Calendar No. 472

110TH CONGRESS
1ST SESSION

H. R. 1567

IN THE SENATE OF THE UNITED STATES

NOVEMBER 6, 2007
Received; read twice and placed on the calendar

AN ACT

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

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Stop Tuberculosis (TB) Now Act of 2007''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Tuberculosis is one of the greatest infectious causes of death of adults worldwide, killing 1.6

million people per year—one person every 20 seconds.

(2) One-third of the world's population is infected with the tuberculosis bacterium and an estimated 8.8 million individuals develop active tuberculosis each year.

(3) Tuberculosis is the leading infectious killer among individuals who are HIV-positive due to their weakened immune systems, and it is estimated that one-third of people with HIV infection have tuberculosis.

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

(5) There are 22 countries that account for 80 percent of the world's burden of tuberculosis. The People's Republic of China and India account for 36 percent of all estimated new tuberculosis cases each year.

(6) Driven by the HIV/AIDS pandemic, incidence rates of tuberculosis in Africa have more than doubled on average since 1990. The problem is so pervasive that in August 2005, African Health Ministers and the World Health Organization (WHO) declared tuberculosis to be an emergency in Africa.

(7) The wide extent of drug resistance, including both multi-drug resistant tuberculosis (MDR–TB) and extensively drug resistant tuberculosis (XDR–TB), represents both a critical challenge to the global control of tuberculosis and a serious worldwide public health threat. XDR–TB, which is characterized as being MDR–TB with additional resistance to multiple second-line anti-tuberculosis drugs, is associated with worst treatment outcomes of any form of tuberculosis. XDR–TB is converging with the HIV epidemic, undermining gains in HIV prevention and treatment programs and requires urgent interventions. Drug resistance surveillance reports have confirmed the serious scale and spread of tuberculosis with XDR–TB strains confirmed on six continents. Demonstrating the lethality of XDR–TB, an initial outbreak in Tugela Ferry, South Africa, in 2006 killed 52 of 53 patients with hundreds more cases reported since that time. Of the world's regions, sub-Saharan Africa, faces the greatest gap in capacity to prevent, find, and treat XDR–TB.

(8) With more than 50 percent of tuberculosis cases in the United States attributable to foreign-born individuals and with the increase in international travel, commerce, and migration, elimi-

nation of tuberculosis in the United States depends on efforts to control the disease in developing countries. Recent research has shown that to invest in tuberculosis control abroad, where treatment and program costs are significantly cheaper than in the United States, would be a cost-effective strategy to reduce tuberculosis-related morbidity and mortality domestically.

(9) The threat that tuberculosis poses for Americans derives from the global spread of tuberculosis and the emergence and spread of strains of multi-drug resistant tuberculosis and extensively drug resistant tuberculosis, which are far more deadly, and more difficult and costly to treat.

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

(11) The Stop TB Strategy, developed by the World Health Organization, builds on the success of DOTS and ongoing challenges so as to serve all those in need and reach targets for prevalence, mortality, and incidence reduction. The Stop TB Strategy includes six components:

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

(B) Implementing tuberculosis and HIV collaborative activities, preventing and controlling multi-drug resistant tuberculosis, and addressing other special challenges.

(C) Contributing to the strengthening of health systems.

(D) Engaging all health care providers, including promotion of the International Standards for Tuberculosis Care.

(E) Empowering individuals with tuberculosis and communities.

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

(12) The Global Plan to Stop TB 2006–2015: Actions for Life is a comprehensive plan developed by the Stop TB Partnership that sets out the actions necessary to achieve the millennium development goal of cutting tuberculosis deaths and disease burden in half by 2015 and thus eliminate tuberculosis as a global health problem by 2050.

(13) While innovations such as the Global Tuberculosis Drug Facility have enabled low-income countries to treat a standard case of tuberculosis with drugs that cost as little as $16 for a full course of treatment, there are still millions of individuals with no access to effective treatment.

(14) As the global resource investment in fighting tuberculosis increases, partner nations and international institutions must commit to a corresponding increase in the technical and program assistance necessary to ensure that the most effective and efficient tuberculosis treatments are provided.

(15) The Global Fund to Fight AIDS, Tuberculosis and Malaria is an important global partnership established to combat these three infectious diseases that together kill millions of people a year. Expansion of effective tuberculosis treatment programs constitutes a major component of Global Fund investment, along with integrated efforts to address HIV and tuberculosis in areas of high prevalence.

(16) The United States Agency for International Development and the Centers for Disease Control and Prevention are actively involved with global tuberculosis control efforts. Because the global tuberculosis epidemic directly impacts tuberculosis

in the United States, Congress has urged the Centers for Disease Control and Prevention each year to increase its involvement with international tuberculosis control efforts.

(17) The United States Agency for International Development is the lead United States Government agency for international tuberculosis efforts, working in close partnership with the Centers for Disease Control and Prevention and with the President's Emergency Plan for HIV/AIDS Relief. The goal of the United States Agency for International Development is to contribute to the global reduction of morbidity and mortality associated with tuberculosis by building country capacity to prevent and cure tuberculosis and achieve global targets of 70 percent case detection and 85 percent treatment success rates. The United States Agency for International Development provides support for tuberculosis programs in countries that have a high burden of tuberculosis, a high prevalence of tuberculosis and HIV, and a high risk of MDR–TB.

