

110TH CONGRESS
1ST SESSION

H. R. 1532

To amend the Public Health Service Act with respect to making progress toward the goal of eliminating tuberculosis, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 15, 2007

Mr. GENE GREEN of Texas (for himself, Mrs. WILSON of New Mexico, and Ms. BALDWIN) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act with respect to making progress toward the goal of eliminating tuberculosis, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Comprehensive Tuberculosis Elimination Act of 2007”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

TITLE I—CENTERS FOR DISEASE CONTROL AND PREVENTION

Subtitle A—National Program for Elimination of Tuberculosis

Sec. 101. National program.

Subtitle B—Interagency Collaboration

Sec. 111. Advisory council for elimination of tuberculosis.

Subtitle C—New Tools for Tuberculosis Elimination

Sec. 121. New tools.

Subtitle D—Authorizations of Appropriations

Sec. 131. Authorizations of appropriations.

TITLE II—NATIONAL INSTITUTES OF HEALTH

Sec. 201. Activities of National Heart, Lung, and Blood Institute.

Sec. 202. Activities of National Institute of Allergy and Infectious Diseases.

Sec. 203. John E. Fogarty International Center for Advanced Study in the Health Sciences.

Sec. 204. Loan repayment programs regarding research on tuberculosis.

Sec. 205. Authorization of appropriations.

1 SEC. 2. FINDINGS.

2 The Congress finds as follows:

3 (1) Each year approximately 9 million people
4 become ill with active tuberculosis (“TB”), and 2
5 million of those people die. This is a direct result of
6 the disease having the ability to develop resistance
7 to treatments and to travel easily across borders.

8 (2) In 2005, there were 14,093 cases of active
9 TB reported in the United States. However, the de-
10 cline of 3.8 percent in the national TB case rate
11 from 2004 to 2005 was one of the smallest declines
12 in more than a decade.

13 (3) In addition to those with active TB, an esti-
14 mated 10 to 15 million people in the United States
15 have latent TB.

1 (4) The increasing occurrence of multidrug re-
2 sistant (“MDR”) TB, including extensively drug re-
3 sistant (“XDR”) TB—which is resistant to at least
4 two main first-line drugs and additionally to three or
5 more of the six classes of second-line drugs—raises
6 concerns of a future epidemic of virtually untreat-
7 able TB.

8 (5) The Centers for Disease Control and Pre-
9 vention is increasingly relied upon globally for its ex-
10 pertise and technical assistance in global tuber-
11 culosis preparedness and outbreak response capacity
12 to identify and investigate outbreaks of multidrug
13 resistant and extensively drug resistant TB.

14 (6) New tools are needed to more effectively
15 prevent, diagnose, and treat TB. The standard
16 method of diagnosing TB is over 100 years old, and
17 fails to adequately detect TB in children and those
18 co-infected with HIV/AIDS. The newest class of
19 anti-TB drug is 40 years old, while rates of
20 multidrug resistant TB are rising globally.

1 **TITLE I—CENTERS FOR DISEASE**
2 **CONTROL AND PREVENTION**
3 **Subtitle A—National Program for**
4 **Elimination of Tuberculosis**

5 **SEC. 101. NATIONAL PROGRAM.**

6 Section 317E of the Public Health Service Act (42
7 U.S.C. 247b–6) is amended—

8 (1) by striking the heading for the section and
9 inserting the following: “NATIONAL PROGRAM FOR
10 ELIMINATION OF TUBERCULOSIS”; and

11 (2) by amending subsection (b) to read as fol-
12 lows:

13 “(b) RESEARCH AND DEVELOPMENT; DEMONSTRA-
14 TION PROJECTS; EDUCATION AND TRAINING.—With re-
15 spect to the prevention, control, and elimination of tuber-
16 culosis, the Secretary may, directly or through grants to
17 public or nonprofit private entities, carry out the following:

18 “(1) Research, with priority given to research
19 and development concerning—

20 “(A) clinical trials to evaluate the safety
21 and effectiveness of new drugs, diagnostics, and
22 vaccines for latent tuberculosis infection and ac-
23 tive tuberculosis;

24 “(B) epidemiological studies of populations
25 at risk of tuberculosis; and

1 “(C) field studies to evaluate the effective-
2 ness of new drugs, diagnostics, and vaccines,
3 and evaluation of efforts to eliminate the dis-
4 ease.

