

115TH CONGRESS
2D SESSION

H. R. 7063

To amend the Public Health Service Act to provide for and support liver illness visibility, education, and research, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 12, 2018

Ms. VELÁZQUEZ (for herself, Ms. CLARKE of New York, Mr. VELA, Mr. MEEKS, Mr. CARSON of Indiana, Ms. MENG, Mr. ESPAILLAT, Ms. JAYAPAL, Ms. NORTON, Ms. HANABUSA, Mr. THOMPSON of Mississippi, Ms. GABBARD, and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide for and support liver illness visibility, education, and 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 Illness Visibility,
5 Education, and Research Act of 2018”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Liver cancer is the fastest-growing cause of
2 cancer death in the United States and among the
3 leading causes of cancer deaths globally.

4 (2) In 2018, approximately 42,220 people in
5 the United States will be diagnosed with primary
6 liver cancer, and approximately 30,200 will die from
7 the disease.

8 (3) Liver cancer is a leading cause of cancer
9 death among the Asian-American and Pacific Is-
10 lander community.

11 (4) The most vulnerable Asian-Americans are
12 those who are foreign-born, low-income, and living in
13 ethnic enclaves.

14 (5) Asian and Pacific Islander men and women
15 are more than twice as likely to develop liver cancer
16 compared to the non-Hispanic White population.

17 (6) Among the Asian and Pacific Islander pop-
18 ulation, the higher incidence rate of liver cancer is
19 partially explained by higher incidence rates of Hep-
20 atitis B and diabetes, which are comorbidities shown
21 to increase an individual's risk of developing liver
22 cancer.

23 (7) The most common causes of liver cancer in-
24 clude Hepatitis B virus and Hepatitis C virus infec-
25 tion.

1 (8) Hepatitis B is a primary risk factor for de-
2 veloping liver cancer, and 1 in 4 of those chronically
3 infected with hepatitis B develop cirrhosis, liver fail-
4 ure, or liver cancer.

5 (9) Half of all individuals with hepatitis B in
6 the United States are Asian-American or Pacific Is-
7 lander, though this group accounts for only 5 per-
8 cent of the U.S. population.

9 (10) Among African immigrants in the United
10 States, the prevalence of hepatitis B infection is ap-
11 proximately 1 in 10, and African immigrants make
12 up 30 percent of those with chronic hepatitis B in-
13 fection in the United States.

14 (11) Among Hispanic/Latino communities, liver
15 cancer incidence and death rates are twice as high
16 compared to the non-Hispanic White population.

17 (12) Hispanics/Latinos are 60 percent more
18 likely to die from viral hepatitis than non-Hispanic
19 Whites.

20 **SEC. 3. LIVER CANCER AND DISEASE RESEARCH.**

21 Subpart 1 of part C of title IV of the Public Health
22 Service Act (42 U.S.C. 285 et seq.) is amended by adding
23 at the end the following new section:

1 **“SEC. 417H. LIVER CANCER AND DISEASE RESEARCH.**

2 “(a) EXPANSION AND COORDINATION OF ACTIVITIES.—The Director of the Institute shall expand, intensify, and coordinate the activities of the Institute with respect to research on liver cancer and other liver diseases.

6 “(b) PROGRAMS FOR LIVER CANCER.—In carrying out subsection (a), the Director of the Institute shall—

8 “(1) provide for an expansion and intensification of the conduct and support of—

10 “(A) basic research concerning the etiology and causes of liver cancer;

12 “(B) clinical research and related activities concerning the causes, prevention, detection, and treatment of liver cancer;

15 “(C) control programs with respect to liver cancer, in accordance with section 412, including community-based programs designed to assist members of medically underserved populations (including women), low-income populations, or minority groups; and

21 “(D) information and education programs with respect to liver cancer, in accordance with section 413;

24 “(2) issue targeted calls for proposals from research scientists for purposes of funding priority areas of liver cancer research;

1 “(3) establish a special emphasis panel (as de-
2 fined by the National Institutes of Health) to review
3 any proposal submitted pursuant to paragraph (2);
4 and

5 “(4) based on reviews by the special emphasis
6 panel under paragraph (3), select which proposals to
7 fund or support.

8 “(c) INTER-INSTITUTE WORKING GROUP.—The Di-
9 rector of the Institute shall establish an inter-institute
10 working group to coordinate research agendas focused on
11 finding better outcomes and cures for liver cancer and
12 other liver diseases, including hepatitis B.

