

Union Calendar No. 569

110TH CONGRESS
2D SESSION

H. R. 1532

[Report No. 110-873]

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

SEPTEMBER 23, 2008

Additional sponsors: Mr. ENGEL, Mr. HOLT, Mr. MORAN of Virginia, Mr. WAXMAN, Ms. MCCOLLUM of Minnesota, Mrs. CAPPS, Mr. FILNER, Mr. RAHALL, Mrs. DAVIS of California, Ms. MOORE of Wisconsin, Ms. ZOE LOFGREN of California, Mr. RUSH, Mr. SMITH of Washington, Mr. ALLEN, Mr. GEORGE MILLER of California, Mr. HINOJOSA, Mr. PLATTS, Mr. GRIJALVA, Mr. SIRES, Mr. REYES, Mr. ETHERIDGE, Mr. SPRATT, Mr. LARSEN of Washington, Mr. HASTINGS of Florida, Mr. HONDA, Mrs. LOWEY, Mr. MARSHALL, Mr. YOUNG of Alaska, Mr. MCDERMOTT, Mr. FRANK of Massachusetts, Mrs. GILLIBRAND, Mr. KUCINICH, Mr. ORTIZ, Mr. BERMAN, Ms. LEE, Mr. DOGGETT, Mr. GONZALEZ, Mr. SERRANO, Ms. SCHAKOWSKY, Mr. PAYNE, Mr. McNULTY, Mr. McNERNEY, Mr. CARNEY, Ms. SLAUGHTER, Ms. ESHOO, Mr. STARK, Mr. BRADY of Texas, Mr. CARSON, Mr. GORDON of Tennessee, Mr. WELCH of Vermont, Mr. BILBRAY, Mrs. TAUSCHER, Ms. DEGETTE, Mr. LAMPSON, Mr. CUELLAR, and Mr. RODRIGUEZ

SEPTEMBER 23, 2008

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italic]

[For text of introduced bill, see copy of bill as introduced on March 15, 2007]

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 2008”.*

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

Sec. 1. Short title; table of contents.

**TITLE I—DEPARTMENT OF HEALTH AND HUMAN SERVICES IN CO-
 ORDINATION WITH THE CENTERS FOR DISEASE CONTROL AND
 PREVENTION AND OTHER APPROPRIATE AGENCIES**

Subtitle A—National Strategy for Combating and Eliminating Tuberculosis

Sec. 101. National strategy.

Subtitle B—Interagency Collaboration

*Sec. 111. Advisory Council for Elimination of Tuberculosis and the Federal Tu-
 berculosis Task Force.*

Subtitle C—Evaluation of Public Health Authorities

Sec. 121. Evaluation of public health authorities.

Subtitle D—Authorization of Appropriations

Sec. 131. Authorizations of appropriations.

TITLE II—NATIONAL INSTITUTES OF HEALTH

Sec. 201. Research and development concerning tuberculosis.

1 **TITLE I—DEPARTMENT OF**
2 **HEALTH AND HUMAN SERV-**
3 **ICES IN COORDINATION WITH**
4 **THE CENTERS FOR DISEASE**
5 **CONTROL AND PREVENTION**
6 **AND OTHER APPROPRIATE**
7 **AGENCIES**

8 **Subtitle A—National Strategy for**
9 **Combating and Eliminating Tu-**
10 **berculosis**

11 **SEC. 101. NATIONAL STRATEGY.**

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

14 *(1) by striking the heading for the section and*
15 *inserting the following: “NATIONAL STRATEGY FOR*
16 *COMBATING AND ELIMINATING TUBERCULOSIS”;*

17 *(2) by amending subsection (b) to read as fol-*
18 *lows:*

19 *“(b) RESEARCH AND DEVELOPMENT; DEMONSTRATION*
20 *PROJECTS; EDUCATION AND TRAINING.—With respect to*
21 *the prevention, treatment, control, and elimination of tuber-*
22 *culosis, the Secretary may, directly or through grants to*
23 *public or nonprofit private entities, carry out the following:*

24 *“(1) Research, with priority given to research*
25 *and development concerning latent tuberculosis infec-*