5 “(2) Demonstration projects for—

6 “(A) the development of regional capabili-
7 ties to prevent, control and eliminate tuber-
8 culosis;

9 “(B) the intensification of efforts—

10 “(i) to prevent, detect, and treat tu-
11 berculosis among African Americans and
12 other United States-born populations with
13 documented health disparities; and

14 “(ii) to reduce or eliminate racial dis-
15 parities in the incidence of tuberculosis in
16 these populations;

17 “(C) the intensification of efforts to con-
18 trol tuberculosis along the United States-Mexico
19 border and among United States-Mexico bina-
20 tional populations;

21 “(D) the intensification of efforts to pre-
22 vent, detect, and treat tuberculosis among for-
23 eign-born persons who are in the United States;
24 and

1 “(E) collaboration with Immigration and
2 Customs Enforcement to identify and treat im-
3 migrants with active or latent tuberculosis in-
4 fection.

5 “(3) A public information and education pro-
6 gram.

7 “(4) Education, training and clinical skills im-
8 provement activities for health professionals, includ-
9 ing allied health personnel and emergency response
10 employees.

11 “(5) Provide support for the Tuberculosis
12 Trials Consortium, the Tuberculosis Epidemiologic
13 Studies Consortium, and Regional Training and
14 Medical Consultation Centers to carry out activities
15 under paragraphs (1) through (4).

16 “(6) Collaboration with international organiza-
17 tions and foreign countries in carrying out such ac-
18 tivities.”.

19 **Subtitle B—Interagency** 20 **Collaboration**

21 **SEC. 111. ADVISORY COUNCIL FOR ELIMINATION OF TU-** 22 **BERCULOSIS.**

23 (a) IN GENERAL.—Section 317E(f) of the Public
24 Health Service Act (42 U.S.C. 247b–6(f)) is amended—

1 (1) by redesignating paragraph (5) as para-
2 graph (6); and

3 (2) by striking paragraphs (2) through (4), and
4 inserting the following:

5 “(2) DUTIES.—The Council shall provide advice
6 and recommendations regarding the elimination of
7 tuberculosis to the Secretary, the Assistant Sec-
8 retary for Health, and the Director of the Centers
9 for Disease Control and Prevention. In addition, the
10 Council shall, with respect to eliminating such dis-
11 ease, provide to the Secretary and other appropriate
12 Federal officials advice on—

13 “(A) coordinating the activities of the Pub-
14 lic Health Service and other Federal agencies
15 that relate to the disease, including activities
16 under subsection (b); and

17 “(B) efficiently utilizing the Federal re-
18 sources involved.

19 “(3) NATIONAL PLAN.—

20 “(A) IN GENERAL.—In carrying out para-
21 graph (2), the Council shall make recommenda-
22 tions on the development, revision, and imple-
23 mentation of a national plan to eliminate tuber-
24 culosis in the United States.

1 “(B) CONSULTATION.—In carrying out
2 subparagraph (A), the Council shall consult
3 with public and private entities, including—

4 “(i) individuals who are scientists,
5 physicians, and other health professionals,
6 who are not officers or employees of the
7 Federal Government and who represent the
8 disciplines relevant to tuberculosis elimi-
9 nation;

10 “(ii) members of public-private part-
11 nerships established to address the elimi-
12 nation of tuberculosis;

13 “(iii) members of national and inter-
14 national nongovernmental organizations es-
15 tablished to address tuberculosis elimi-
16 nation; and

17 “(iv) members from the general public
18 who are knowledgeable with respect to tu-
19 berculosis elimination including individuals
20 who have or have had tuberculosis.

21 “(C) CERTAIN COMPONENTS OF PLAN.—In
22 carrying out subparagraph (A), the Council
23 shall—

1 “(i) consider the recommendations of
2 the Institute of Medicine regarding the
3 elimination of tuberculosis;

4 “(ii) consider recommendations for
5 the involvement of the United States in
6 continuing global and cross-border tuber-
7 culosis control activities in countries where
8 a high incidence of tuberculosis directly af-
9 fects the United States such as Mexico;
10 and

11 “(iii) review the extent to which
12 progress has been made toward eliminating
13 tuberculosis.