13 “(d) GRANTS AND COOPERATIVE AGREEMENTS.—

14 “(1) IN GENERAL.—The Secretary may award
15 grants and enter into cooperative agreements with
16 entities for the purpose of expanding and supporting
17 research on—

18 “(A) conditions known to increase an indi-
19 vidual’s risk of developing a major liver disease,
20 such as liver cancer, hepatitis B, hepatitis C,
21 nonalcoholic fatty liver disease, and cirrhosis of
22 the liver; and

23 “(B) opportunities for preventative and di-
24 agnostic measures for such a disease, including

1 the study of molecular pathology and biomark-
 2 ers for early detection of such disease.

3 “(2) EXPERIMENTAL TREATMENT AND PRE-
 4 VENTION.—In the case of an entity that is a hospital
 5 or a health care facility, the Secretary may award a
 6 grant or enter into a cooperative agreement with
 7 such an entity for the purpose of supporting an ex-
 8 perimental treatment or prevention program for liver
 9 cancer carried out by such entity.

10 “(3) AUTHORIZATION OF APPROPRIATIONS.—
 11 For purposes of carrying out this subsection, there
 12 is authorized to be appropriated \$45,000,000 for
 13 each of fiscal years 2019 through 2023. Any
 14 amounts appropriated under this paragraph shall re-
 15 main available until expended.”.

16 **SEC. 4. LIVER CANCER AND DISEASE PREVENTION AND**
 17 **AWARENESS GRANTS.**

18 Subpart I of part D of title III of the Public Health
 19 Service Act (42 U.S.C. 254b et seq.) is amended by adding
 20 at the end the following new section:

21 **“SEC. 330N. LIVER CANCER AND DISEASE PREVENTION AND**
 22 **AWARENESS GRANTS.**

23 “(a) PREVENTION INITIATIVE GRANT PROGRAM.—

24 “(1) IN GENERAL.—The Secretary, through the
 25 Director of the Centers for Disease Control and Pre-

1 vention, may award grants and enter into coopera-
2 tive agreements with entities for the purpose of ex-
3 panding and supporting—

4 “(A) prevention activities (including pro-
5 viding screenings, vaccinations, or other pre-
6 ventative treatment) for conditions known to in-
7 crease an individual’s risk of developing a major
8 liver disease, such as liver cancer, hepatitis B,
9 hepatitis C, nonalcoholic fatty liver disease, and
10 cirrhosis of the liver; and

11 “(B) activities relating to surveillance,
12 diagnostics, and provision of guidance for indi-
13 viduals at high risk for contracting liver cancer
14 and other liver diseases.

15 “(2) REPORT.—An entity that receives a grant
16 or cooperative agreement under paragraph (1) shall
17 submit to the Secretary, at a time specified by the
18 Secretary, a report describing each activity carried
19 out pursuant to such paragraph and evaluating the
20 effectiveness of such activity in promoting prevention
21 and treatment of liver cancer and other liver dis-
22 eases.

23 “(3) AUTHORIZATION OF APPROPRIATIONS.—
24 For purposes of carrying out this subsection, there
25 is authorized to be appropriated \$90,000,000 for

1 each of fiscal years 2019 through 2023. Any
2 amounts appropriated under this paragraph shall re-
3 main available until expended and shall be used to
4 supplement and not supplant other Federal funds
5 provided for activities under this subsection.

6 “(b) AWARENESS INITIATIVE GRANT PROGRAM.—

7 “(1) IN GENERAL.—The Secretary, through the
8 Director of the Centers for Disease Control and Pre-
9 vention, may award grants to eligible entities for the
10 purpose of raising awareness for liver cancer and
11 other liver diseases, which may include the produc-
12 tion, dissemination, and distribution of informational
13 materials targeted towards communities and popu-
14 lations with a higher risk for developing liver cancer
15 and other liver diseases.

16 “(2) ELIGIBLE ENTITIES.—To be eligible to re-
17 ceive a grant under paragraph (1), an entity shall
18 submit to the Secretary an application, at such time,
19 in such manner, and containing such information as
20 the Secretary may require, including a description of
21 how the entity, in disseminating information on liver
22 cancer and other liver diseases pursuant to para-
23 graph (1), will—

24 “(A) with respect to any community or
25 population, consult with members of such com-

1 community or population and provide such informa-
2 tion in a manner that is culturally and linguis-
3 tically appropriate for such community or popu-
4 lation;

5 “(B) highlight the range of treatments
6 available for liver cancer and other liver dis-
7 eases;

8 “(C) integrate information on available
9 hepatitis B and hepatitis C testing programs
10 into any liver cancer presentations carried out
11 by the entity; and

12 “(D) target communities and populations
13 with a higher risk for contracting liver cancer
14 and other liver diseases.