1 *tion, strains of tuberculosis resistant to drugs, and re-*
2 *search concerning cases of tuberculosis that affect cer-*
3 *tain populations at risk for tuberculosis.*

4 *“(2) Research and development and related ac-*
5 *tivities to develop new tools for the elimination of tu-*
6 *berculosis, including drugs, diagnostics, vaccines, and*
7 *public health interventions, such as directly observed*
8 *therapy and non-pharmaceutical intervention, and*
9 *methods to enhance detection and response to out-*
10 *breaks of tuberculosis, including multidrug resistant*
11 *tuberculosis. The Secretary is encouraged to give pri-*
12 *ority to programmatically relevant research so that*
13 *new tools can be utilized in public health practice.*

14 *“(3) Demonstration projects for—*

15 *“(A) the development of regional capabili-*
16 *ties to prevent, control, and eliminate tuber-*
17 *culosis and prevent multidrug resistant and ex-*
18 *tensively drug resistant strains of tuberculosis;*

19 *“(B) the intensification of efforts to reduce*
20 *health disparities in the incidence of tuber-*
21 *culosis;*

22 *“(C) the intensification of efforts to control*
23 *tuberculosis along the United States-Mexico bor-*
24 *der and among United States-Mexico binational*

1 populations, including through expansion of the
2 scope and number of programs that—

3 “(i) detect and treat binational cases of
4 tuberculosis; and

5 “(ii) treat high-risk cases of tuber-
6 culosis referred from Mexican health depart-
7 ments;

8 “(D) the intensification of efforts to prevent,
9 detect, and treat tuberculosis among foreign-born
10 persons who are in the United States;

11 “(E) the intensification of efforts to prevent,
12 detect, and treat tuberculosis among populations
13 and settings documented as having a high risk
14 for tuberculosis; and

15 “(F) tuberculosis detection, control, and
16 prevention.

17 “(4) Public information and education activities.

18 “(5) Education, training, clinical skills improve-
19 ment activities, and workplace exposure prevention
20 for health professionals, including allied health per-
21 sonnel and emergency response employees.

22 “(6) Support of Centers to carry out activities
23 under paragraphs (1) through (4).

1 “(7) *Collaboration with international organiza-*
2 *tions and foreign countries in carrying out such ac-*
3 *tivities.*”

4 “(8) *Develop, enhance, and expand information*
5 *technologies that support tuberculosis control includ-*
6 *ing surveillance and database management systems*
7 *with cross-jurisdictional capabilities, which shall con-*
8 *form to the standards and implementation specifica-*
9 *tions for such information technologies as rec-*
10 *ommended by the Secretary.”; and*

11 (3) *in subsection (d), by adding at the end the*
12 *following:*

13 “(3) *DETERMINATION OF AMOUNT OF NON-*
14 *FEDERAL CONTRIBUTIONS.—*

15 “(A) *PRIORITY.—In awarding grants under*
16 *subsection (a) or (b), the Secretary shall give*
17 *highest priority to an applicant that provides*
18 *assurances that the applicant will contribute*
19 *non-Federal funds to carry out activities under*
20 *this section, which may be provided directly or*
21 *through donations from public or private entities*
22 *and may be in cash or in kind, including equip-*
23 *ment or services.*”

24 “(B) *FEDERAL AMOUNTS NOT TO BE IN-*
25 *CLUDED AS CONTRIBUTIONS.—Amounts provided*

1 by the Federal Government, or services assisted
 2 or subsidized to any significant extent by the
 3 Federal Government, may not be included in de-
 4 termining the amount of non-Federal contribu-
 5 tions as described in subparagraph (A).”.

