

110TH CONGRESS
1ST SESSION

H. R. 1567

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 19, 2007

Mr. ENGEL (for himself, Mrs. WILSON of New Mexico, Mr. SMITH of Washington, and Mr. PAYNE) introduced the following bill; which was referred to the Committee on Foreign Affairs, 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 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Tuberculosis is one of the greatest infec-
2 tious causes of death of adults worldwide, killing 1.6
3 million people per year—one person every 15 sec-
4 onds.

5 (2) One-third of the world’s population is in-
6 fected with the tuberculosis bacterium and an esti-
7 mated 8.8 million individuals develop active tuber-
8 culosis each year.

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

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

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

21 (6) Driven by the HIV/AIDS pandemic, inci-
22 dence rates of tuberculosis in Africa have more than
23 doubled on average since 1990, making it the only
24 region in the world in which tuberculosis rates are
25 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 both multi-drug resistant tuberculosis (MDR-
7 TB) and extensively drug resistant tuberculosis
8 (XDR-TB), represents both a critical challenge to
9 the global control of tuberculosis and a serious
10 worldwide public health threat. XDR-TB, which is
11 characterized as being MDR-TB with additional re-
12 sistance to multiple second-line anti-tuberculosis
13 drugs, is associated with worst treatment outcomes
14 of any form of tuberculosis. XDR-TB is converging
15 with the HIV epidemic, undermining gains in HIV
16 prevention and treatment programs and requires ur-
17 gent interventions. Drug resistance surveillance re-
18 ports have confirmed the serious scale and spread of
19 tuberculosis with XDR-TB strains confirmed on six
20 continents. Demonstrating the lethality of XDR-TB,
21 an initial outbreak in Tugela Ferry, South Africa
22 killed 52 of 53 patients with hundreds more cases
23 reported since. Of the world's regions, sub-Saharan
24 Africa faces the greatest gap in capacity to prevent,
25 find, and treat XDR-TB.

1 (8) With more than 50 percent of tuberculosis
2 cases in the United States attributable to foreign-
3 born individuals and with the increase in inter-
4 national travel, commerce, and migration, elimi-
5 nation of tuberculosis in the United States depends
6 on efforts to control the disease in developing coun-
7 tries. Recent research has shown that to invest in
8 tuberculosis control abroad, where treatment and
9 program costs are significantly cheaper than in the
10 United States, would be a cost-effective strategy to
11 reduce tuberculosis-related morbidity and mortality
12 domestically.

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

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

23 (11) The Stop TB Strategy, developed by the
24 World Health Organization, builds on the success of
25 DOTS and ongoing challenges so as to serve all

1 those in need and reach targets for prevalence, mor-
2 tality, and incidence reduction. The Stop TB Strat-
3 egy includes six components:

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

6 (B) Implementing tuberculosis and HIV
7 collaborative activities, preventing and control-
8 ling multi-drug resistant tuberculosis, and ad-
9 dressing other special challenges.

10 (C) Contributing to the strengthening of
11 health systems.

12 (D) Engaging all health care providers, in-
13 cluding promotion of the International Stand-
14 ards for Tuberculosis Care.

15 (E) Empowering individuals with tuber-
16 culosis and communities.

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

21 (12) The Global Plan to Stop TB 2006–2015:
22 Actions for Life is a comprehensive plan developed
23 by the Stop TB Partnership that sets out the ac-
24 tions necessary to achieve the millennium develop-
25 ment goal of cutting tuberculosis deaths and disease

1 burden in half by 2015 and thus eliminate tuber-
2 culosis as a global health problem by 2050.

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

9 (14) As the global resource investment in fight-
10 ing tuberculosis increases, partner nations and inter-
11 national institutions must commit to a cor-
12 responding increase in the technical and program as-
13 sistance necessary to ensure that the most effective
14 and efficient tuberculosis treatments are provided.

15 (15) The Global Fund to Fight AIDS, Tuber-
16 culosis and Malaria is an important global partner-
17 ship established to combat these three infectious dis-
18 eases that together kill millions of people a year. Ex-
19 pansion of effective tuberculosis treatment programs
20 constitutes a major component of Global Fund in-
21 vestment, along with integrated efforts to address
22 HIV and tuberculosis in areas of high prevalence.

23 (16) The Centers for Disease Control and Pre-
24 vention (CDC) is actively involved with global tuber-
25 culosis control efforts since the global tuberculosis

1 epidemic directly impacts tuberculosis in the United
2 States, and because Congress has strongly urged the
3 CDC each year to increase its involvement with
4 international tuberculosis control efforts.

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

7 (A) implement the World Health Organiza-
8 tion-recommended control strategies by improv-
9 ing the capacity to diagnose and cure individ-
10 uals with tuberculosis;

11 (B) improve the capacity to diagnose,
12 treat, and prevent tuberculosis in HIV-infected
13 individuals and individuals with multi-drug re-
14 sistant tuberculosis and extensively drug resist-
15 ant tuberculosis; and

16 (C) conduct programmatically-relevant
17 clinical and operational research to identify and
18 evaluate new diagnostics, treatment regimes,
19 and interventions to control tuberculosis.