15 “(3) PREFERENCE.—In awarding grants under
16 paragraph (1), the Secretary shall give preference to
17 entities that—

18 “(A) are, or work with, a Federally quali-
19 fied health center; or

20 “(B) are community-based organizations.

21 “(4) REPORT.—An entity that receives a grant
22 under paragraph (1) shall submit to the Secretary,
23 at a time specified by the Secretary, a report de-
24 scribing each activity carried out pursuant to such
25 paragraph and evaluating the effectiveness of such

1 activity in raising awareness for liver cancer and
2 other liver diseases.

3 “(5) AUTHORIZATION OF APPROPRIATIONS.—

4 For purposes of carrying out this subsection, there
5 is authorized to be appropriated \$10,000,000 for
6 each of fiscal years 2019 through 2023. Any
7 amounts appropriated under this paragraph shall re-
8 main available until expended and shall be used to
9 supplement and not supplant other Federal funds
10 provided for activities under this subsection.”.

11 **SEC. 5. HEPATITIS B RESEARCH.**

12 Subpart 3 of part C of title IV of the Public Health
13 Service Act (42 U.S.C. 285c et seq.) is amended by adding
14 at the end the following new section:

15 **“SEC. 434B. HEPATITIS B.**

16 “The Director of the Institute shall, in collaboration
17 with the Director of the National Institute of Allergy and
18 Infectious Diseases, issue targeted calls for hepatitis B re-
19 search proposals focused on key research questions identi-
20 fied by the research community and discussed in peer-re-
21 viewed research journal articles.”.

1 **SEC. 6. CHANGES RELATING TO NATIONAL INSTITUTE OF**
2 **DIABETES AND DIGESTIVE AND KIDNEY DIS-**
3 **EASES.**

4 (a) CHANGE OF NAME OF NATIONAL INSTITUTE OF
5 DIABETES AND DIGESTIVE AND KIDNEY DISEASES.—

6 (1) IN GENERAL.—Subpart 3 of part C of title
7 IV of the Public Health Service Act (42 U.S.C. 285c
8 et seq.) is amended in the subpart heading by strik-
9 ing “**National Institute of Diabetes and Di-**
10 **gestive and Kidney Diseases**” and inserting
11 “**National Institute of Diabetes and Diges-**
12 **tive, Kidney, and Liver Diseases**”.

13 (2) TREATMENT OF DIRECTOR OF NATIONAL
14 INSTITUTE OF DIABETES AND DIGESTIVE AND KID-
15 NEY DISEASES.—The individual serving as the Di-
16 rector of the National Institute of Diabetes and Di-
17 gestive and Kidney Diseases as of the date of enact-
18 ment of this Act may continue to serve as the Direc-
19 tor of the National Institute of Diabetes and Diges-
20 tive, Kidney, and Liver Diseases commencing as of
21 that date.

22 (3) REFERENCES.—Any reference to the Na-
23 tional Institute of Diabetes and Digestive and Kid-
24 ney Diseases, or the Director of the National Insti-
25 tute of Diabetes and Digestive and Kidney Diseases,
26 in any law, regulation, document, record, or other

1 paper of the United States shall be deemed to be a
2 reference to the National Institute of Diabetes and
3 Digestive, Kidney, and Liver Diseases, or the Direc-
4 tor of the National Institute of Diabetes and Diges-
5 tive, Kidney, and Liver Diseases, respectively.

6 (4) CONFORMING AMENDMENTS.—

7 (A) Section 401(b)(3) of the Public Health
8 Service Act (42 U.S.C. 281(b)(3)) is amended
9 by striking “The National Institute of Diabetes
10 and Digestive and Kidney Diseases.” and in-
11 serting “The National Institute of Diabetes and
12 Digestive, Kidney, and Liver Diseases.”.

13 (B) Section 409A(a) of the Public Health
14 Service Act (42 U.S.C. 284e(a)) is amended by
15 striking “the National Institute of Diabetes and
16 Digestive and Kidney Diseases” and inserting
17 “the National Institute of Diabetes and Diges-
18 tive, Kidney, and Liver Diseases”.

