three years, public and private entities in Illinois have worked together to make steady progress against perinatal HIV. Recent accomplishments include:

- **Passage of the 2003 Perinatal HIV Prevention Act (Public Act 93-566).** AFC applauds members of the 93rd General Assembly and Governor Rod Blagojevich for enacting legislation to immediately require universal HIV counseling and the offer of voluntary HIV testing to pregnant women in prenatal care and labor and delivery settings. The law also allows newborn screening for cases of undocumented HIV status unless a parent refuses. Recognizing that the majority of pregnant women screened will test HIV-negative but remain at sexual risk for HIV, the law requires the provision of HIV counseling, and stipulates documentation in the patient's medical record that counseling was provided and voluntary testing was offered. An unprecedented coalition of obstetricians/gynecologists, pediatricians, hospitals, women's groups, medical associations, and AIDS organizations came together to inform the language of the legislation and seek its passage. The law became effective on August 20, 2003.
- **In 2003, the Illinois Department of Public Health launches the Perinatal Rapid Testing Implementation (PRTI) initiative.** In order to implement Public Act 93-566, IDPH subcontracted with the Pediatric AIDS Chicago Prevention Initiative (PACPI) and the Midwest AIDS Training and Education Center. The goals of the initiative are to:
 - train staff in each of the state's birthing hospitals on rapid HIV testing procedures and proper counseling methods,
 - provide hospitals technical assistance in establishing protocols to offer rapid testing to women entering labor with unknown HIV status, and
 - monitor implementation of the law through data collection, which allows IDPH to identify implementation problems early and deploy the necessary technical assistance and support to remedy the problems.

The initiative receives in-kind support from CDC, the Chicago Department of Public Health, Northwestern Memorial Hospital, Pediatric AIDS Chicago Prevention Initiative, and Stroger Hospital. PRTI is making steady progress in educating hospital staff and equipping all of the

state's birthing hospitals to provide high-quality rapid HIV testing services. The initiative is the most effective way for IDPH to implement the Perinatal HIV Prevention Act.

- **The Pediatric AIDS Chicago Prevention Initiative (PACPI) establishes a statewide hotline for patients and providers, and sponsors educational seminars and intensive case management services for HIV-positive pregnant women.** A private, non-profit project of Pediatric AIDS Chicago, PACPI is helping HIV-positive pregnant women in the Chicago area achieve stability and better health outcomes through educational seminars and intensive case management services. The organization also providing a statewide hotline for patients and medical providers who need technical assistance from HIV/AIDS experts in obstetrics and gynecological medical care.
- **Nationally significant research at Cook County's Stroger Hospital on rapid HIV testing in labor and delivery informs implementation of Public Act 93-566.** CDC-funded research on the feasibility of rapid testing in labor and delivery, published in the July 2004 *Journal of the American Medical Association* by Dr. Mardge Cohen of Stroger Hospital and co-authors, concludes that rapid HIV testing can be administered successfully to women in labor and can contribute to dramatic reductions in the number of infants who are born HIV-positive.
- **IDPH promulgates new regulations expanding the use of HIV rapid tests results in labor and delivery.** In October 2004, IDPH publishes new regulations expanding the use of rapid HIV testing in the labor and delivery setting and for instances of occupational exposure in order to prevent the further spread of HIV. The new rules allow the release of preliminary, unconfirmed results to women in labor and/or in instances of occupational exposure to determine whether preventative therapies should be immediately administered.
- **In May 2005, IDPH is expected to publish in the *Illinois Register* draft regulations for Public Act 93-566.** IDPH will accept public comments to the first draft of the rules for 45 days.

Recommendations:

- The State of Illinois should sustain and expand state funding for the Perinatal Rapid Testing Implementation (PRTI) initiative.
- Through PRTI and other data collection methods, IDPH should regularly assess existing training needs and population-based trends in access to rapid testing and standard of care to deploy technical assistance and other appropriate services.
- The State of Illinois should identify new state funding for a full continuum of science-based prevention services to reach children, adolescents, young adults, and older adults at risk for HIV infection, with an emphasis on interventions designed to increase condom use among sexually active adults and adolescents. Illinois should continue to support efforts to reduce racial and ethnic health disparities.

For more information, visit the AIDS Foundation of Chicago online at www.aidschicago.org or contact AFC's State Affairs Director John Peller at 312-719-6208.