

113TH CONGRESS
2D SESSION

H. R. 4701

To provide for scientific frameworks with respect to vector-borne diseases.

IN THE HOUSE OF REPRESENTATIVES

MAY 21, 2014

Mr. GIBSON (for himself, Mr. COURTNEY, Mr. PETERSON, Mr. SMITH of New Jersey, Mr. WOLF, and Mr. BARLETTA) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for scientific frameworks with respect to vector-borne diseases.

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 “Vector-Borne Disease
5 Research Accountability and Transparency Act of 2014”.

6 **SEC. 2. SCIENTIFIC FRAMEWORK FOR VECTOR-BORNE DIS-**
7 **EASES.**

8 Subpart 6 of part C of title IV of the Public Health
9 Service Act (42 U.S.C. 285f et seq.) is amended by adding
10 at the end the following:

1 **“SEC. 447D. SCIENTIFIC FRAMEWORK FOR VECTOR-BORNE**
2 **DISEASES.**

3 “(a) DEVELOPMENT OF SCIENTIFIC FRAMEWORK
4 FOR VECTOR-BORNE DISEASES.—

5 “(1) IN GENERAL.—For each vector-borne dis-
6 ease identified under subsection (b), the Directors
7 shall develop a scientific framework for the conduct
8 or support of research on such vector-borne disease.

9 “(2) CONTENTS.—The scientific framework
10 with respect to a vector-borne disease shall include
11 the following:

12 “(A) CURRENT STATUS.—

13 “(i) COMPREHENSIVE REVIEW OF THE
14 LITERATURE.—A summary of findings
15 from the current literature in the areas
16 of—

17 “(I) the prevention, diagnosis,
18 and treatment of acute and chronic
19 vector-borne disease;

20 “(II) the fundamental environ-
21 mental and biologic process that regu-
22 late acute and chronic vector-borne
23 disease; and

24 “(III) the epidemiology of acute
25 and chronic vector-borne disease.

1 “(ii) NUMBER OF INCIDENTS INTER-
2 NATIONALLY.—An assessment of the inci-
3 dence of acute and chronic vector-borne
4 disease reported internationally.

5 “(iii) SCIENTIFIC ADVANCES.—The
6 identification of relevant and diverse
7 emerging scientific areas, and promising
8 scientific advances, in basic, translational,
9 and clinical science relating to the areas
10 described in subclauses (I) and (II) of
11 clause (i).

12 “(iv) RESEARCHERS.—A description
13 of the availability of individuals who—

14 “(I) conduct scientific research in
15 the areas described in clause (i); and

16 “(II) represent a diversity of sci-
17 entific perspectives relevant to such
18 areas.

19 “(v) COORDINATED RESEARCH INITIA-
20 TIVES.—The identification of the types of
21 initiatives and partnerships for the coordi-
22 nation of intramural and extramural re-
23 search of the National Institutes of Health
24 and the Centers for Disease Control and
25 Prevention in the areas described in clause

1 (i) with research of the relevant national
2 research institutes, Federal agencies, and
3 non-Federal public and private entities in
4 such areas.

5 “(vi) RESEARCH RESOURCES.—The
6 identification of public and private re-
7 sources, such as patient registries, that are
8 available to facilitate research relating to
9 each of the areas described in clause (i).

10 “(B) IDENTIFICATION OF RESEARCH
11 QUESTIONS.—The identification of research
12 questions relating to basic, translational, and
13 clinical science in the areas described in sub-
14 clauses (I) and (II) of subparagraph (A)(i) that
15 have not been adequately addressed with re-
16 spect to acute or chronic vector-borne disease.

17 “(C) RECOMMENDATIONS.—Recommendations
18 for appropriate actions that should be
19 taken to advance research in the areas de-
20 scribed in subparagraph (A)(i) and to address
21 the research questions identified in subpara-
22 graph (B), as well as for appropriate bench-
23 marks to measure progress on achieving such
24 action, including the following:

1 “(i) RESEARCHERS.—Ensuring ade-
2 quate availability of individuals described
3 in subparagraph (A)(iv).