19 (b) PURPOSE OF THE INSTITUTE.—Section 426 of
20 the Public Health Service Act (42 U.S.C. 285c) is amend-
21 ed—

22 (1) by striking “National Institute of Diabetes
23 and Digestive and Kidney Diseases” and inserting
24 “National Institute of Diabetes and Digestive, Kid-
25 ney, and Liver Diseases”; and

1 (2) by striking “and kidney, urologic, and hem-
2 atologic diseases” and inserting “kidney, urologic,
3 and hematologic diseases, and liver diseases”.

4 (c) DATA SYSTEMS AND INFORMATION CLEARING-
5 HOUSES.—Section 427 of the Public Health Service Act
6 (42 U.S.C. 285c–1) is amended by adding at the end the
7 following new subsection:

8 “(d) The Director of the Institute shall (1) establish
9 the National Liver Diseases Data System for the collec-
10 tion, storage, analysis, retrieval, and dissemination of data
11 derived from patient populations with liver diseases, in-
12 cluding, where possible, data involving general populations
13 for the purpose of detection of individuals with a risk of
14 developing liver diseases, and (2) establish the National
15 Liver Diseases Information Clearinghouse to facilitate and
16 enhance knowledge and understanding of liver diseases on
17 the part of health professionals, patients, and the public
18 through the effective dissemination of information.”.

19 (d) REESTABLISHMENT OF LIVER DISEASE RE-
20 SEARCH BRANCH WITHIN DIVISION OF DIGESTIVE DIS-
21 EASES AND NUTRITION AS DIVISION OF LIVER DIS-
22 EASES.—

23 (1) IN GENERAL.—The Liver Disease Research
24 Branch within the Division of Digestive Diseases
25 and Nutrition of the National Institute of Diabetes

1 and Digestive and Kidney Diseases (referred to in
2 this subsection as the “Liver Disease Research
3 Branch”) is hereby redesignated and promoted as
4 the Division of Liver Diseases, which shall be within
5 the National Institute of Diabetes and Digestive,
6 Kidney, and Liver Diseases, as redesignated by sub-
7 section (a), as a separate division from the other di-
8 visions within such Institute.

9 (2) DIVISION DIRECTOR.—Section 428 of the
10 Public Health Service Act (42 U.S.C. 285c–2) is
11 amended—

12 (A) in the section heading, by striking
13 **“DIVISION DIRECTORS FOR DIABETES, EN-**
14 **DOCRINOLOGY, AND METABOLIC DIS-**
15 **EASES, DIGESTIVE DISEASES AND NUTRI-**
16 **TION, AND KIDNEY, UROLOGIC, AND HEM-**
17 **ATOLOGIC DISEASES”** and inserting **“DIVI-**
18 **SION DIRECTORS FOR DIABETES, ENDO-**
19 **CRINOLOGY, AND METABOLIC DISEASES,**
20 **DIGESTIVE DISEASES AND NUTRITION,**
21 **KIDNEY, UROLOGIC, AND HEMATOLOGIC**
22 **DISEASES, AND LIVER DISEASES”**;

23 (B) in subsection (a)(1)—

24 (i) in the matter preceding subpara-
25 graph (A), by striking “and a Division Di-

1 rector for Kidney, Urologic, and Hemato-
2 logic Diseases” and inserting “a Division
3 Director for Kidney, Urologic, and Hem-
4 atologic Diseases, and a Division Director
5 for Liver Diseases”; and

6 (ii) in subparagraph (A), by striking
7 “and kidney, urologic, and hematologic dis-
8 eases” and inserting “kidney, urologic, and
9 hematologic diseases, and liver diseases”;
10 and

11 (C) in subsection (b)—

12 (i) in the matter preceding paragraph
13 (1), by striking “and the Division Director
14 for Kidney, Urologic, and Hematologic
15 Diseases” and inserting “the Division Di-
16 rector for Kidney, Urologic, and Hemato-
17 logic Diseases, and the Division Director
18 for Liver Diseases”; and

19 (ii) in paragraph (1), by striking “and
20 kidney, urologic, and hematologic diseases”
21 and inserting “kidney, urologic, and hem-
22 atologic diseases, and liver diseases”.

23 (3) TREATMENT OF DIRECTOR OF LIVER DIS-

24 EASE RESEARCH BRANCH.—The individual serving

25 as the Director of the Liver Disease Research

1 Branch as of the date of enactment of this Act may
2 continue to serve as the Division Director for Liver
3 Diseases commencing as of that date.