14 “(4) ANNUAL REPORT.—The Council shall an-
15 nually submit to Congress and the Secretary a re-
16 port on the activities carried under this section,
17 other than subsection (g). Each such report shall in-
18 clude the opinion of the Council on the extent to
19 which its recommendations regarding the elimination
20 of tuberculosis have been implemented, including
21 with respect to—

22 “(A) activities under subsection (b); and

23 “(B) the national plan referred to in para-
24 graph (3).

1 “(5) COMPOSITION.—The Council shall be com-
2 posed of—

3 “(A) representatives from the Centers for
4 Disease Control and Prevention, the National
5 Institutes of Health, the United States Agency
6 for International Development, the Agency for
7 Healthcare Research and Quality, the Health
8 Resources and Services Administration, the
9 United States-Mexico Border Health Commis-
10 sion, and other Federal departments and agen-
11 cies that carry out significant activities related
12 to tuberculosis;

13 “(B) State and local tuberculosis control
14 and public health and officials;

15 “(C) individuals who are scientists, physi-
16 cians, laboratorians, and other health profes-
17 sionals who represent disciplines relevant to tu-
18 berculosis elimination;

19 “(D) members of national and inter-
20 national nongovernmental organizations estab-
21 lished to address the elimination of tuberculosis;
22 and

23 “(E) members from the general public who
24 are knowledgeable with respect to the elimi-

1 nation of tuberculosis, including individuals who
2 have or have had tuberculosis.”.

3 (b) **RULE OF CONSTRUCTION REGARDING CURRENT**
4 **MEMBERSHIP.**—With respect to the advisory council
5 under section 317E(f) of the Public Health Service Act,
6 the amendments made by subsection (a) may not be con-
7 strued as terminating the membership on such council of
8 any individual serving as such a member as of the day
9 before the date of the enactment of this Act.

10 **Subtitle C—New Tools for** 11 **Tuberculosis Elimination**

12 **SEC. 121. NEW TOOLS.**

13 Section 317E of the Public Health Service Act (42
14 U.S.C. 247b–6) is amended—

15 (1) by redesignating subsection (g) as sub-
16 section (h); and

17 (2) by inserting after subsection (f) the fol-
18 lowing subsection:

19 “(g) **NEW TOOLS FOR ELIMINATION OF TUBER-**
20 **CULOSIS.**—

21 “(1) **RESEARCH AND DEVELOPMENT ON DRUGS,**
22 **DIAGNOSTICS, VACCINES, AND PUBLIC HEALTH**
23 **INTERVENTIONS.**—The Secretary, acting through
24 the Director of the Centers for Disease Control and
25 Prevention, shall expand, intensify, and coordinate

1 research and development and related activities of
2 such Centers to develop new tools for the elimination
3 of tuberculosis, including drugs, diagnostics, vac-
4 cines, and public health interventions.

5 “(2) FEDERAL TUBERCULOSIS TASK FORCE.—

6 “(A) DUTIES.—The Federal Tuberculosis
7 Task Force (established in December 2001 as
8 part of the Centers for Disease Control and
9 Prevention) (in this subsection referred to as
10 the ‘Task Force’) shall provide to the Secretary
11 and other appropriate Federal officials advice
12 on the implementation of paragraph (1), includ-
13 ing advice regarding the efficient utilization of
14 the Federal resources involved.

15 “(B) NATIONAL PLAN FOR NEW TOOLS
16 DEVELOPMENT.—In carrying out paragraph
17 (1), the Task Force shall make recommenda-
18 tions on the development of a national plan for
19 the development of new tools for the elimination
20 of tuberculosis, including drugs, diagnostics,
21 and vaccines.

22 “(C) CONSULTATION.—In developing the
23 national plan under paragraph (1), the Task
24 Force shall consult with—

1 “(i) scientists, physicians, and other
2 health professionals and who represent the
3 specialties and disciplines relevant to the
4 research under consideration;

5 “(ii) members from public-private
6 partnerships or foundations (or both) en-
7 gaged in research relevant to research
8 under consideration;

9 “(iii) members of national and inter-
10 national nongovernmental organizations es-
11 tablished to address tuberculosis elimi-
12 nation;

13 “(iv) members from the general public
14 who are knowledgeable with respect to tu-
15 berculosis, including individuals who have
16 or have had tuberculosis; and

17 “(v) scientists, physicians, and other
18 health professionals who reside in a foreign
19 country with a substantial incidence or
20 prevalence of tuberculosis, and who rep-
21 resent the specialties and disciplines rel-
22 evant to the research under consideration.

