

110TH CONGRESS
2^D SESSION

H. R. 1532

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 25 (legislative day, SEPTEMBER 17), 2008

Received

AN ACT

To amend the Public Health Service Act with respect to making progress toward the goal of eliminating 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,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the
3 “Comprehensive Tuberculosis Elimination Act of 2008”.

4 (b) TABLE OF CONTENTS.—The table of contents for
5 this Act is as follows:

Sec. 1. Short title; table of contents.

**TITLE I—DEPARTMENT OF HEALTH AND HUMAN SERVICES IN
COORDINATION WITH THE CENTERS FOR DISEASE CONTROL
AND PREVENTION AND OTHER APPROPRIATE AGENCIES**

Subtitle A—National Strategy for Combating and Eliminating Tuberculosis

Sec. 101. National strategy.

Subtitle B—Interagency Collaboration

Sec. 111. Advisory Council for Elimination of Tuberculosis and the Federal Tu-
berculosis Task Force .

Subtitle C—Evaluation of Public Health Authorities

Sec. 121. Evaluation of public health authorities.

Subtitle D—Authorization of Appropriations

Sec. 131. Authorizations of appropriations.

TITLE II—NATIONAL INSTITUTES OF HEALTH

Sec. 201. Research and development concerning tuberculosis.

1 **TITLE I—DEPARTMENT OF**
2 **HEALTH AND HUMAN SERV-**
3 **ICES IN COORDINATION WITH**
4 **THE CENTERS FOR DISEASE**
5 **CONTROL AND PREVENTION**
6 **AND OTHER APPROPRIATE**
7 **AGENCIES**

8 **Subtitle A—National Strategy for**
9 **Combating and Eliminating Tu-**
10 **berculosis**

11 **SEC. 101. NATIONAL STRATEGY.**

12 Section 317E of the Public Health Service Act (42
13 U.S.C. 247b–6) is amended—

14 (1) by striking the heading for the section and
15 inserting the following: “NATIONAL STRATEGY FOR
16 COMBATING AND ELIMINATING TUBERCULOSIS”;

17 (2) by amending subsection (b) to read as fol-
18 lows:

19 “(b) RESEARCH AND DEVELOPMENT; DEMONSTRA-
20 TION PROJECTS; EDUCATION AND TRAINING.—With re-
21 spect to the prevention, treatment, control, and elimi-
22 nation of tuberculosis, the Secretary may, directly or
23 through grants to public or nonprofit private entities,
24 carry out the following:

1 “(1) Research, with priority given to research
2 and development concerning latent tuberculosis in-
3 fection, strains of tuberculosis resistant to drugs,
4 and research concerning cases of tuberculosis that
5 affect certain populations at risk for tuberculosis.

6 “(2) Research and development and related ac-
7 tivities to develop new tools for the elimination of tu-
8 berculosis, including drugs, diagnostics, vaccines,
9 and public health interventions, such as directly ob-
10 served therapy and non-pharmaceutical intervention,
11 and methods to enhance detection and response to
12 outbreaks of tuberculosis, including multidrug resist-
13 ant tuberculosis. The Secretary is encouraged to give
14 priority to programmatically relevant research so
15 that new tools can be utilized in public health prac-
16 tice.

17 “(3) Demonstration projects for—

18 “(A) the development of regional capabili-
19 ties to prevent, control, and eliminate tuber-
20 culosis and prevent multidrug resistant and ex-
21 tensively drug resistant strains of tuberculosis;

22 “(B) the intensification of efforts to reduce
23 health disparities in the incidence of tuber-
24 culosis;

1 “(C) the intensification of efforts to con-
2 trol tuberculosis along the United States-Mexico
3 border and among United States-Mexico bina-
4 tional populations, including through expansion
5 of the scope and number of programs that—

6 “(i) detect and treat binational cases
7 of tuberculosis; and

8 “(ii) treat high-risk cases of tuber-
9 culosis referred from Mexican health de-
10 partments;

11 “(D) the intensification of efforts to pre-
12 vent, detect, and treat tuberculosis among for-
13 eign-born persons who are in the United States;

14 “(E) the intensification of efforts to pre-
15 vent, detect, and treat tuberculosis among pop-
16 ulations and settings documented as having a
17 high risk for tuberculosis; and

18 “(F) tuberculosis detection, control, and
19 prevention.

20 “(4) Public information and education activi-
21 ties.

22 “(5) Education, training, clinical skills improve-
23 ment activities, and workplace exposure prevention
24 for health professionals, including allied health per-
25 sonnel and emergency response employees.

1 “(6) Support of Centers to carry out activities
2 under paragraphs (1) through (4).

