

107TH CONGRESS
1ST SESSION

S. 1116

To amend the Foreign Assistance Act of 1961 to provide increased foreign assistance for tuberculosis prevention, treatment, and control.

IN THE SENATE OF THE UNITED STATES

JUNE 27, 2001

Mr. INOUE (for himself, Mr. STEVENS, Mr. KENNEDY, Mrs. HUTCHISON, and Mr. CORZINE) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

A BILL

To amend the Foreign Assistance Act of 1961 to provide increased foreign assistance for tuberculosis prevention, treatment, and control.

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 “Stop Tuberculosis
5 (TB) Now Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1)(A) Tuberculosis is one of the greatest infec-
9 tious causes of death of adults worldwide, killing

1 2,000,000 people per year—one person every 15 sec-
2 onds.

3 (B) Globally, tuberculosis is the leading cause
4 of death of young women and the leading cause of
5 death of people with HIV/AIDS.

6 (2) An estimated 8,000,000 individuals develop
7 active tuberculosis each year.

8 (3) Tuberculosis is spreading as a result of in-
9 adequate treatment and it is a disease that knows
10 no national borders.

11 (4) With over 40 percent of tuberculosis cases
12 in the United States attributable to foreign-born in-
13 dividuals and with the increase in international trav-
14 el, commerce, and migration, elimination of tuber-
15 culosis in the United States depends on efforts to
16 control the disease in developing countries.

17 (5) The threat that tuberculosis poses for
18 Americans derives from the global spread of tuber-
19 culosis and the emergence and spread of strains of
20 multi-drug resistant tuberculosis (MDR-TB).

21 (6) Up to 50,000,000 individuals may be in-
22 fected with multi-drug resistant tuberculosis.

23 (7) In the United States, tuberculosis treat-
24 ment, normally about \$2,000 per patient, skyrockets
25 to as much as \$250,000 per patient to treat multi-

1 drug resistant tuberculosis, and treatment may not
 2 even be successful.

3 (8) Multi-drug resistant tuberculosis kills more
 4 than one-half of those individuals infected in the
 5 United States and other industrialized nations and
 6 without access to treatment it is a virtual death sen-
 7 tence in the developing world.

8 (9) There is a highly effective and inexpensive
 9 treatment for tuberculosis. Recommended by the
 10 World Health Organization as the best curative
 11 method for tuberculosis, this strategy, known as di-
 12 rectly observed treatment, short course (DOTS), in-
 13 cludes low-cost effective diagnosis, treatment, moni-
 14 toring, and recordkeeping, as well as a reliable drug
 15 supply. A centerpiece of DOTS is observing patients
 16 to ensure that they take their medication and com-
 17 plete treatment.

18 **SEC. 3. ASSISTANCE FOR TUBERCULOSIS PREVENTION,**
 19 **TREATMENT, AND CONTROL.**

20 (a) ADDITIONAL PREVENTION, TREATMENT, AND
 21 CONTROL.—Section 104(c)(7)(A) of the Foreign Assist-
 22 ance Act of 1961 (22 U.S.C. 2151b(c)(7)(A)) is
 23 amended—

24 (1) in clause (i), by adding at the end before
 25 the semicolon the following: “, by expanding the use

1 of the strategy known as directly observed treat-
 2 ment, short course (DOTS) and strategies to ad-
 3 dress multi-drug resistant tuberculosis (MDR-TB)
 4 where appropriate at the local level, particularly in
 5 countries with the highest rate of tuberculosis”; and

6 (2) in clause (ii)—

7 (A) by inserting after “the cure of at least
 8 95 percent of the cases detected” the following:
 9 “by focusing efforts on the use of the directly
 10 observed treatment, short course (DOTS) strat-
 11 egy or other internationally accepted primary
 12 tuberculosis control strategies”; and

13 (B) by striking “and the cure” and insert-
 14 ing “the cure”.

15 (b) FUNDING REQUIREMENT.—Section 104(c)(7) of
 16 the Foreign Assistance Act of 1961 (22 U.S.C.
 17 2151b(c)(7)) is amended—

18 (1) by redesignating subparagraph (B) as sub-
 19 paragraph (C); and

20 (2) by inserting after subparagraph (A) the fol-
 21 lowing:

22 “(B) In carrying out this paragraph, not less than
 23 75 percent of the amount appropriated pursuant to the
 24 authorization of appropriations under subparagraph (D)
 25 shall be used for the diagnosis and treatment of tuber-

1 culosis for at-risk and affected populations utilizing di-
 2 rectly observed treatment, short course (DOTS) strategy
 3 or other internationally accepted primary tuberculosis con-
 4 trol strategies developed in consultation with the World
 5 Health Organization (WHO), including funding for the
 6 Global Tuberculosis Drug Facility of WHO's Stop TB
 7 Partnership.”.

8 (c) ANNUAL REPORT.—Section 104(c)(7) of the For-
 9 eign Assistance Act of 1961 (22 U.S.C. 2151b(c)(7)) is
 10 amended—

11 (1) by redesignating subparagraph (C) (as re-
 12 designated by this Act) as subparagraph (D); and

13 (2) by inserting after subparagraph (B) the fol-
 14 lowing:

15 “(C) In conjunction with the transmission of the an-
 16 nual request for enactment of authorizations and appro-
 17 priations for foreign assistance programs for each fiscal
 18 year, the President shall transmit to Congress a report
 19 that contains a summary of all programs, projects, and
 20 activities carried out under this paragraph for the pre-
 21 ceding fiscal year, including a description of the extent to
 22 which such programs, projects, and activities have made
 23 progress to achieve the goals described in subparagraph
 24 (A)(ii).”.

1 (d) AUTHORIZATION OF APPROPRIATIONS.—Sub-
2 paragraph (D) of section 104(c)(7) of the Foreign Assist-
3 ance Act of 1961 (22 U.S.C. 2151b(c)(7)), as redesignig-
4 nated by this Act, is amended by striking “\$60,000,000
5 for each of the fiscal years 2001 and 2002” and inserting
6 “\$60,000,000 for fiscal year 2001 and \$200,000,000 for
7 fiscal year 2002”.

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