6 ***Subtitle B—Interagency***
 7 ***Collaboration***

8 ***SEC. 111. ADVISORY COUNCIL FOR ELIMINATION OF TUBER-***
 9 ***CULOSIS AND THE FEDERAL TUBERCULOSIS***
 10 ***TASK FORCE.***

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

13 (1) *by redesignating paragraph (5) as para-*
 14 *graph (6); and*

15 (2) *by striking paragraphs (2) through (4), and*
 16 *inserting the following:*

17 “(2) *DUTIES.*—*The Council shall provide advice*
 18 *and recommendations regarding the elimination of*
 19 *tuberculosis to the Secretary. In addition, the Council*
 20 *shall, with respect to eliminating such disease, pro-*
 21 *vide to the Secretary and other appropriate Federal*
 22 *officials advice on—*

23 “(A) *coordinating the activities of the De-*
 24 *partment of Health and Human Services and*

1 *other Federal agencies that relate to the disease,*
2 *including activities under subsection (b);*

3 *“(B) responding rapidly and effectively to*
4 *emerging issues in tuberculosis; and*

5 *“(C) efficiently utilizing the Federal re-*
6 *sources involved.*

7 *“(3) COMPREHENSIVE PLAN.—*

8 *“(A) IN GENERAL.—In carrying out para-*
9 *graph (2), the Council shall make or update rec-*
10 *ommendations on the development, revision, and*
11 *implementation of a comprehensive plan to*
12 *eliminate tuberculosis in the United States.*

13 *“(B) CONSULTATION.—In carrying out sub-*
14 *paragraph (A), the Council may consult with*
15 *appropriate public and private entities, which*
16 *may, subject to the direction or discretion of the*
17 *Secretary, include—*

18 *“(i) individuals who are scientists,*
19 *physicians, laboratorians, and other health*
20 *professionals, who are not officers or em-*
21 *ployees of the Federal Government and who*
22 *represent the disciplines relevant to tuber-*
23 *culosis elimination;*

1 “(ii) members of public-private part-
2 nerships or private entities established to
3 address the elimination of tuberculosis;

4 “(iii) members of national and inter-
5 national nongovernmental organizations
6 whose purpose is to eliminate tuberculosis;

7 “(iv) members from the general public
8 who are knowledgeable with respect to tuber-
9 culosis elimination including individuals
10 who have or have had tuberculosis; and

11 “(v) scientists, physicians,
12 laboratorians, and other health professionals
13 who reside in a foreign country with a sub-
14 stantial incidence or prevalence of tuber-
15 culosis, and who represent the specialties
16 and disciplines relevant to the research
17 under consideration.

18 “(C) CERTAIN COMPONENTS OF PLAN.—In
19 carrying out subparagraph (A), the Council
20 shall, subject to the direction or discretion of the
21 Secretary—

22 “(i) consider recommendations for the
23 involvement of the United States in con-
24 tinuing global and cross-border tuberculosis
25 control activities in countries where a high

1 *incidence of tuberculosis directly affects the*
2 *United States; and*

3 “(ii) *review the extent to which*
4 *progress has been made toward eliminating*
5 *tuberculosis.*

6 “(4) *BIENNIAL REPORT.—*

7 “(A) *IN GENERAL.—The Council shall sub-*
8 *mit a biennial report to the Secretary, as deter-*
9 *mined necessary by the Secretary, on the activi-*
10 *ties carried under this section. Each such report*
11 *shall include the opinion of the Council on the*
12 *extent to which its recommendations regarding*
13 *the elimination of tuberculosis have been imple-*
14 *mented, including with respect to—*

15 “(i) *activities under subsection (b);*
16 *and*

17 “(ii) *the national plan referred to in*
18 *paragraph (3).*

19 “(B) *PUBLIC.—The Secretary shall make a*
20 *report submitted under subparagraph (A) public.*

21 “(5) *COMPOSITION.—The Council shall be com-*
22 *posed of—*

23 “(A) *ex officio representatives from the Cen-*
24 *ters for Disease Control and Prevention, the Na-*
25 *tional Institutes of Health, the United States*

1 *Agency for International Development, the Agen-*
2 *cy for Healthcare Research and Quality, the*
3 *Health Resources and Services Administration,*
4 *the United States-Mexico Border Health Com-*
5 *mission, and other Federal departments and*
6 *agencies that carry out significant activities re-*
7 *lated to tuberculosis;*

8 “(B) *State and local tuberculosis control*
9 *and public health officials;*

10 “(C) *individuals who are scientists, physi-*
11 *cians, laboratorians, and other health profes-*
12 *sionals who represent disciplines relevant to tu-*
13 *berculosis elimination; and*