23 “(3) GRANTS AND CONTRACTS.—The Secretary
24 shall carry out paragraph (1) directly and through

1 awards of grants, cooperative agreements, and con-
2 tracts to public and private entities, including—

3 “(A) public-private partnerships;

4 “(B) academic institutions, including insti-
5 tutions of higher education;

6 “(C) research institutions; and

7 “(D) the Tuberculosis Trials Consortium
8 and the Tuberculosis Epidemiologic Studies
9 Consortium.”.

10 **Subtitle D—Authorizations of** 11 **Appropriations**

12 **SEC. 131. AUTHORIZATIONS OF APPROPRIATIONS.**

13 Section 317E of the Public Health Service Act, as
14 amended by section 121(1) of this Act, is amended by
15 amending subsection (h) to read as follows:

16 “(h) AUTHORIZATION OF APPROPRIATIONS.—

17 “(1) GENERAL PROGRAM.—

18 “(A) IN GENERAL.—For the purpose of
19 carrying out this section, other than subsection
20 (g), there are authorized to be appropriated
21 \$528,000,000 for fiscal year 2008, and such
22 sums as may be necessary for each of the fiscal
23 years 2009 through 2012.

24 “(B) RESERVATION FOR EMERGENCY
25 GRANTS.—Of the amounts appropriated under

1 subparagraph (A) for a fiscal year, the Sec-
2 retary may reserve not more than 25 percent
3 for emergency grants under subsection (a) for
4 any geographic area in which there is, relative
5 to other areas, a substantial number of cases of
6 tuberculosis, multidrug resistant tuberculosis,
7 or extensively resistant tuberculosis or a sub-
8 stantial rate of increase in such cases.

9 “(C) PRIORITY.—In allocating amounts
10 appropriated under subparagraph (A) and not
11 reserved under subparagraph (B), the Secretary
12 shall give priority to allocating such amounts
13 for grants under subsection (a).

14 “(D) ALLOCATION OF FUNDS.—

15 “(i) REQUIREMENT OF FORMULA.—Of
16 the amounts appropriated under subpara-
17 graph (A), not reserved under subpara-
18 graph (B), and allocated by the Secretary
19 for grants under subsection (a), the Sec-
20 retary shall distribute such amounts to
21 grantees under subsection (a) on the basis
22 of a formula.

23 “(ii) RELEVANT FACTORS.—The for-
24 mula developed by the Secretary under
25 clause (i) shall take into account the level

1 of tuberculosis morbidity in the respective
2 geographic area and may consider other
3 factors relevant to tuberculosis in such
4 area.

5 “(iii) NO CHANGE TO FORMULA RE-
6 QUIRED.—This subparagraph does not re-
7 quire the Secretary to modify the formula
8 that was used by the Secretary to dis-
9 tribute funds to grantees under subsection
10 (a) for fiscal year 2007.

11 “(2) NEW TOOLS.—

12 “(A) IN GENERAL.—For the purpose of
13 carrying out subsection (g), there are author-
14 ized to be appropriated \$100,000,000 for fiscal
15 year 2008, and such sums as may be necessary
16 for each of the fiscal years 2009 through 2012.

17 “(B) LIMITATION.—The authorization of
18 appropriations established in subparagraph (A)
19 for a fiscal year is effective only if the amount
20 appropriated under paragraph (1) for such year
21 equals or exceeds the amount appropriated to
22 carry out this section for fiscal year 2007.”.

1 **TITLE II—NATIONAL INSTITUTES**
2 **OF HEALTH**

3 **SEC. 201. ACTIVITIES OF NATIONAL HEART, LUNG, AND**
4 **BLOOD INSTITUTE.**

5 Subpart 2 of part C of title IV of the Public Health
6 Service Act (42 U.S.C. 285b et seq.) is amended by insert-
7 ing after section 424B the following section:

8 **“SEC. 424C. TUBERCULOSIS.**

9 “(a) IN GENERAL.—The Director of the Institute
10 shall expand, intensify, and coordinate research and devel-
11 opment and related activities of the Institute with respect
12 to tuberculosis, including activities toward the goal of
13 eliminating such disease.

