.....

(Original Signature of Member)

119TH CONGRESS
1ST SESSION

H. R. _____

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

IN THE HOUSE OF REPRESENTATIVES

Mr. CISCOMANI introduced the following bill; which was referred to the Committee on _____

A BILL

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

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Maternal and Infant Syphilis Prevention Act''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) In 2023, there were 209,253 cases of syphilis in the United States, the highest number since 1950. This represents an 80 percent increase since 2018 and continuing a decades-long upward trend.

(2) Untreated, syphilis can seriously damage the heart and brain and can cause blindness, deafness, and paralysis.

(3) The increased rise in syphilis cases is causing the rise in congenital syphilis with more than 3,882, a 3 percent increase from 2022, resulting in 252 stillbirths and 27 infant deaths. The cases are more than 10 times the number diagnosed in 2012.

(4) When transmitted during pregnancy, congenital syphilis can cause miscarriage, lifelong medical issues, and infant death. Congenital syphilis can present health issues for babies at birth, including neonatal death, meningitis, anemia, and problems with the spleen and liver. If not treated, congenital syphilis can cause bone and joint problems, vision and hearing problems, issues with the nervous system, and developmental delays.

(5) High incidence rates of congenital syphilis are often due to lack of timely testing or inadequate treatment during pregnancy. Timely syphilis testing

and treatment during pregnancy might be able to prevent almost 90 percent of congenital syphilis cases.

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

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

(8) Increased awareness and education are critical in reducing syphilis among pregnant women to prevent congenital syphilis.

SEC. 3. GUIDANCE AND TECHNICAL ASSISTANCE UNDER STATE MEDICAID PROGRAMS AND STATE CHIPS.

(a) IN GENERAL.—Not later than 12 months after the date of enactment of this section, the Secretary shall issue guidance to State agencies responsible for administering State Medicaid programs, State CHIPs, or both such programs, the Indian Health Service, Indian Tribes, tribal organizations, and Urban Indian organizations, on best practices with respect to actions that State Medicaid

programs, State CHIPs, Indian health programs, and urban Indian health programs operated by an urban Indian organization pursuant to a grant or contract with the Indian Health Service pursuant to title V of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.) may take, including by using waivers under section 1115 of the Social Security Act (42 U.S.C. 1315) and authorities under title XIX of such Act (42 U.S.C. 1396 et seq.) and title XXI of such Act (42 U.S.C. 1397aa et seq.), for the following purposes:

(1) Improving access to expand syphilis screening for pregnant women and babies.

(2) Best practices for educating medical professionals and pregnant women with respect to syphilis.

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

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

(5) Improving treatment for syphilis and congenital syphilis.

(b) DEFINITIONS.—In this section:

(1) INDIAN TRIBE, TRIBAL ORGANIZATION, URBAN INDIAN, URBAN INDIAN ORGANIZATION, INDIAN HEALTH PROGRAM.—The terms ''Indian tribe'', ''tribal organization'', ''Urban Indian'' , ''Urban Indian organization'', and ''Indian health program'' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

(2) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(3) STATE.—The term ''State'' has the meaning given such term in section 1101(a)(1) of the Social Security Act (42 U.S.C. 1301(a)(1)) for purposes of titles XIX and XXI of such Act.

(4) STATE CHIP.—The term ''State CHIP'' means a State child health plan for child health assistance under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.), and includes any waiver of such a plan.

(5) STATE MEDICAID PROGRAM.—The term ''State Medicaid program'' means a State plan for medical assistance under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), and includes any waiver of such a plan.

(c) REPORT TO CONGRESS.—Not later than 2 years after the date of the enactment of this Act, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, the Committee on Health, Education, Labor and Pensions of the Senate, and the Committee on Finance of the Senate, and shall make publicly available, a report analyzing the implementation of the best practices described in subsection (a).