SEC. 3. ASSISTANCE TO COMBAT TUBERCULOSIS.

(a) POLICY.—Subsection (b) of section 104B of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–3) is amended to read as follows:

''(b) POLICY.—It is a major objective of the foreign assistance program of the United States to control tuberculosis. In all countries in which the Government of the United States has established development programs, particularly in countries with the highest burden of tuberculosis and other countries with high rates of tuberculosis, the United States Government should prioritize the achievement of the following goals by not later than December 31, 2015:

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

''(2) Sustain or exceed the detection of at least 70 percent of sputum smear-positive cases of tuberculosis and the cure of at least 85 percent of those cases detected.''.

(b) AUTHORIZATION.—Subsection (c) of such section is amended—

(1) in the heading, by striking ''AUTHORIZATION'' and inserting ''ASSISTANCE REQUIRED''; and

(2) by striking ''is authorized to'' and inserting ''shall''.

(c) PRIORITY TO STOP TB STRATEGY.—Subsection (e) of such section is amended—

(1) in the heading, to read as follows: ''PRIORITY TO STOP TB STRATEGY.—'';

(2) in the first sentence, by striking ''In furnishing'' and all that follows through '', including funding'' and inserting the following:

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

''(A) activities described in the Stop TB Strategy, including expansion and enhancement of DOTS coverage, treatment for individuals infected with both tuberculosis and HIV and treatment for individuals with multi-drug resistant tuberculosis (MDR–TB), strengthening of health systems, use of the International Standards for Tuberculosis Care by all providers, empowering individuals with tuberculosis, and enabling and promoting research to develop new diagnostics, drugs, and vaccines, and program-based operational research relating to tuberculosis; and

''(B) funding''; and

(3) in the second sentence—

(A) by striking ''In order to'' and all that follows through ''not less than'' and inserting the following:

''(2) AVAILABILITY OF AMOUNTS.—In order to meet the requirements of paragraph (1), the President—

''(A) shall ensure that not less than'';

(B) by striking ''for Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis using DOTS–Plus,'' and inserting ''to implement the Stop TB Strategy; and''; and

(C) by striking ''including'' and all that follows and inserting the following:

''(B) should ensure that not less than $15,000,000 of the amount made available to carry out this section for a fiscal year is used to make a contribution to the Global Tuberculosis Drug Facility.''.

(d) ASSISTANCE FOR WHO AND THE STOP TUBERCULOSIS PARTNERSHIP.—Such section is further amended—

(1) by redesignating subsection (f) as subsection (g); and

(2) by inserting after subsection (e) the following new subsection:

''(f) ASSISTANCE FOR WHO AND THE STOP TUBERCULOSIS PARTNERSHIP.—In carrying out this section, the

President, acting through the Administrator of the United States Agency for International Development, is authorized to provide increased resources to the World Health Organization (WHO) and the Stop Tuberculosis Partnership to improve the capacity of countries with high rates of tuberculosis and other affected countries to implement the Stop TB Strategy and specific strategies related to addressing extensively drug resistant tuberculosis (XDR–TB).''.

(e) DEFINITIONS.—Subsection (g) of such section, as redesignated by subsection (d)(1), is amended—

(1) in paragraph (1), by adding at the end before the period the following: '', including low cost and effective diagnosis and evaluation of treatment regimes, vaccines, and monitoring of tuberculosis, as well as a reliable drug supply, and a management strategy for public health systems, with health system strengthening, promotion of the use of the International Standards for Tuberculosis Care by all care providers, bacteriology under an external quality assessment framework, short-course chemotherapy, and sound reporting and recording systems''; and

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

''(6) STOP TB STRATEGY.—The term 'Stop TB Strategy' means the six-point strategy to reduce tuberculosis developed by the World Health Organization. The strategy is described in the Global Plan to Stop TB 2007–2016: Actions for Life, a comprehensive plan developed by the Stop Tuberculosis Partnership that sets out the actions necessary to achieve the millennium development goal of cutting tuberculosis deaths and disease burden in half by 2016.''.

(f) ANNUAL REPORT.—Clause (iii) of section 104A(e)(2)(C) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2(e)(2)(C)) is amended by adding at the end before the semicolon the following: '', including the percentage of such United States foreign assistance provided for diagnosis and treatment of individuals with tuberculosis in countries with the highest burden of tuberculosis, as determined by the World Health Organization (WHO)''.

(g) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There are authorized to be appropriated to the President not more than $400,000,000 for fiscal year 2008 and not more than $550,000,000 for fiscal year 2009 to carry out section 104B of the Foreign Assistance Act of 1961

(22 U.S.C. 2151b–3), as amended by subsections (a) through (e) of this section.

(2) FUNDING FOR CDC.—Of the amounts appropriated pursuant to the authorization of appropriations under paragraph (1), not more than $70,000,000 for fiscal year 2008 and not more than $100,000,000 for fiscal year 2009 shall be made available for the purpose of carrying out global tuberculosis activities through the Centers for Disease Control and Prevention.

(3) ADDITIONAL PROVISIONS.—Amounts appropriated pursuant to the authorization of appropriations under paragraph (1) and amounts made available pursuant to paragraph (2)—

(A) are in addition amounts otherwise made available for such purposes; and

(B) are authorized to remain available until expended.

Passed the House of Representatives November 5, 2007.

Attest: LORRAINE C. MILLER,

Clerk.

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