

119TH CONGRESS
2^D SESSION

H. R. 9061

To amend title XIX of the Social Security Act to require the Secretary of Health and Human Services to issue guidance to States on which tests for the screening and early detection of preeclampsia may be covered under the Medicaid program and the Children's Health Insurance Program.

IN THE HOUSE OF REPRESENTATIVES

MAY 29, 2026

Mr. KEAN (for himself, Ms. KELLY of Illinois, Mrs. KIGGANS of Virginia, and Ms. CLARKE of New York) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to require the Secretary of Health and Human Services to issue guidance to States on which tests for the screening and early detection of preeclampsia may be covered under the Medicaid program 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Preeclampsia Risk
3 Evaluation and Evidence-based Management through Per-
4 sonalized Testing Act” or the “PREEMPT Act”.

5 **SEC. 2. FINDINGS.**

6 Congress finds the following:

7 (1) According to the Centers for Disease Con-
8 trol and Prevention, preeclampsia affects approxi-
9 mately 5 to 8 percent of pregnancies globally, with
10 70,000 maternal deaths and 500,000 fetal deaths
11 each year in the United States.

12 (2) In the United States, Black women are at
13 least three times more likely to die due to a preg-
14 nancy-related cause when compared to White
15 women.

16 (3) Preeclampsia and related cardiovascular
17 and hypertensive disorders of pregnancy are one of
18 the leading causes of maternal mortality and mor-
19 bidity in the United States, contributing to up to 15
20 percent of all maternal deaths, particularly in States
21 with the highest-risk populations and in low resource
22 settings.

23 (4) Preeclampsia is a major contributor to
24 preterm births, accounting for about 15 to 20 per-
25 cent of all preterm deliveries in the United States.

1 (5) The annual economic burden of
2 preeclampsia in the United States exceeds \$2 billion,
3 including both direct health care costs to mother and
4 baby, and indirect losses due to long-term health
5 complications and lost productivity.

6 (6) Risk factors for preeclampsia include mater-
7 nal age, pre-existing diabetes, pregnancies with mul-
8 tiples, chronic hypertension, obesity, multiple preg-
9 nancies, and certain autoimmune diseases, all of
10 which can increase the likelihood of developing this
11 condition.

12 (7) Women who develop preeclampsia during
13 pregnancy have an elevated risk of long-term cardio-
14 vascular complications, including chronic hyper-
15 tension, heart disease and stroke.

16 **SEC. 3. GUIDANCE ON MEDICAID COVERAGE OF**
17 **PREECLAMPSIA SCREENING AND DETECTION**
18 **TESTS.**

19 Title XIX of the Social Security Act (42 U.S.C. 1396
20 et seq.) is amended by inserting after section 1948 the
21 following new section:

1 **“SEC. 1949. GUIDANCE AND TECHNICAL ASSISTANCE WITH**
2 **RESPECT TO COVERAGE OF PREECLAMPSIA**
3 **SCREENING AND DETECTION TESTS.**

4 “(a) GUIDANCE.—Not later than the date that is 180
5 days after the date of the enactment of this section, the
6 Secretary shall issue guidance to States and, as appro-
7 priate, medicaid managed care organizations, on—

8 “(1) best practices for improving outcomes for
9 pregnant women with preeclampsia who are eligible
10 for and receiving medical assistance under a State
11 plan (or waiver of such plan) under this title or a
12 State child health plan (or waiver of such plan)
13 under title XXI through early screening, detection,
14 and management; and

15 “(2) which tests for the early detection of
16 preeclampsia may be furnished to such pregnant
17 women as medical assistance under such a State
18 plan (or waiver) or such a State child health plan
19 (or waiver), including whether the biomarker tests
20 described in subsection (c) may be so furnished.

21 “(b) TECHNICAL ASSISTANCE.—

22 “(1) IN GENERAL.—The Secretary shall, not
23 later than 30 days after receipt of a request from a
24 State for technical assistance with respect to deter-
25 mining whether a State plan or State child health
26 plan may provide medical assistance for a specific

1 test for the early detection of preeclampsia, includ-
2 ing a biomarker test described in subsection (c), pro-
3 vide such technical assistance to such State.

4 “(2) RULE OF CONSTRUCTION.—Nothing in
5 this subsection shall be construed as creating a re-
6 quirement for a State to request or receive the tech-
7 nical assistance described in paragraph (1) as a con-
8 dition of providing medical assistance for a specific
9 test for the early detection of preeclampsia, or of re-
10 ceiving Federal financial participation for such med-
11 ical assistance.

12 “(c) BIOMARKER TESTS TO BE CONSIDERED.—For
13 purposes of this section, the Secretary shall consider ad-
14 vanced biomarker tests for the early detection of
15 preeclampsia, including any such test that is regulated
16 and cleared under the Federal Food, Drug, and Cosmetic
17 Act as a device (as defined in section 201(h) of such Act),
18 and any such laboratory-developed testing service fur-
19 nished by a clinical laboratory that is certified under sec-
20 tion 353 of the Public Health Service Act to perform high-
21 complexity testing.”.

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