

109TH CONGRESS
2D SESSION

H. R. 5022

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

IN THE HOUSE OF REPRESENTATIVES

MARCH 28, 2006

Mr. BROWN of Ohio (for himself, Mr. LEACH, Mrs. WILSON of New Mexico, Mr. UDALL of New Mexico, Ms. LEE, Ms. MCCOLLUM of Minnesota, Mr. BERMAN, Mr. HONDA, Mr. McNULTY, Mr. CROWLEY, Mr. McDERMOTT, Ms. SCHAKOWSKY, Mr. WAXMAN, Mr. GEORGE MILLER of California, Mr. INSLEE, Mr. GRIJALVA, Mr. ANDREWS, and Mr. HOLT) introduced the following bill; which was referred to the Committee on International Relations, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

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

4 This Act may be cited as the “Stop Tuberculosis
5 (TB) Now Act of 2006”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Tuberculosis is one of the greatest infec-
4 tious causes of death of adults worldwide, killing
5 nearly 2,000,000 people per year—one person every
6 15 seconds.

7 (2) One-third of the world's population is in-
8 fected with the tuberculosis bacterium and an esti-
9 mated 9,000,000 individuals develop active tuber-
10 culosis each year.

11 (3) Tuberculosis is the leading killer among in-
12 dividuals who are HIV-positive due to their weak-
13 ened immune systems, and it is estimated that one-
14 third of people with HIV infection have tuberculosis.

15 (4) Today, tuberculosis is a leading killer of
16 women of reproductive age.

17 (5) There are 22 countries that account for 80
18 percent of the world's burden of tuberculosis. The
19 People's Republic of China and India account for 35
20 percent of all estimated new tuberculosis cases each
21 year.

22 (6) Driven by the HIV/AIDS pandemic, inci-
23 dence rates of tuberculosis in Africa have more than
24 doubled on average since 1990, making it the only
25 region in the world in which tuberculosis rates are
26 not currently stabilized or declining. The problem is

1 so pervasive that in August 2005, African Health
2 Ministers and the World Health Organization
3 (WHO) declared tuberculosis to be an emergency in
4 Africa.

5 (7) The wide extent of drug resistance, includ-
6 ing multi-drug resistant tuberculosis (MDR-TB), in
7 Eastern Europe and other parts of the world rep-
8 resents a critical challenge to the global control of
9 tuberculosis. Drug resistance surveillance reports
10 have confirmed the serious scale and spread of tu-
11 berculosis in Eastern Europe with tuberculosis
12 strains often resistant to all first line drugs and also
13 to some second line drugs.

14 (8) With more than 50 percent of tuberculosis
15 cases in the United States attributable to foreign-
16 born individuals and with the increase in inter-
17 national travel, commerce, and migration, elimi-
18 nation of tuberculosis in the United States depends
19 on efforts to control the disease in developing coun-
20 tries. Recent research has shown that to invest in
21 tuberculosis control abroad, where treatment and
22 program costs are significantly cheaper than in the
23 United States, would be a cost-effective strategy to
24 reduce tuberculosis-related morbidity and mortality
25 domestically.

1 (9) The threat that tuberculosis poses for
2 Americans derives from the global spread of tuber-
3 culosis and the emergence and spread of strains of
4 multi-drug resistant tuberculosis, which is far more
5 deadly, and more difficult and costly to treat.

6 (10) DOTS (Directly Observed Treatment
7 Short-course) is one of the most cost-effective health
8 interventions available today and is a core compo-
9 nent of the new Stop TB Strategy.

10 (11) The Stop TB Strategy, developed by the
11 World Health Organization, builds on the success of
12 DOTS and ongoing challenges so as to serve all
13 those in need and reach targets for prevalence, mor-
14 tality, and incidence reduction. The Stop TB Strat-
15 egy includes six components:

16 (A) Pursuing high-quality expansion and
17 enhancement of DOTS coverage.

18 (B) Implementing tuberculosis and HIV
19 collaborative activities, preventing and control-
20 ling multi-drug resistant tuberculosis, and ad-
21 dressing other special challenges.

22 (C) Contributing to the strengthening of
23 health systems.

1 (D) Engaging all health care providers, in-
2 cluding promotion of the International Stand-
3 ards for Tuberculosis Care.

4 (E) Empowering individuals with tuber-
5 culosis and communities.

6 (F) Enabling and promoting research to
7 develop new diagnostics, drugs, vaccines, and
8 program-based operational research relating to
9 tuberculosis.