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

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

24 “(b) POLICY.—It is a major objective of the foreign
25 assistance program of the United States to control tuber-

1 culosis. In all countries in which the Government of the
2 United States has established development programs, par-
3 ticularly in countries with the highest burden of tuber-
4 culosis and other countries with high rates of tuberculosis,
5 the United States Government should prioritize the
6 achievement of the following goals by not later than De-
7 cember 31, 2015:

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

10 “(2) Sustain or exceed the detection of at least
11 70 percent of sputum smear-positive cases of tuber-
12 culosis and the cure of at least 85 percent of those
13 cases detected.”.

14 (b) AUTHORIZATION.—Section 104B(c) of the For-
15 eign Assistance Act of 1961 (22 U.S.C. 2151b–3(c)) is
16 amended—

17 (1) in the heading, by striking “AUTHORIZA-
18 TION” and inserting “ASSISTANCE REQUIRED”; and

19 (2) by striking “is authorized to” and inserting
20 “shall”.

21 (c) PRIORITY TO STOP TB STRATEGY.—Section
22 104B(e) of the Foreign Assistance Act of 1961 (22 U.S.C.
23 2151b–3(e)) is amended—

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

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

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

6 “(A) activities described in the Stop TB
7 Strategy, including expansion and enhancement
8 of DOTS coverage, treatment for individuals in-
9 fected with both tuberculosis and HIV and
10 treatment for individuals with multi-drug resist-
11 ant tuberculosis (MDR–TB), strengthening of
12 health systems, use of the International Stand-
13 ards for Tuberculosis Care by all providers, em-
14 powering individuals with tuberculosis, and ena-
15 bling and promoting research to develop new
16 diagnostics, drugs, and vaccines, and program-
17 based operational research relating to tuber-
18 culosis; and

19 “(B) funding”; and

20 (3) in the second sentence—

21 (A) by striking “In order to” and all that
22 follows through “not less than” and inserting
23 the following:

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

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

5 (B) by striking “for Directly Observed
6 Treatment Short-course (DOTS) coverage and
7 treatment of multi-drug resistant tuberculosis
8 using DOTS–Plus,” and inserting “to imple-
9 ment the Stop TB Strategy; and”;

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

12 “(B) should ensure that not less than
13 \$15,000,000 of the amount made available to
14 carry out this section for a fiscal year is used
15 to make a contribution to the Global Tuber-
16 culosis Drug Facility.”.

17 (d) ASSISTANCE FOR WHO AND THE STOP TUBER-
18 CULOSIS PARTNERSHIP.—Section 104B of the Foreign
19 Assistance Act of 1961 (22 U.S.C. 2151b–3) is amend-
20 ed—

21 (1) by redesignating subsection (f) as sub-
22 section (g); and

23 (2) by inserting after subsection (e) the fol-
24 lowing new subsection:

1 “(f) ASSISTANCE FOR WHO AND THE STOP TUBER-
2 CULOSIS PARTNERSHIP.—In carrying out this section, the
3 President, acting through the Administrator of the United
4 States Agency for International Development, is author-
5 ized to provide increased resources to the World Health
6 Organization (WHO) and the Stop Tuberculosis Partner-
7 ship to improve the capacity of countries with high rates
8 of tuberculosis and other affected countries to implement
9 the Stop TB Strategy and specific strategies related to
10 addressing extensively drug resistant tuberculosis (XDR-
11 TB).”.

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

15 (1) in paragraph (1), by adding at the end be-
16 fore the period the following: “, including low cost
17 and effective diagnosis, treatment, and monitoring of
18 tuberculosis, as well as a reliable drug supply, and
19 a management strategy for public health systems,
20 with health system strengthening, promotion of the
21 use of the International Standards for Tuberculosis
22 Care by all care providers, bacteriology under an ex-
23 ternal quality assessment framework, short-course
24 chemotherapy, and sound reporting and recording
25 systems”; and

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

3 “(6) STOP TB STRATEGY.—The term ‘Stop TB
4 Strategy’ means the six-point strategy to reduce tu-
5 berculosis developed by the World Health Organiza-
6 tion. The strategy is described in the Global Plan to
7 Stop TB 2007–2016: Actions for Life, a comprehen-
8 sive plan developed by the Stop Tuberculosis Part-
9 nership that sets out the actions necessary to
10 achieve the millennium development goal of cutting
11 tuberculosis deaths and disease burden in half by
12 2016.”.

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

21 (g) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated to the President not less
23 than \$330,000,000 for fiscal year 2008 and not less than
24 \$450,000,000 for fiscal year 2009 to carry out section
25 104B of the Foreign Assistance Act of 1961 (22 U.S.C.

1 2151b–3), as amended by subsections (a) through (e) of
2 this section.

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

7 For the purpose of carrying out global tuberculosis
8 activities through the Centers for Disease Control and
9 Prevention, there are authorized to be appropriated
10 \$70,000,000 for fiscal year 2008 and \$100,000,000 for
11 fiscal year 2009. Such authorization of appropriations is
12 in addition to other authorizations of appropriations that
13 are available for such purposes. Amounts appropriated
14 pursuant to the authorization of appropriations under this
15 section shall remain available until expended.

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