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March 13, 2025

The Honorable Susan R. Donovan, Chair
House Committee on Health and Human Services
State House
82 Smith St.
Providence, RI 02903

RE: H 5613 – An Act Relating to Health and Safety – Sexually Transmitted Diseases

Dear Chair Donovan:

Please accept this letter of support for H 5613, legislation that would require midwives, physician assistants, and nurse practitioners to obtain a blood specimen of pregnant women within 30 days after the first professional visit and during the third trimester. This act would take effect upon passage. This legislation was introduced at the request of the Rhode Island Department of Health (RIDOH).

Rhode Island law requires syphilis screening within 30 days of the first prenatal visit, but national organizations recommend the addition of third trimester screening in the context of increasing congenital syphilis. H 5613 amends the existing law to include third trimester syphilis testing requirements as recommended by the American College of Obstetricians and Gynecologists (ACOG).¹ In addition, the proposed legislation adds midwives, physician assistants, and nurse practitioners to the healthcare professionals required to perform the third trimester testing. Currently, the statute includes physicians only.

Unfortunately, Rhode Island is experiencing an increase in congenital syphilis cases, notably after experiencing a decade of no reported cases and then 10 cases reported from 2020 through 2023. This mirrors national trends, with congenital syphilis case counts increasing tenfold from 2012 to 2022.² Rhode Island data indicate that many of these recent cases were due to accessing prenatal care late in pregnancy. People who use illicit substances and are unhoused have been particularly affected by congenital syphilis. Rhode Island currently only requires prenatal screening for syphilis at the pregnant person's first visit.

According to CDC, congenital syphilis can cause miscarriage, stillbirth, prematurity, low birth weight, and death shortly after birth. Babies born to people with untreated syphilis may be stillborn or die from the infection as a newborn. Babies born with congenital syphilis can have deformed bones, severe anemia, enlarged liver and spleen, jaundice, brain and nerve problems, blindness or deafness, meningitis, and skin rashes.³

¹ The American College of Obstetricians and Gynecologists. Screening for syphilis in pregnancy. Updated April 2024. Accessed July 26, 2024. <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2024/04/screening-for-syphilis-in-pregnancy>

² US Centers for Disease Control and Prevention. Syphilis in babies reflects health system failures. Updated December 14, 2023. Accessed July 24, 2024. <https://www.cdc.gov/vitalsigns/newborn-syphilis/index.html>

³ US Centers for Disease Control and Prevention. [About Congenital Syphilis | Syphilis | CDC](#). January 31, 2025. Accessed March 10, 2025.

H 5613 will help ensure that all pregnant people receive syphilis testing in a timeframe where they can receive treatment if needed and prevent transmission to their babies. Missed opportunities for timely testing and treatment of syphilis have led to preventable congenital syphilis cases. National data from the Centers for Disease Control and Prevention (CDC) indicate that 88% of congenital syphilis cases in 2022 were preventable through timely testing and treatment. Comprehensive prenatal care is vital to halting the rise of congenital syphilis. Nationally in 2022, 40% of people who gave birth to a baby with syphilis had no prenatal care. Increasing access to prenatal care for all people in Rhode Island, along with increasing access and opportunity to prompt and continued syphilis screening and treatment, will address the concerning rise of congenital syphilis.

Multiple jurisdictions have added a legal requirement for third-trimester syphilis screening. As of a CDC review published July 25, 2024, 18 jurisdictions require third trimester screening, with five other jurisdictions requiring third trimester screening if at increased risk.⁴ New York State's law expansion to include third trimester testing went into effect on May 3, 2024, with messaging provided to clinicians on this new requirement.⁵ Connecticut also legally requires third trimester syphilis screening and Massachusetts is also pursuing this recommendation. RIDOH does not anticipate any significant fiscal impacts will result from this legislation since the test is low-cost and readily available.

It is for these reasons that I encourage your favorable consideration of this important public health legislation that ensures early detection and treatment.

Sincerely,



Jerome M. Larkin, MD
Director

CC: The Honorable Members of the House Committee on Health and Human Services
Nicole McCarty, Esquire, Chief Legal Counsel
Lynne Urbani, Director of House Policy

⁴ US Centers for Disease Control and Prevention. State prenatal syphilis screenings laws and regulations. Updated July 30, 2024. Accessed August 2, 2024. <https://www.cdc.gov/syphilis/hcp/prenatal-screening-laws/index.html>

⁵ New York State Department of Health. Interim guidance for public health law §2308 to require additional third trimester syphilis screening for pregnant persons: Chapter 57 of the Laws of 2023. Updated July 10, 2023. Accessed August 16, 2024. https://www.health.ny.gov/diseases/communicable/std/docs/syphilis_guidance.pdf