10 (12) The Global Plan to Stop TB 2006–2015:
11 Actions for Life is a comprehensive plan developed
12 by the Stop TB Partnership that sets out the ac-
13 tions necessary to achieve the millennium develop-
14 ment goal of cutting tuberculosis deaths and disease
15 burden in half by 2015 and thus eliminate tuber-
16 culosis as a global health problem by 2050.

17 (13) While innovations such as the Global Tu-
18 berculosis Drug Facility have enabled low-income
19 countries to treat a standard case of tuberculosis
20 with drugs that cost as little as \$16 for a full six-
21 month course of treatment, there are still millions of
22 individuals with no access to effective treatment.

23 (14) As the global resource investment in fight-
24 ing tuberculosis increases, partner nations and inter-
25 national institutions must commit to a cor-

1 responding increase in the technical and program as-
2 sistance necessary to ensure that the most effective
3 and efficient tuberculosis treatments are provided.

4 (15) The Global Fund to Fight AIDS, Tuber-
5 culosis and Malaria is an important global partner-
6 ship established to combat these three infectious dis-
7 eases that together kill millions of people a year. Ex-
8 pansion of effective tuberculosis treatment programs
9 constitutes a major component of Global Fund in-
10 vestment, along with integrated efforts to address
11 HIV and tuberculosis in areas of high prevalence.

12 (16) The Centers for Disease Control and Pre-
13 vention (CDC) is actively involved with global tuber-
14 culosis control efforts since the global tuberculosis
15 epidemic directly impacts tuberculosis in the United
16 States, and because Congress has strongly urged the
17 CDC each year to increase its involvement with
18 international tuberculosis control efforts.

19 (17) The CDC is assisting countries with a high
20 burden of tuberculosis to—

21 (A) implement the World Health Organiza-
22 tion-recommended control strategies by improv-
23 ing the capacity to diagnose and cure individ-
24 uals with tuberculosis;

1 (B) improve the capacity to diagnose,
2 treat, and prevent tuberculosis in HIV-infected
3 individuals and individuals with multi-drug re-
4 sistant tuberculosis; and

5 (C) conduct programmatically-relevant
6 operational research to identify and evaluate
7 new diagnostics, treatment regimes, and inter-
8 ventions to control tuberculosis.

9 **SEC. 3. ASSISTANCE TO COMBAT TUBERCULOSIS.**

10 (a) **POLICY.**—Section 104B(b) of the Foreign Assist-
11 ance Act of 1961 (22 U.S.C. 2151b–3(b)) is amended to
12 read as follows:

13 “(b) **POLICY.**—It is a major objective of the foreign
14 assistance program of the United States to control tuber-
15 culosis. In all countries in which the United States Agency
16 for International Development has established develop-
17 ment programs, the following goals in the battle against
18 tuberculosis should be achieved by not later than Decem-
19 ber 31, 2015:

20 “(1) Reduce by half the tuberculosis death and
21 disease burden from the 1990 baseline.

22 “(2) Sustain or exceed the detection of at least
23 70 percent of cases of tuberculosis infection and the
24 cure of at least 85 percent of those cases detected.”.

1 (b) AUTHORIZATION.—Section 104B(c) of the For-
2 eign Assistance Act of 1961 (22 U.S.C. 2151b–3(c)) is
3 amended by striking “is authorized to” and inserting
4 “shall”.

5 (c) PRIORITY TO STOP TB STRATEGY.—Section
6 104B(e) of the Foreign Assistance Act of 1961 (22 U.S.C.
7 2151b–3(e)) is amended—

8 (1) in the heading, to read as follows: “PRI-
9 ORITY TO STOP TB STRATEGY.—”;

10 (2) in the first sentence, by striking “In fur-
11 nishing” and all that follows through “, including
12 funding” and inserting the following:

13 “(1) PRIORITY.—In furnishing assistance under
14 subsection (c), the President shall give priority to—

15 “(A) activities described in the Stop TB
16 Strategy, including expansion and enhancement
17 of DOTS coverage, treatment for individuals in-
18 fected with both tuberculosis and HIV and
19 treatment for individuals with multi-drug resist-
20 ant tuberculosis (MDR–TB), strengthening of
21 health systems, use of the International Stand-
22 ards for Tuberculosis Care by all providers, em-
23 powering individuals with tuberculosis, and ena-
24 bling and promoting research to develop new
25 diagnostics, drugs, and vaccines, and program-