4 “(ii) COORDINATED RESEARCH INI-
5 TIATIVES.—Promoting and developing ini-
6 tiatives and partnerships described in sub-
7 paragraph (A)(v).

8 “(iii) RESEARCH RESOURCES.—Devel-
9 oping additional public and private re-
10 sources described in subparagraph (A)(vi)
11 and strengthening existing resources.

12 “(3) TIMING.—

13 “(A) INITIAL DEVELOPMENT AND SUBSE-
14 QUENT UPDATE.—For each vector-borne dis-
15 ease identified under subsection (b)(1), the Di-
16 rectors shall—

17 “(i) develop a scientific framework
18 under this subsection not later than 18
19 months after the date of the enactment of
20 this section; and

21 “(ii) review and update the scientific
22 framework not later than 5 years after its
23 initial development.

24 “(B) OTHER UPDATES.—The Directors
25 may review and update each scientific frame-

1 work developed under this subsection as nec-
2 essary.

3 “(4) PUBLIC NOTICE.—With respect to each
4 scientific framework developed under this subsection,
5 not later than 30 days after the date of completion
6 of the framework, the Directors shall—

7 “(A) submit such framework to the Com-
8 mittee on Energy and Commerce and the Com-
9 mittee on Appropriations of the House of Rep-
10 resentatives, and the Committee on Health,
11 Education, Labor, and Pensions and the Com-
12 mittee on Appropriations of the Senate; and

13 “(B) make such framework publicly avail-
14 able on the Internet Web site of the Depart-
15 ment of Health and Human Services.

16 “(b) IDENTIFICATION OF VECTOR-BORNE DIS-
17 EASES.—

18 “(1) IN GENERAL.—Not later than 6 months
19 after the date of the enactment of this section, the
20 Directors shall identify 2 or more bacterial or para-
21 sitic vector-borne diseases that each have a high in-
22 cidence domestically.

23 “(2) TREATING TICK-BORNE DISEASES AS A
24 SINGLE VECTOR-BORNE DISEASE.—For purposes of
25 identifying vector-borne diseases under this sub-

1 section and developing scientific frameworks for such
2 diseases under subsection (a), tick-borne diseases,
3 including Lyme disease and other tick-borne diseases
4 that are known to be transmitted by ticks to humans
5 in the United States, shall be treated as a single vec-
6 tor-borne disease.

7 “(3) ADDITIONAL VECTOR-BORNE DISEASES.—
8 Subject to paragraph (2), the Directors may, at any
9 time, identify other vector-borne diseases for pur-
10 poses of this section. In identifying a vector-borne
11 disease pursuant to the previous sentence, the Direc-
12 tors may consider additional metrics of progress
13 against such type of vector-borne disease.

14 “(c) WORKING GROUPS.—

15 “(1) IN GENERAL.—For each vector-borne dis-
16 ease identified under subsection (b), the Directors
17 shall convene a working group in accordance with
18 the Federal Advisory Committee Act. The Directors
19 (or their designees) shall participate in the meetings
20 of each such working group.

21 “(2) MEMBERS.—Each working group convened
22 under this subsection shall be comprised of the fol-
23 lowing members:

24 “(A) One or more representatives of each
25 of the following:

1 “(i) The National Institutes of
2 Health.

3 “(ii) The Centers for Disease Control
4 and Prevention.

5 “(iii) Other agencies or offices of the
6 Department of Health and Human Serv-
7 ices, as determined appropriate by the Di-
8 rectors.

9 “(iv) Other Federal agencies, as de-
10 termined appropriate by the Directors.

11 “(B) One or more representatives of each
12 of the following categories:

13 “(i) Physicians with experience in di-
14 agnosing and treating stages or manifesta-
15 tions of the relevant vector-borne disease.