14 “(D) *members of national and international*
15 *nongovernmental organizations established to ad-*
16 *dress the elimination of tuberculosis.”.*

17 ***(b) RULE OF CONSTRUCTION REGARDING CURRENT***
18 ***MEMBERSHIP.***—*With respect to the advisory council under*
19 *section 317E(f) of the Public Health Service Act, the*
20 *amendments made by subsection (a) may not be construed*
21 *as terminating the membership on such council of any indi-*
22 *vidual serving as such a member as of the day before the*
23 *date of the enactment of this Act.*

1 (c) *FEDERAL TUBERCULOSIS TASK FORCE*.—Section
2 317E of the Public Health Service Act (42 U.S.C. 247b–
3 6) is amended—

4 (1) by redesignating subsection (g) as subsection
5 (h); and

6 (2) by inserting after subsection (f) the following
7 subsection:

8 “(g) *FEDERAL TUBERCULOSIS TASK FORCE*.—

9 “(1) *DUTIES*.—The Federal Tuberculosis Task
10 Force (in this subsection referred to as the ‘Task
11 Force’) shall provide to the Secretary and other ap-
12 propriate Federal officials advice on research into
13 new tools under subsection (b)(2), including advice re-
14 garding the efficient utilization of the Federal re-
15 sources involved.

16 “(2) *COMPREHENSIVE PLAN FOR NEW TOOLS DE-*
17 *VELOPMENT*.—In carrying out paragraph (1), the
18 Task Force shall make recommendations on the devel-
19 opment of a comprehensive plan for the creation of
20 new tools for the elimination of tuberculosis, includ-
21 ing drugs, diagnostics, and vaccines.

22 “(3) *CONSULTATION*.—In developing the com-
23 prehensive plan under paragraph (1), the Task Force
24 shall consult with external parties including rep-
25 resentatives from groups such as—

1 “(A) scientists, physicians, laboratorians,
2 and other health professionals who represent the
3 specialties and disciplines relevant to the re-
4 search under consideration;

5 “(B) members from public-private partner-
6 ships, private entities, or foundations (or both)
7 engaged in activities relevant to research under
8 consideration;

9 “(C) members of national and international
10 nongovernmental organizations established to ad-
11 dress tuberculosis elimination;

12 “(D) members from the general public who
13 are knowledgeable with respect to tuberculosis in-
14 cluding individuals who have or have had tuber-
15 culosis; and

16 “(E) scientists, physicians, laboratorians,
17 and other health professionals who reside in a
18 foreign country with a substantial incidence or
19 prevalence of tuberculosis, and who represent the
20 specialties and disciplines relevant to the re-
21 search under consideration.”.

1 ***Subtitle C—Evaluation of Public***
2 ***Health Authorities***

3 ***SEC. 121. EVALUATION OF PUBLIC HEALTH AUTHORITIES.***

4 (a) *IN GENERAL.*—Not later than 180 days after the
5 date of enactment of the Comprehensive Tuberculosis Elimini-
6 nation Act of 2008, the Secretary of Health and Human
7 Services shall prepare and submit to the appropriate com-
8 mittees of Congress a report that evaluates and provides rec-
9 ommendations on changes needed to Federal and State pub-
10 lic health authorities to address current disease contain-
11 ment challenges such as isolation and quarantine.

12 (b) *CONTENTS OF EVALUATION.*—The report described
13 in subsection (a) shall include—

14 (1) *an evaluation of the effectiveness of current*
15 *policies to detain patients with active tuberculosis;*

16 (2) *an evaluation of whether Federal laws should*
17 *be strengthened to expressly address the movement of*
18 *individuals with active tuberculosis; and*

19 (3) *specific legislative recommendations for*
20 *changes to Federal laws, if any.*

21 (c) *UPDATE OF QUARANTINE REGULATIONS.*—Not
22 later than 240 days after the date of enactment of this Act,
23 the Secretary of Health and Human Services shall promul-
24 gate regulations to update the current interstate and foreign

1 *quarantine regulations found in parts 70 and 71 of title*
2 *42, Code of Federal Regulations.*