3 “(7) Collaboration with international organiza-
4 tions and foreign countries in carrying out such ac-
5 tivities.

6 “(8) Develop, enhance, and expand information
7 technologies that support tuberculosis control includ-
8 ing surveillance and database management systems
9 with cross-jurisdictional capabilities, which shall con-
10 form to the standards and implementation specifica-
11 tions for such information technologies as rec-
12 ommended by the Secretary.”; and

13 (3) in subsection (d), by adding at the end the
14 following:

15 “(3) DETERMINATION OF AMOUNT OF NON-
16 FEDERAL CONTRIBUTIONS.—

17 “(A) PRIORITY.—In awarding grants
18 under subsection (a) or (b), the Secretary shall
19 give highest priority to an applicant that pro-
20 vides assurances that the applicant will con-
21 tribute non-Federal funds to carry out activities
22 under this section, which may be provided di-
23 rectly or through donations from public or pri-
24 vate entities and may be in cash or in kind, in-
25 cluding equipment or services.

1 “(B) FEDERAL AMOUNTS NOT TO BE IN-
2 CLUDED AS CONTRIBUTIONS.—Amounts pro-
3 vided by the Federal Government, or services
4 assisted or subsidized to any significant extent
5 by the Federal Government, may not be in-
6 cluded in determining the amount of non-Fed-
7 eral contributions as described in subparagraph
8 (A).”.

9 **Subtitle B—Interagency** 10 **Collaboration**

11 **SEC. 111. ADVISORY COUNCIL FOR ELIMINATION OF TU-** 12 **BERCULOSIS AND THE FEDERAL TUBER-** 13 **CULOSIS TASK FORCE.**

14 (a) IN GENERAL.—Section 317E(f) of the Public
15 Health Service Act (42 U.S.C. 247b–6(f)) is amended—

16 (1) by redesignating paragraph (5) as para-
17 graph (6); and

18 (2) by striking paragraphs (2) through (4), and
19 inserting the following:

20 “(2) DUTIES.—The Council shall provide advice
21 and recommendations regarding the elimination of
22 tuberculosis to the Secretary. In addition, the Coun-
23 cil shall, with respect to eliminating such disease,
24 provide to the Secretary and other appropriate Fed-
25 eral officials advice on—

1 “(A) coordinating the activities of the De-
2 partment of Health and Human Services and
3 other Federal agencies that relate to the dis-
4 ease, including activities under subsection (b);

5 “(B) responding rapidly and effectively to
6 emerging issues in tuberculosis; and

7 “(C) efficiently utilizing the Federal re-
8 sources involved.

9 “(3) COMPREHENSIVE PLAN.—

10 “(A) IN GENERAL.—In carrying out para-
11 graph (2), the Council shall make or update
12 recommendations on the development, revision,
13 and implementation of a comprehensive plan to
14 eliminate tuberculosis in the United States.

15 “(B) CONSULTATION.—In carrying out
16 subparagraph (A), the Council may consult with
17 appropriate public and private entities, which
18 may, subject to the direction or discretion of
19 the Secretary, include—

20 “(i) individuals who are scientists,
21 physicians, laboratorians, and other health
22 professionals, who are not officers or em-
23 ployees of the Federal Government and
24 who represent the disciplines relevant to
25 tuberculosis elimination;

1 “(ii) members of public-private part-
2 nerships or private entities established to
3 address the elimination of tuberculosis;

4 “(iii) members of national and inter-
5 national nongovernmental organizations
6 whose purpose is to eliminate tuberculosis;

7 “(iv) members from the general public
8 who are knowledgeable with respect to tu-
9 berculosis elimination including individuals
10 who have or have had tuberculosis; and

11 “(v) scientists, physicians,
12 laboratorians, and other health profes-
13 sionals who reside in a foreign country
14 with a substantial incidence or prevalence
15 of tuberculosis, and who represent the spe-
16 cialties and disciplines relevant to the re-
17 search under consideration.

18 “(C) CERTAIN COMPONENTS OF PLAN.—In
19 carrying out subparagraph (A), the Council
20 shall, subject to the direction or discretion of
21 the Secretary—

22 “(i) consider recommendations for the
23 involvement of the United States in con-
24 tinuing global and cross-border tuber-
25 culosis control activities in countries where

1 a high incidence of tuberculosis directly af-
2 fects the United States; and

3 “(ii) review the extent to which
4 progress has been made toward eliminating
5 tuberculosis.