4 (4) TRANSFER OF AUTHORITIES.—The Sec-
5 retary of Health and Human Services shall delegate
6 to the Division Director for Liver Diseases all duties
7 and authorities that were vested in the Director of
8 the Liver Disease Research Branch as of the day be-
9 fore the date of enactment of this Act.

10 (5) REFERENCES.—Any reference to the Liver
11 Disease Research Branch, or the Director of the
12 Liver Disease Research Branch, in any law, regula-
13 tion, document, record, or other paper of the United
14 States shall be deemed to be a reference to the Divi-
15 sion of Liver Diseases, or the Division Director for
16 Liver Diseases, respectively.

17 (e) INTERAGENCY COORDINATING COMMITTEES.—
18 Section 429(a) of the Public Health Service Act (42
19 U.S.C. 285c-3(a)) is amended—

20 (1) in paragraph (1), by striking “and kidney,
21 urologic, and hematologic diseases” and inserting
22 “kidney, urologic, and hematologic diseases, and
23 liver diseases”; and

24 (2) in the matter following paragraph (2), by
25 striking “and a Kidney, Urologic, and Hematologic

1 Diseases Coordinating Committee” and inserting “a
2 Kidney, Urologic, and Hematologic Diseases Coordi-
3 nating Committee, and a Liver Diseases Coordi-
4 nating Committee”.

5 (f) ADVISORY BOARDS.—Section 430 of the Public
6 Health Service Act (42 U.S.C. 285c–4) is amended—

7 (1) in subsection (a), by striking “and the Na-
8 tional Kidney and Urologic Diseases Advisory
9 Board” and inserting “the National Kidney and
10 Urologic Diseases Advisory Board, and the Liver
11 Diseases Advisory Board”; and

12 (2) in subsection (b)(2)(A)(i)—

13 (A) by striking “the Director of the Na-
14 tional Institute of Diabetes and Digestive and
15 Kidney Diseases” and inserting “the Director
16 of the National Institute of Diabetes and Diges-
17 tive, Kidney, and Liver Diseases”; and

18 (B) by striking “and the Division Director
19 of the National Institute of Diabetes and Diges-
20 tive and Kidney Diseases” and inserting “and
21 the Division Director of the National Institute
22 of Diabetes and Digestive, Kidney, and Liver
23 Diseases”.

1 (g) RESEARCH AND TRAINING CENTERS.—Section
2 431 of the Public Health Service Act (42 U.S.C. 285c–
3 5) is amended—

4 (1) by redesignating subsection (e) as sub-
5 section (f); and

6 (2) by inserting after subsection (d) the fol-
7 lowing new subsection:

8 “(e) The Director of the Institute shall provide for
9 the development or substantial expansion of centers for
10 research in liver diseases. Each center developed or ex-
11 panded under this subsection—

12 “(1) shall utilize the facilities of a single insti-
13 tution, or be formed from a consortium of cooper-
14 ating institutions, meeting such research qualifica-
15 tions as may be prescribed by the Secretary;

16 “(2) shall develop and conduct basic and clin-
17 ical research into the cause, diagnosis, early detec-
18 tion, prevention, control, and treatment of liver dis-
19 eases and related functional, congenital, metabolic,
20 or other complications resulting from such diseases;

21 “(3) shall encourage research into and pro-
22 grams for—

23 “(A) providing information for patients
24 with such diseases and complications and the
25 families of such patients, physicians and others

1 who care for such patients, and the general
2 public;

3 “(B) model programs for cost effective and
4 preventive patient care; and

5 “(C) training physicians and scientists in
6 research on such diseases and complications;
7 and

8 “(4) may perform research and participate in
9 epidemiological studies and data collection relevant
10 to liver diseases in order to disseminate such re-
11 search, studies, and data to the health care profes-
12 sion and to the public.”.

13 (h) ADVISORY COUNCIL SUBCOMMITTEES.—Section
14 432 of the Public Health Service Act (42 U.S.C. 285c–
15 6) is amended—

16 (1) by striking “and a subcommittee on kidney,
17 urologic, and hematologic diseases” and inserting “a
18 subcommittee on kidney, urologic, and hematologic
19 diseases, and a subcommittee on liver diseases”; and

20 (2) by striking “and kidney, urologic, and hem-
21 atologic diseases” and inserting “kidney, urologic,
22 and hematologic diseases, and liver diseases”.

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