3 ***Subtitle D—Authorization of***
4 ***Appropriations***

5 ***SEC. 131. AUTHORIZATIONS OF APPROPRIATIONS.***

6 *Section 317E of the Public Health Service Act, as*
7 *amended by section 111(c) of this Act, is amended by strik-*
8 *ing subsection (h) and inserting the following:*

9 “(h) *AUTHORIZATION OF APPROPRIATIONS.—*

10 “(1) *GENERAL PROGRAM.—*

11 “(A) *IN GENERAL.—For the purpose of car-*
12 *rying out this section, there are authorized to be*
13 *appropriated \$300,000,000 for fiscal year 2009,*
14 *\$315,000,000 for fiscal year 2010, \$330,750,000*
15 *for fiscal year 2011, \$347,287,500 for fiscal year*
16 *2012, and \$364,651,900 for fiscal year 2013.*

17 “(B) *RESERVATION FOR EMERGENCY*
18 *GRANTS.—Of the amounts appropriated under*
19 *subparagraph (A) for a fiscal year, the Secretary*
20 *may reserve not more than 25 percent for emer-*
21 *gency grants under subsection (a) for any geo-*
22 *graphic area, State, political subdivision of a*
23 *State, or other public entity in which there is,*
24 *relative to other areas, a substantial number of*
25 *cases of tuberculosis, multidrug resistant tuber-*

1 *culosis, or extensively drug resistant tuberculosis*
2 *or a substantial rate of increase in such cases.*

3 “(C) *PRIORITY.*—*In allocating amounts ap-*
4 *propriated under subparagraph (A), the Sec-*
5 *retary shall give priority to allocating such*
6 *amounts for grants under subsection (a).*

7 “(D) *ALLOCATION OF FUNDS.*—

8 “(i) *REQUIREMENT OF FORMULA.*—*Of*
9 *the amounts appropriated under subpara-*
10 *graph (A), not reserved under subparagraph*
11 *(B), and allocated by the Secretary for*
12 *grants under subsection (a), the Secretary*
13 *shall distribute a portion of such amounts*
14 *to grantees under subsection (a) on the basis*
15 *of a formula.*

16 “(ii) *RELEVANT FACTORS.*—*The for-*
17 *mula developed by the Secretary under*
18 *clause (i) shall take into account the level of*
19 *tuberculosis morbidity and case complexity*
20 *in the respective geographic area and may*
21 *consider other factors relevant to tuber-*
22 *culosis in such area.*

23 “(iii) *NO CHANGE TO FORMULA RE-*
24 *QUIRED.*—*This subparagraph does not re-*
25 *quire the Secretary to modify the formula*

1 that was used by the Secretary to distribute
2 funds to grantees under subsection (a) for
3 fiscal year 2009.

4 “(2) *LIMITATION.*—The authorization of appro-
5 priations established in paragraph (1) for a fiscal
6 year is effective only if the amount appropriated
7 under such paragraph for such year equals or exceeds
8 the amount appropriated to carry out this section for
9 fiscal year 2009.”.

10 **TITLE II—NATIONAL INSTITUTES**
11 **OF HEALTH**

12 **SEC. 201. RESEARCH AND DEVELOPMENT CONCERNING TU-**
13 **BERCULOSIS.**

14 Subpart 2 of part C of title IV of the Public Health
15 Service Act (42 U.S.C. 285b et seq.) is amended by inserting
16 after section 424B the following section:

17 **“SEC. 424C. TUBERCULOSIS.**

18 “(a) *IN GENERAL.*—The Director of the National In-
19 stitutes of Health may expand, intensify, and coordinate
20 research and development and related activities of the Insti-
21 tutes with respect to tuberculosis including activities toward
22 the goal of eliminating such disease.

23 “(b) *CERTAIN ACTIVITIES.*—Activities under sub-
24 section (a) may include—

1 “(1) enhancing basic and clinical research on tu-
2 berculosis, including drug resistant tuberculosis;

3 “(2) expanding research on the relationship be-
4 tween such disease and the human immunodeficiency
5 virus; and

6 “(3) developing new tools for the elimination of
7 tuberculosis, including public health interventions
8 and methods to enhance detection and response to out-
9 breaks of tuberculosis, including multidrug resistant
10 tuberculosis.”.

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