II

119TH CONGRESS
1ST SESSION

S. 2004

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 SENATE OF THE UNITED STATES

JUNE 10, 2025

Mr. HEINRICH (for himself and Mr. WICKER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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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.

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 2023, there were 209,253 cases of syphi-
2 lis in the United States, the highest number since
3 1950. This represents an 80 percent increase since
4 2018 and continuing a decades-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 3,882, a 3 percent increase from 2022, resulting in
11 252 stillbirths and 27 infant deaths. The cases are
12 more than 10 times the number diagnosed in 2012.
13 (4) When transmitted during pregnancy, con-
14 genital syphilis can cause miscarriage, lifelong med-
15 ical issues, and infant death. Congenital syphilis can
16 present health issues for babies at birth, including
17 neonatal death, meningitis, anemia, and problems
18 with the spleen and liver. If not treated, congenital
19 syphilis can cause bone and joint problems, vision
20 and hearing problems, issues with the nervous sys-
21 tem, and developmental delays.
22 (5) High incidence rates of congenital syphilis
23 are often due to lack of timely testing or inadequate
24 treatment during pregnancy. Timely syphilis testing
25 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 AND TECHNICAL ASSISTANCE UNDER**
16 **STATE MEDICAID PROGRAMS AND STATE**
17 **CHIPS.**

18 (a) IN GENERAL.—Not later than 12 months after
19 the date of enactment of this section, the Secretary shall
20 issue guidance to State agencies responsible for admin-
21 istering State Medicaid programs, State CHIPs, or both
22 such programs, the Indian Health Service, Indian Tribes,
23 tribal organizations, and Urban Indian organizations, on
24 best practices with respect to actions that State Medicaid
25 programs, State CHIPs, Indian health programs, and

1 urban Indian health programs operated by an urban In-
2 dian organization pursuant to a grant or contract with the
3 Indian Health Service pursuant to title V of the Indian
4 Health Care Improvement Act (25 U.S.C. 1601 et seq.)
5 may take, including by using waivers under section 1115
6 of the Social Security Act (42 U.S.C. 1315) and authori-
7 ties under title XIX of such Act (42 U.S.C. 1396 et seq.)
8 and title XXI of such Act (42 U.S.C. 1397aa et seq.),
9 for the following purposes:

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

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

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

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

21 (5) Improving treatment for syphilis and con-
22 genital syphilis.

23 (b) DEFINITIONS.—In this section:

24 (1) INDIAN TRIBE, TRIBAL ORGANIZATION,
25 URBAN INDIAN, URBAN INDIAN ORGANIZATION, IN-

DIAN 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

1 of the House of Representatives, the Committee on
2 Health, Education, Labor and Pensions of the Senate, and
3 the Committee on Finance of the Senate, and shall make
4 publicly available, a report analyzing the implementation
5 of the best practices described in subsection (a).

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