6 “(4) BIENNIAL REPORT.—

7 “(A) IN GENERAL.—The Council shall sub-
8 mit a biennial report to the Secretary, as deter-
9 mined necessary by the Secretary, on the activi-
10 ties carried under this section. Each such re-
11 port shall include the opinion of the Council on
12 the extent to which its recommendations re-
13 garding the elimination of tuberculosis have
14 been implemented, including with respect to—

15 “(i) activities under subsection (b);
16 and

17 “(ii) the national plan referred to in
18 paragraph (3).

19 “(B) PUBLIC.—The Secretary shall make
20 a report submitted under subparagraph (A)
21 public.

22 “(5) COMPOSITION.—The Council shall be com-
23 posed of—

24 “(A) ex officio representatives from the
25 Centers for Disease Control and Prevention, the

1 National Institutes of Health, the United States
2 Agency for International Development, the
3 Agency for Healthcare Research and Quality,
4 the Health Resources and Services Administra-
5 tion, the United States-Mexico Border Health
6 Commission, and other Federal departments
7 and agencies that carry out significant activities
8 related to tuberculosis;

9 “(B) State and local tuberculosis control
10 and public health officials;

11 “(C) individuals who are scientists, physi-
12 cians, laboratorians, and other health profes-
13 sionals who represent disciplines relevant to tu-
14 berculosis elimination; and

15 “(D) members of national and inter-
16 national nongovernmental organizations estab-
17 lished to address the elimination of tuber-
18 culosis.”.

19 (b) RULE OF CONSTRUCTION REGARDING CURRENT
20 MEMBERSHIP.—With respect to the advisory council
21 under section 317E(f) of the Public Health Service Act,
22 the amendments made by subsection (a) may not be con-
23 strued as terminating the membership on such council of
24 any individual serving as such a member as of the day
25 before the date of the enactment of this Act.

1 (c) FEDERAL TUBERCULOSIS TASK FORCE.—Section
2 317E of the Public Health Service Act (42 U.S.C. 247b–
3 6) is amended—

4 (1) by redesignating subsection (g) as sub-
5 section (h); and

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

8 “(g) FEDERAL TUBERCULOSIS TASK FORCE.—

9 “(1) DUTIES.—The Federal Tuberculosis Task
10 Force (in this subsection referred to as the ‘Task
11 Force’) shall provide to the Secretary and other ap-
12 propriate Federal officials advice on research into
13 new tools under subsection (b)(2), including advice
14 regarding the efficient utilization of the Federal re-
15 sources involved.

16 “(2) COMPREHENSIVE PLAN FOR NEW TOOLS
17 DEVELOPMENT.—In carrying out paragraph (1), the
18 Task Force shall make recommendations on the de-
19 velopment of a comprehensive plan for the creation
20 of new tools for the elimination of tuberculosis, in-
21 cluding drugs, diagnostics, and vaccines.

22 “(3) CONSULTATION.—In developing the com-
23 prehensive plan under paragraph (1), the Task
24 Force shall consult with external parties including
25 representatives from groups such as—

1 “(A) scientists, physicians, laboratorians,
2 and other health professionals who represent
3 the specialties and disciplines relevant to the re-
4 search under consideration;

5 “(B) members from public-private partner-
6 ships, private entities, or foundations (or both)
7 engaged in activities relevant to research under
8 consideration;

9 “(C) members of national and inter-
10 national nongovernmental organizations estab-
11 lished to address tuberculosis elimination;

12 “(D) members from the general public who
13 are knowledgeable with respect to tuberculosis
14 including individuals who have or have had tu-
15 berculosis; and

16 “(E) scientists, physicians, laboratorians,
17 and other health professionals who reside in a
18 foreign country with a substantial incidence or
19 prevalence of tuberculosis, and who represent
20 the specialties and disciplines relevant to the re-
21 search under consideration.”.

1 **Subtitle C—Evaluation of Public**
2 **Health Authorities**

3 **SEC. 121. EVALUATION OF PUBLIC HEALTH AUTHORITIES.**

4 (a) IN GENERAL.—Not later than 180 days after the
5 date of enactment of the Comprehensive Tuberculosis
6 Elimination Act of 2008, the Secretary of Health and
7 Human Services shall prepare and submit to the appro-
8 priate committees of Congress a report that evaluates and
9 provides recommendations on changes needed to Federal
10 and State public health authorities to address current dis-
11 ease containment challenges such as isolation and quar-
12 antine.

13 (b) CONTENTS OF EVALUATION.—The report de-
14 scribed in subsection (a) shall include—

15 (1) an evaluation of the effectiveness of current
16 policies to detain patients with active tuberculosis;

17 (2) an evaluation of whether Federal laws
18 should be strengthened to expressly address the
19 movement of individuals with active tuberculosis;
20 and

21 (3) specific legislative recommendations for
22 changes to Federal laws, if any.