1 based operational research relating to tuber-
 2 culosis; and

3 “(B) funding”; and

4 (3) in the second sentence—

5 (A) by striking “In order to” and all that
 6 follows through “not less than” and inserting
 7 the following:

8 “(2) AVAILABILITY OF AMOUNTS.—In order to
 9 meet the requirements of paragraph (1), the Presi-
 10 dent—

11 “(A) shall ensure that not less than”;

12 (B) by striking “for Directly Observed
 13 Treatment Short-course (DOTS) coverage and
 14 treatment of multi-drug resistant tuberculosis
 15 using DOTS-Plus,” and inserting “to imple-
 16 ment the Stop TB Strategy; and”;

17 (C) by striking “including” and all that
 18 follows and inserting the following:

19 “(B) should ensure that not less than
 20 \$15,000,000 of the amount made available to
 21 carry out this section for a fiscal year is used
 22 to make a contribution to the Global Tuber-
 23 culosis Drug Facility.”.

24 (d) ASSISTANCE FOR WHO AND THE STOP TUBER-
 25 CULOSIS PARTNERSHIP.—Section 104B of the Foreign

1 Assistance Act of 1961 (22 U.S.C. 2151b–3) is amend-
2 ed—

3 (1) by redesignating subsection (f) as sub-
4 section (g); and

5 (2) by inserting after subsection (e) the fol-
6 lowing new subsection:

7 “(f) ASSISTANCE FOR WHO AND THE STOP TUBER-
8 CULOSIS PARTNERSHIP.—In carrying out this section, the
9 President, acting through the Administrator of the United
10 States Agency for International Development, is author-
11 ized to provide increased resources to the World Health
12 Organization (WHO) and the Stop Tuberculosis Partner-
13 ship to improve the capacity of countries with high rates
14 of tuberculosis and other affected countries to implement
15 the Stop TB Strategy.”.

16 (e) DEFINITIONS.—Section 104B(g) of the Foreign
17 Assistance Act of 1961, as redesignated by subsection
18 (d)(1), is amended—

19 (1) in paragraph (1), by adding at the end be-
20 fore the period the following: “, including low cost
21 and effective diagnosis, treatment, and monitoring of
22 tuberculosis, as well as a reliable drug supply, and
23 a management strategy for public health systems,
24 with health system strengthening, promotion of the
25 use of the International Standards for Tuberculosis

1 Care by all care providers, bacteriology under an ex-
2 ternal quality assessment framework, short-course
3 chemotherapy, and sound reporting and recording
4 systems”; and

5 (2) by adding after paragraph (5) the following
6 new paragraph:

7 “(6) STOP TB STRATEGY.—The term ‘Stop TB
8 Strategy’ means the strategy described in the Global
9 Plan to Stop TB 2006–2015: Actions for Life, a
10 comprehensive plan developed by the Stop Tuber-
11 culosis Partnership that sets out the actions nec-
12 essary to achieve the millennium development goal of
13 cutting tuberculosis deaths and disease burden in
14 half by 2015.”.

15 (f) ANNUAL REPORT.—Section 104A(e)(2)(C)(iii) of
16 the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–
17 2(e)(2)(C)(iii)) is amended by adding at the end before
18 the semicolon the following: “, including the percentage
19 of such United States foreign assistance provided for diag-
20 nosis and treatment of individuals with tuberculosis in
21 countries with the highest rates of tuberculosis, as deter-
22 mined by the World Health Organization (WHO)”.

23 (g) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to the President not less
25 than \$225,000,000 for fiscal year 2007 and not less than

1 \$260,000,000 for fiscal year 2008 to carry out section
2 104B of the Foreign Assistance Act of 1961 (22 U.S.C.
3 2151b–3), as amended by subsections (a) through (e) of
4 this section.

5 **SEC. 4. AUTHORIZATION OF APPROPRIATIONS FOR GLOB-**
6 **AL TUBERCULOSIS ACTIVITIES OF THE CEN-**
7 **TERS FOR DISEASE CONTROL AND PREVEN-**
8 **TION.**

9 For the purpose of carrying out global tuberculosis
10 activities through the Centers for Disease Control and
11 Prevention, there are authorized to be appropriated
12 \$30,000,000 for fiscal year 2007 and such sums as may
13 be necessary for fiscal year 2008. Such authorization of
14 appropriations is in addition to other authorizations of ap-
15 propriations that are available for such purposes. Amounts
16 appropriated pursuant to the authorization of appropria-
17 tions under this section shall remain available until ex-
18 pended.

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