

109TH CONGRESS  
1ST SESSION

# H. R. 1108

To establish the National Center on Liver Disease Research, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 3, 2005

Mr. LYNCH (for himself, Mr. KING of New York, Mr. TOWNS, Mr. McDERMOTT, Mrs. CHRISTENSEN, Mr. McGOVERN, Mr. ABERCROMBIE, and Mr. CAPUANO) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To establish the National Center on Liver Disease Research, 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.**

4       This Act may be cited as the “Liver Research En-  
5       hancement Act of 2005”.

6       **SEC. 2. FINDINGS.**

7       The Congress finds as follows:

1 (1) An estimated 25,000,000 people in the  
2 United States are affected by a liver or liver-related  
3 disease.

11 (4) Due to limited research, current treatments  
12 for hepatitis C are effective in fewer than 50 percent  
13 of the cases.

14 (5) A vaccine has not been developed for hepa-  
15 titis C.

16 (6) There are 8,000 to 10,000 deaths each year  
17 due to hepatitis C, and the annual death total is  
18 projected to increase to 30,000 each year absent in-  
19 creased public health and research interventions.

20 (7) Chronic infection with hepatitis B or C is  
21 associated with an increased incidence of primary  
22 liver cancer, once a rare malignancy in the United  
23 States, but now the fastest growing cancer.

24 (8) There are 1,250,000 people in the United  
25 States who have been infected with hepatitis B.

1 (9) Up to 15 percent of Asian and Pacific-Is-  
2 lander Americans are chronically infected with hepa-  
3 titis B.

4 (10) Fifteen out of every 100,000 people in the  
5 United States are affected by a chronic, life-threat-  
6 ening disease known as primary biliary cirrhosis  
7 (PBC), and 95 percent of those affected are women.

8 (11) There is an emerging obesity-related  
9 chronic liver disease, nonalcoholic fatty liver disease  
10 (NAFLD), which may affect as many as 1 in every  
11 4 adults over the age of 18.

12 (12) There are 15,000 children hospitalized in  
13 the United States each year due to liver disease.

14 (13) The only option for many individuals with  
15 liver disease is a liver transplant.

16 (14) There are over 17,600 people in the  
17 United States on the waiting list for a liver trans-  
18 plant, but because of the limited supply of livers  
19 available for transplantation only approximately  
20 5,100 transplants are performed each year.

(15) There are 1,400 people in the United States who die each year waiting for a liver transplant, and that number is expected to increase.

24 (16) To address the public health threat posed  
25 by liver disease, there is a need for the establishment

1 of a National Center on Liver Disease Research to  
2 provide dedicated scientific leadership, to create a  
3 research action plan, and to ensure the funding of  
4 the scientific opportunities identified by the plan.

5 **SEC. 3. NATIONAL CENTER ON LIVER DISEASE RESEARCH.**

6 Subpart 3 of part C of title IV of the Public Health  
7 Service Act (42 U.S.C. 285c, et seq.) is amended by add-  
8 ing at the end the following:

9 “NATIONAL CENTER ON LIVER DISEASE RESEARCH

10 “SEC. 434B. (a) ESTABLISHMENT.—There is estab-  
11 lished the National Center on Liver Disease Research  
12 (hereafter in this section referred to as the ‘Center’) in  
13 the National Institute of Diabetes and Digestive and Kid-  
14 ney Diseases.

15 “(b) DIRECTOR.—The Center shall be headed by a  
16 Director, who shall be appointed by the Director of the  
17 Institute, in consultation with the Director of NIH, from  
18 among individuals with the highest scientific credentials.  
19 The Director of the Center shall report directly to the Di-  
20 rector of the Institute.

21 “(c) DUTIES.—To ensure the development of in-  
22 creased understanding of and better treatments and cures  
23 for liver diseases through a dedicated scientific leadership  
24 and an adequate allocation of resources, the Director  
25 shall—

1           “(1) assist the Liver Disease Research Advisory  
2        Board to develop the Liver Disease Research Action  
3        Plan; and

4           “(2) encourage and coordinate the implementa-  
5        tion of the Plan by the national research institutes,  
6        including by issuing research solicitations and by  
7        using all other available mechanisms.

8        “(d) LIVER DISEASE RESEARCH ADVISORY  
9        BOARD.—

10           “(1) ESTABLISHMENT.—Not later than 90 days  
11        after the date of the enactment of the Liver Re-  
12        search Enhancement Act of 2005, the Director of  
13        NIH shall establish a board to be known as the  
14        Liver Disease Research Advisory Board (hereafter in  
15        this section referred to as the ‘Advisory Board’).

16           “(2) DUTIES.—The Advisory Board shall advise  
17        and assist the Director of the Center concerning  
18        matters relating to liver disease research, including  
19        by developing and revising the Liver Disease Re-  
20        search Action Plan in accordance with subsection  
21        (e).

22           “(3) VOTING MEMBERS.—The Advisory Board  
23        shall be composed of 18 voting members appointed  
24        by the Director of NIH, in consultation with the Di-  
25        rector of the Institute, of whom 12 shall be eminent

1 scientists and 6 shall be lay persons. The Director  
2 of NIH, in consultation with the Director of the In-  
3 stitute, shall select 1 of the members to serve as the  
4 Chair of the Advisory Board.

5       “(4) EX OFFICIO MEMBERS.—The Director of  
6 NIH shall appoint each director of a national re-  
7 search institute that funds liver disease research to  
8 serve as a nonvoting, ex officio member of the Advi-  
9 sory Board. The Director of NIH shall invite 1 rep-  
10 resentative of the Centers for Disease Prevention  
11 and Control, 1 representative of the Food and Drug  
12 Administration, and 1 representative of the Depart-  
13 ment of Veterans Affairs to serve as such a member.  
14 Each ex officio member of the Advisory Board may  
15 appoint an individual to serve as that member’s rep-  
16 resentative on the Advisory Board.

17       “(e) LIVER DISEASE RESEARCH ACTION PLAN.—

18       “(1) DEVELOPMENT.—Not later than 15  
19 months after the date of the enactment of the Liver  
20 Research Enhancement Act of 2005, the Advisory  
21 Board shall develop (with appropriate support from  
22 the Director and staff of the Center) a comprehen-  
23 sive plan for the conduct and support of liver disease  
24 research to be known as the Liver Disease Research  
25 Action Plan. The Advisory Board shall submit the

1 Plan to the Director of NIH and the head of each  
2 institute or center within the National Institutes of  
3 Health that funds liver disease research.

4 “(2) CONTENT.—The Liver Disease Research  
5 Action Plan shall identify scientific opportunities  
6 and priorities of liver disease research necessary to  
7 increase understanding of and to prevent, cure, and  
8 develop better treatment protocols for liver diseases.

9 “(3) REVISION.—The Advisory Board shall re-  
10 vise every 3 years the Liver Disease Research Action  
11 Plan, but shall meet annually to review progress and  
12 to amend the Plan as may be appropriate because  
13 of new scientific discoveries.

14 “(f) ALLOCATION OF FUNDS.—Subject to the avail-  
15 ability of appropriations, the Director of each institute or  
16 center within the National Institutes of Health shall allo-  
17 cate to liver disease research through peer-reviewed meth-  
18 ods, the amounts necessary to fund existing scientific re-  
19 search opportunities and, subject to completion and subse-  
20 quent updates of the Liver Disease Research Action Plan,  
21 amounts adequate to carry out the recommendations of  
22 the Plan.”.