23 (c) UPDATE OF QUARANTINE REGULATIONS.—Not
24 later than 240 days after the date of enactment of this
25 Act, the Secretary of Health and Human Services shall

1 promulgate regulations to update the current interstate
2 and foreign quarantine regulations found in parts 70 and
3 71 of title 42, Code of Federal Regulations.

4 **Subtitle D—Authorization of**
5 **Appropriations**

6 **SEC. 131. AUTHORIZATIONS OF APPROPRIATIONS.**

7 Section 317E of the Public Health Service Act, as
8 amended by section 111(e) of this Act, is amended by
9 striking subsection (h) and inserting the following:

10 “(h) AUTHORIZATION OF APPROPRIATIONS.—

11 “(1) GENERAL PROGRAM.—

12 “(A) IN GENERAL.—For the purpose of
13 carrying out this section, there are authorized
14 to be appropriated \$200,000,000 for fiscal year
15 2009, \$210,000,000 for fiscal year 2010,
16 \$220,500,000 for fiscal year 2011,
17 \$231,525,000 for fiscal year 2012, and
18 \$243,101,250 for fiscal year 2013.

19 “(B) RESERVATION FOR EMERGENCY
20 GRANTS.—Of the amounts appropriated under
21 subparagraph (A) for a fiscal year, the Sec-
22 retary may reserve not more than 25 percent
23 for emergency grants under subsection (a) for
24 any geographic area, State, political subdivision
25 of a State, or other public entity in which there

1 is, relative to other areas, a substantial number
2 of cases of tuberculosis, multidrug resistant tu-
3 berculosis, or extensively drug resistant tuber-
4 culosis or a substantial rate of increase in such
5 cases.

6 “(C) PRIORITY.—In allocating amounts
7 appropriated under subparagraph (A), the Sec-
8 retary shall give priority to allocating such
9 amounts for grants under subsection (a).

10 “(D) ALLOCATION OF FUNDS.—

11 “(i) REQUIREMENT OF FORMULA.—Of
12 the amounts appropriated under subpara-
13 graph (A), not reserved under subpara-
14 graph (B), and allocated by the Secretary
15 for grants under subsection (a), the Sec-
16 retary shall distribute a portion of such
17 amounts to grantees under subsection (a)
18 on the basis of a formula.

19 “(ii) RELEVANT FACTORS.—The for-
20 mula developed by the Secretary under
21 clause (i) shall take into account the level
22 of tuberculosis morbidity and case com-
23 plexity in the respective geographic area
24 and may consider other factors relevant to
25 tuberculosis in such area.

1 “(iii) NO CHANGE TO FORMULA RE-
2 QUIRED.—This subparagraph does not re-
3 quire the Secretary to modify the formula
4 that was used by the Secretary to dis-
5 tribute funds to grantees under subsection
6 (a) for fiscal year 2009.

7 “(2) LIMITATION.—The authorization of appro-
8 priations established in paragraph (1) for a fiscal
9 year is effective only if the amount appropriated
10 under such paragraph for such year equals or ex-
11 ceeds the amount appropriated to carry out this sec-
12 tion for fiscal year 2009.”.

13 **TITLE II—NATIONAL INSTITUTES** 14 **OF HEALTH**

15 **SEC. 201. RESEARCH AND DEVELOPMENT CONCERNING TU-** 16 **BERCULOSIS.**

17 Subpart 2 of part C of title IV of the Public Health
18 Service Act (42 U.S.C. 285b et seq.) is amended by insert-
19 ing after section 424B the following section:

20 **“SEC. 424C. TUBERCULOSIS.**

21 “(a) IN GENERAL.—The Director of the National In-
22 stitutes of Health may expand, intensify, and coordinate
23 research and development and related activities of the In-
24 stitutes with respect to tuberculosis including activities to-
25 ward the goal of eliminating such disease.

1 “(b) CERTAIN ACTIVITIES.—Activities under sub-
2 section (a) may include—

3 “(1) enhancing basic and clinical research on
4 tuberculosis, including drug resistant tuberculosis;

5 “(2) expanding research on the relationship be-
6 tween such disease and the human immunodeficiency
7 virus; and

8 “(3) developing new tools for the elimination of
9 tuberculosis, including public health interventions
10 and methods to enhance detection and response to
11 outbreaks of tuberculosis, including multidrug resist-
12 ant tuberculosis.”.

Passed the House of Representatives September 24,
2008.

Attest: LORRAINE C. MILLER,
Clerk.