14 “(b) CERTAIN ACTIVITIES.—Activities under sub-
15 section (a) shall include—

16 “(1) enhancing basic and clinical research on
17 tuberculosis; and

18 “(2) expanding research on the relationship be-
19 tween such disease and the human immunodeficiency
20 virus.

21 “(c) RESEARCH EDUCATION.—

22 “(1) TUBERCULOSIS ACADEMIC AWARDS.—The
23 Director of the Institute may provide awards to fac-
24 ulty of schools of medicine or osteopathic medicine
25 to assist such faculty in developing high quality cur-

1 ricula in such schools designed to significantly in-
2 crease the opportunities for interested individuals,
3 including students of the school and practicing phy-
4 sicians and nurses, to learn the principles and prac-
5 tices of preventing, managing, and controlling tuber-
6 culosis.

7 “(2) TUBERCULOSIS/PULMONARY INFECTION
8 AWARDS.—The Director of the Institute may provide
9 awards to support the career development of clini-
10 cally trained professionals who are committed to re-
11 search regarding pulmonary infections and tuber-
12 culosis by providing for supervised study and re-
13 search.”.

14 **SEC. 202. ACTIVITIES OF NATIONAL INSTITUTE OF AL-**
15 **LERGY AND INFECTIOUS DISEASES.**

16 Section 447A of the Public Health Service Act (42
17 U.S.C. 285f-2) is amended—

18 (1) by striking “In carrying out section 446”
19 and inserting “(a) In carrying out section 446”; and

20 (2) by inserting at the end the following:

21 “(b) Activities under subsection (a) shall include ac-
22 tivities to develop a tuberculosis vaccine. Such activities
23 shall be carried out in accordance with the blueprint for
24 tuberculosis vaccine development described in the report
25 prepared pursuant to the workshop convened in March

1 1998 by the Advisory Council for Elimination of Tuber-
2 culosis, the Director of the National Vaccine Program,
3 and the Director of the Institute.”.

4 **SEC. 203. JOHN E. FOGARTY INTERNATIONAL CENTER FOR**
5 **ADVANCED STUDY IN THE HEALTH**
6 **SCIENCES.**

7 Section 482 of the Public Health Service Act (42
8 U.S.C. 287b) is amended—

9 (1) by inserting “(a) IN GENERAL.—” before
10 “The general purpose”;

11 (2) in subsection (a) (as so designated), by in-
12 serting after “Health Sciences” the following: “(in
13 this subpart referred to as the ‘Center’)”; and

14 (3) by adding at the end the following sub-
15 section:

16 “(b) TUBERCULOSIS.—

17 “(1) IN GENERAL.—In carrying out subsection
18 (a) with respect to tuberculosis, the Center shall ex-
19 pand, intensify, and coordinate international activi-
20 ties of the Center for research and training.

21 “(2) INTERNATIONAL TRAINING PROGRAM.—In
22 carrying out paragraph (1), the Center shall carry
23 out an international training program regarding tu-
24 berculosis. Such program shall be modeled after the
25 international training program carried out by the

1 Center with respect to the human immunodeficiency
2 virus.”.

3 **SEC. 204. LOAN REPAYMENT PROGRAMS REGARDING RE-**
4 **SEARCH ON TUBERCULOSIS.**

5 Part G of title IV of the Public Health Service Act
6 (42 U.S.C. 288 et seq.) is amended—

7 (1) by redesignating the second section 487F as
8 section 487G; and

9 (2) by inserting after section 487G (as so re-
10 designated) the following section:

11 “LOAN REPAYMENTS REGARDING RESEARCH ON
12 TUBERCULOSIS

13 “SEC. 487H. In carrying out sections 487C, 487E,
14 and 487F, the Secretary shall seek to ensure that, for fis-
15 cal year 2008 and subsequent fiscal years, a portion of
16 amounts appropriated to carry out such sections is re-
17 served for the purpose of entering into contracts under
18 which (in accordance with the section involved) individuals
19 will conduct research on tuberculosis.”.

20 **SEC. 205. AUTHORIZATION OF APPROPRIATIONS.**

21 For the purpose of carrying out this title and the
22 amendments made by this title, there are authorized to
23 be appropriated such sums as may be necessary. Such au-
24 thorization of appropriations shall be in addition to the
25 authorization of appropriations established by section

- 1 402A(a) of the Public Health Service Act and any other
- 2 authorization of appropriations available for such purpose.

○