16 “(ii) Non-Federal scientists or re-
17 searchers with expertise, and representing
18 a diversity of perspectives, regarding the
19 science pertaining to vector-borne diseases.

20 “(iii) Patients and their family mem-
21 bers.

22 “(iv) Nonprofit organizations that ad-
23 vocate for patients by promoting education,
24 services, or research.

1 “(v) Other individuals whose expertise
2 is determined by the Directors to be bene-
3 ficial to the functioning of the working
4 group.

5 “(C) One individual appointed by the
6 Speaker of the House of Representatives.

7 “(D) One individual appointed by the Ma-
8 jority Leader of the Senate.

9 “(3) FACA SUNSET INAPPLICABLE.—Section
10 14(a) of the Federal Advisory Committee Act (5
11 U.S.C. App.; relating to termination of advisory
12 committees) shall not apply to a working group con-
13 vened under paragraph (1).

14 “(4) OTHER WORKING GROUPS.—If the Direc-
15 tors, in addition to convening the working groups re-
16 quired by this subsection, choose to continue any
17 working group on any vector-borne disease in exist-
18 ence on the date of enactment of the Vector-Borne
19 Disease Research Accountability and Transparency
20 Act of 2014, any such working group is deemed to
21 be an advisory committee subject to the Federal Ad-
22 visory Committee Act.

23 “(d) PUBLIC HEARINGS.—

24 “(1) IN GENERAL.—The Directors shall, within
25 60 days after identifying a vector-borne disease

1 under section (b), and annually thereafter, convene
2 public forums—

3 “(A) to seek public input on the develop-
4 ment of the scientific framework for such vec-
5 tor-borne disease under this section and
6 progress in addressing related chronic condi-
7 tions; and

8 “(B) to identify, and seek public input on,
9 potential emerging strains in species of patho-
10 genic organisms.

11 “(2) PARTICIPANTS.—The participants at the
12 forums convened under this subsection shall be re-
13 searchers, physicians, patients, and other members
14 of the public.

15 “(e) REPORTING.—

16 “(1) BIENNIAL REPORTS.—The Directors shall
17 ensure that each biennial report under section 403
18 includes information on actions undertaken to carry
19 out each scientific framework developed under sub-
20 section (a) with respect to a vector-borne disease, in-
21 cluding the following:

22 “(A) Information on research grants
23 awarded by the National Institutes of Health
24 and the Centers for Disease Control and Pre-

1 vention for research relating to such vector-
2 borne disease.

3 “(B) An assessment of the progress made
4 in improving outcomes.

5 “(2) ADDITIONAL ONE-TIME REPORTS.—

6 “(A) FRAMEWORKS.—For each vector-
7 borne disease identified under subsection (b)(1),
8 the Directors shall, not later than 6 years after
9 the initial development of a scientific framework
10 for such disease under subsection (a), submit a
11 report to the Congress on the effectiveness of
12 the framework (including the update required
13 by subsection (a)(3)(A)(ii)) in improving the
14 prevention, detection, diagnosis, and treatment
15 of such disease.

16 “(B) TOTAL NUMBER OF WORKING
17 GROUPS.—Not later than 1 year after the date
18 of enactment of this section, the Directors shall
19 submit a report to the Congress identifying the
20 total number of working groups convened under
21 this section.

22 “(f) RECOMMENDATIONS FOR EXCEPTION FUND-
23 ING.—The Directors shall consider each relevant scientific
24 framework developed under subsection (a) when making

1 recommendations for exception funding for grant applica-
2 tions.

3 “(g) DEFINITION.—In this section:

4 “(1) The term ‘Directors’ means the Director
5 of NIH and the Director of the Centers for Disease
6 Control and Prevention acting jointly.

7 “(2) The term ‘vector-borne disease’ means an
8 infection transmitted to humans or other animals by
9 ticks, mosquitoes, or fleas, such as Lyme disease.”.

○