

118TH CONGRESS
2D SESSION

H. R. 8839

To require the Secretary of Health and Human Services to issue guidance to States on best practices for screening and treatment of congenital syphilis under Medicaid and the Children’s Health Insurance Program.

IN THE HOUSE OF REPRESENTATIVES

JUNE 26, 2024

Ms. CARAVEO (for herself, Mr. CISCOMANI, Ms. NORTON, Ms. CLARKE of New York, Mr. CARSON, and Mr. COHEN) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To require the Secretary of Health and Human Services to issue guidance to States on best practices for screening and treatment of congenital syphilis under Medicaid and the Children’s Health Insurance Program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Maternal and Infant
5 Syphilis Prevention Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) In 2022, there were 207,255 total syphilis
2 cases in the United States, representing an 80 per-
3 cent increase since 2018 and continuing a decades-
4 long upward trend.

5 (2) Untreated, syphilis can seriously damage
6 the heart and brain and can cause blindness, deaf-
7 ness, and paralysis.

8 (3) The increased rise in syphilis cases is caus-
9 ing the rise in congenital syphilis with more than
10 3,700 cases documented among newborns in 2022,
11 more than 10 times the number diagnosed in 2012.

12 (4) When transmitted during pregnancy, con-
13 genital syphilis can cause miscarriage, lifelong med-
14 ical issues, and infant death. Congenital syphilis can
15 present health issues for babies at birth, including
16 neonatal death, meningitis, anemia, and problems
17 with the spleen and liver. If not treated, congenital
18 syphilis can cause bone and joint problems, vision
19 and hearing problems, issues with the nervous sys-
20 tem, and developmental delays.

21 (5) High incidence rates of congenital syphilis
22 are often due to lack of timely testing or inadequate
23 treatment during pregnancy. Timely syphilis testing
24 and treatment during pregnancy might be able to

1 prevent almost 90 percent of congenital syphilis
2 cases.

3 (6) Requirements for syphilis screening among
4 pregnant women varies by State. The majority of
5 States require syphilis screening in the first visit,
6 significantly less States require syphilis screenings
7 during the third trimester or at delivery.

8 (7) Screening during the third trimester and at
9 delivery can lead to earlier detection of congenital
10 syphilis and prevent adverse health outcomes for
11 mothers and newborn infants.

12 (8) Increased awareness and education are crit-
13 ical in reducing syphilis among pregnant women to
14 prevent congenital syphilis.

15 **SEC. 3. GUIDANCE TO STATES AND TECHNICAL ASSIST-**
16 **ANCE UNDER MEDICAID AND CHIP.**

17 (a) IN GENERAL.—Not later than 12 months after
18 the date of enactment of this section, the Secretary shall
19 issue guidance to State Medicaid agencies on best prac-
20 tices with respect to actions that States may take, includ-
21 ing by using waivers under section 1115 of the Social Se-
22 curity Act (42 U.S.C. 1315) and authorities under title
23 XIX of such Act (42 U.S.C. 1396 et seq.) and title XXI
24 of such Act (42 U.S.C. 1397aa et seq.), for the following
25 purposes:

1 (1) Improving access to expand syphilis screen-
2 ing for pregnant women and babies.

3 (2) Best practices for educating medical profes-
4 sionals and pregnant women with respect to syphilis.

5 (3) Strategies for integrating telehealth services
6 and training for providers and patients on the use
7 of telehealth, including working with interpreters to
8 furnish health services and providing resources with
9 respect to congenital syphilis in multiple languages.

10 (4) Best practices for increasing testing for
11 syphilis in the third trimester and at delivery.

12 (5) Improving treatment for syphilis and con-
13 genital syphilis.

14 (b) DEFINITIONS.—In this section:

15 (1) MEDICAID.—The term “Medicaid” means
16 the program established under title XIX of the So-
17 cial Security Act (42 U.S.C. 1396 et seq.).

18 (2) SECRETARY.—The term “Secretary” means
19 the Secretary of Health and Human Services.

20 (3) STATE.—The term “State” has the mean-
21 ing given such term in section 1101(a)(1) of the So-
22 cial Security Act (42 U.S.C. 1301(a)(1)) for pur-
23 poses of titles XIX and XXI of such Act.

24 (c) REPORT TO CONGRESS.—Not later than 2 years
25 after the date of the enactment of this Act, the Secretary

1 shall submit to the Committee on Energy and Commerce
2 of the House of Representatives and the Committee on
3 Health, Education, Labor and Pensions of the Senate, and
4 shall make publicly available, a report analyzing the imple-
5 mentation by States of the best practices described in sub-
6 section (a).

