



DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

Center for Medicaid and State Operations
7500 Security Boulevard
Baltimore, MD 21244-1850

September 10, 1995

Dear State Medicaid Director:

The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) recently issued a joint statement that recommends an aggressive strategy to ensure that all pregnant women receive HIV education and counseling as part of their regular prenatal care. The joint statement also recommends HIV testing of consenting pregnant women in light of the availability of treatments that significantly reduce HIV transmission from mother to infant, and to protect the health of the newborn

This statement was developed in response to the recently issued recommendations of the Centers for Disease Control (CDC) that pregnant women receive HIV counseling which should "include information regarding the risk of HIV infection associated with sexual activity and injecting drug use, the risk for transmission to the woman's infant if she is infected, and the availability of therapy to reduce this risk." (Source: MMWR 1995-44, No. RR-7) The CDC further states that knowledge of HIV infection during pregnancy can permit treatment before the onset of opportunistic infections and disease progression, as well as early identification and treatment of HIV-exposed infants.

The AAP/ACOG actions strongly suggest that these services should be considered part of the routine standard of care for pregnant women. In our continuing effort to ensure that Medicaid eligible individuals have access to appropriate care based on contemporary standards, we bring these developments to your attention and strongly encourage all States to cover HIV counseling and education, as well as voluntary and informed testing, for pregnant women who are Medicaid eligible. You may wish to review the covered services under your Medicaid plan to determine whether any action is appropriate in your state.

Please feel free to contact me or the Associate Regional Administrator for Medicaid in your HCFA Regional Office, if you require additional information.

Sincerely,

/s/

Sally K. Richardson
Director
Medicaid Bureau

Attachments

cc:

All Regional Administrators
All Associate Regional Administrators,
Division of Medicaid Director, Health Policy Unit, American Public Welfare Association
Director, Health Committee,
National Conference of State Legislatures
Senior Policy Analyst, Human Resources Group, National Governor's Association
Association of Maternal and Child Health Programs

**JOINT STATEMENT
OF
THE AMERICAN ACADEMY OF PEDIATRICS
THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS**

The HI V/AIDS epidemic is increasing in women of childbearing age and spreading beyond previously defined risk groups and geographic areas. This increase has been paralleled by a similar increase in children. We applaud congressional concern for and support of efforts to prevent the spread of the AIDS epidemic, but urge that the emotion of this complex issue not overshadow the doctor/patient relationship which is the foundation to providing effective and efficient medical care to these women and children.

As the primary caretakers of this population both the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) strongly believe that the answer lies in an aggressive HIV education and counseling initiative, not in governmental medical protocols. The best defense is a strong offense. We recommend that all pregnant women should receive HIV education and counseling as part of their regular prenatal care. We further recommend HIV testing in all pregnant women with their consent. In the event of refusal of testing this should be documented.

Clear medical benefits of knowing the HIV status of pregnant women and newborns have been documented. Treatments are currently available to significantly reduce the HIV transmission from mother to infant (zidovudine/AZT). This finding represents the most important medical breakthrough in this area in recent years. In addition, the lives of the infants, not protected by the AZT treatments in utero, may be

prolonged by initiating medical care within the first months of life. For newborns whose mother's HIV status was not determined during pregnancy, the infant's health care provider should educate the parent(s) concerning HIV testing and recommend HIV testing for the newborn.

We believe that this is the most viable and prudent approach in resolving this important issue. We welcome the opportunity of working with policy makers in this regard.