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BILL: Senate Bill 211 - Public Health - Giving Infants a Future Without Transmission (GIFT) Act

DATE: February 8, 2024

POSITION: FAVORABLE

COMMITTEE: Finance

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Annapolis Pride's mission is to advocate for, empower, and celebrate the LGBTQ+ community in Anne Arundel County to live fully and authentically. Our vision is a safe, equitable, and anti-racist community where people of all identities thrive.

As such, Annapolis Pride supports Senate Bill 211, which takes important steps towards protecting the health and well-being of newborns by improving the identification and treatment of HIV and syphilis in pregnant individuals. This legislation requires healthcare providers to report the pregnancy status of individuals diagnosed with HIV and/or syphilis-positive individuals and facilitates timely identification of pregnant individuals and newborns at risk. Early diagnosis allows for the immediate administration of appropriate treatments, significantly reducing the risk of transmission.

Without intervention, the unfortunate reality is that one-third of babies born to HIV and/or syphilis-positive individuals will contract the virus, facing a lifelong battle with its consequences.¹ This is a preventable tragedy, not a statistic we should accept.

However, achieving true well-being for our community requires addressing systemic issues beyond Senate Bill 211. While we strongly support its efforts to protect newborns and pregnant individuals through improved HIV and syphilis identification and treatment, we must recognize that the current criminalization of HIV disproportionately harms LGBTQ+ individuals, particularly within communities of color. Therefore, in addition to supporting Senate Bill 211, Annapolis Pride urges this committee to also champion the decriminalization of HIV.

Accordingly, Annapolis Pride respectfully requests a favorable committee report on Senate Bill 211.

¹ McIntyre, J., & Gray, G. (2002). What can we do to reduce mother to child transmission of HIV?. *BMJ (Clinical research ed.)*, 324(7331), 218–221.
<https://doi.org/10.1136/bmj.324.7331.218>