

Calendar No. 549110TH CONGRESS
1ST SESSION**S. 1551**

To amend the Public Health Service Act with respect to making progress toward the goal of eliminating tuberculosis, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 5, 2007

Mr. BROWN (for himself, Mrs. HUTCHISON, Mr. KENNEDY, Mrs. CLINTON, Mrs. MURRAY, Mrs. FEINSTEIN, Mr. SANDERS, Mr. BINGAMAN, Mr. MENENDEZ, Mr. HARKIN, Mrs. BOXER, Ms. LANDRIEU, Ms. CANTWELL, Ms. MURKOWSKI, and Mr. LAUTENBERG) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

DECEMBER 18, 2007

Reported by Mr. KENNEDY, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

A BILL

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 2007”.

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

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

TITLE I—CENTERS FOR DISEASE CONTROL AND PREVENTION

Subtitle A—National Program for Elimination of Tuberculosis

Sec. 101. National program.

Subtitle B—Interagency Collaboration

Sec. 111. Advisory council for elimination of tuberculosis.

Subtitle C—New Tools for Tuberculosis Elimination

Sec. 121. New tools.

Subtitle D—Authorizations of Appropriations

Sec. 131. Authorizations of appropriations.

TITLE II—NATIONAL INSTITUTES OF HEALTH

Sec. 201. Research and development concerning tuberculosis.

Sec. 202. Activities of National Institute of Allergy and Infectious Diseases.

Sec. 203. John E. Fogarty International Center for Advanced Study in the
Health Sciences.

Sec. 204. Loan repayment programs regarding research on tuberculosis.

Sec. 205. Authorization of appropriations.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) Each year approximately 9,000,000 people
9 become ill with active tuberculosis (referred to in
10 this section as “TB”), and it is estimated that
11 1,600,000 of those people die, a result of critical
12 underinvestment in quality TB control and the re-
13 search and development of new TB drugs,

1 diagnostics and a vaccine, as well as the comorbid
2 relationship between TB and HIV/AIDS. Such levels
3 of morbidity and mortality are complicated by the
4 disease having the ability to develop resistance to
5 treatments and to travel easily across borders.

6 (2) In 2006, there were 13,767 cases of active
7 TB reported in the United States. The average an-
8 nual decline in the national TB rate slowed from 7.3
9 percent per year in the period of 1993 to 2000 to
10 3.8 percent per year in the period of 2000 to 2006.

11 (3) In addition to those with active TB, an esti-
12 mated 10,000,000 to 15,000,000 people in the
13 United States have latent TB infection.

14 (4) The increasing occurrence of multidrug re-
15 sistant (“MDR”) TB, including extensively drug re-
16 sistant (“XDR”) TB—which is resistant to at least
17 almost all drugs used to treat TB, including the two
18 recommended first-line drugs and the recommended
19 second-line medications, raises concerns of a future
20 epidemic of virtually untreatable TB.

21 (5) To prevent the spread of extensively drug
22 resistant TB, the immediate strengthening of TB
23 control systems must be a priority. This includes im-
24 proved case detection, strengthened laboratory ca-
25 pacity, rapid implementation of infection control

1 measures, enhanced treatment programs, and imme-
 2 diate support to existing public sector infrastructure.

3 (6) The Centers for Disease Control and Pre-
 4 vention is increasingly relied upon globally for its ex-
 5 pertise and technical assistance in global tuber-
 6 culosis preparedness and outbreak response capacity
 7 to identify and investigate outbreaks of multidrug
 8 resistant and extensively drug resistant TB.

9 (7) New tools are needed to more effectively
 10 prevent, diagnose, and treat TB. The standard
 11 method of diagnosing TB is over 100 years old, and
 12 fails to adequately detect TB, especially in children
 13 and those co-infected with HIV/AIDS. The newest
 14 class of anti-TB drug is over 40 years old, while
 15 rates of multidrug resistant TB are rising globally.
 16 The existing vaccine confers no protection to adoles-
 17 cents and adults, protecting only against severe
 18 forms of TB in infants and young children.

19 **TITLE I—CENTERS FOR DISEASE**
 20 **CONTROL AND PREVENTION**

21 **Subtitle A—National Program for**
 22 **Elimination of Tuberculosis**

23 **SEC. 101. NATIONAL PROGRAM.**

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

1 (1) by striking the heading for the section and
2 inserting the following: “NATIONAL PROGRAM FOR
3 ELIMINATION OF TUBERCULOSIS”; and

4 (2) by amending subsection (b) to read as fol-
5 lows:

6 “(b) RESEARCH AND DEVELOPMENT; DEMONSTRA-
7 TION PROJECTS; EDUCATION AND TRAINING.—With re-
8 spect to the prevention, treatment, control, and elimi-
9 nation of tuberculosis, the Secretary may, directly or
10 through grants to public or nonprofit private entities,
11 carry out the following:

12 “(1) Research, with priority given to research
13 and development concerning—

14 “(A) clinical trials to evaluate the safety
15 and effectiveness of new drugs, diagnostics, and
16 vaccines for latent tuberculosis infection and ac-
17 tive tuberculosis, including drug-resistant tuber-
18 culosis, that are suitable for use by patients
19 with HIV/AIDS;

20 “(B) epidemiological studies of populations
21 at risk for tuberculosis; and

22 “(C) field studies to evaluate the effective-
23 ness of new drugs, diagnostics, and vaccines, to
24 assess the incidence and prevalence of

1 multidrug resistant and extensively drug resist-
2 ant strains of tuberculosis.

3 “(2) Demonstration projects for—

4 “(A) the development of regional capabili-
5 ties to prevent, control and eliminate tuber-
6 culosis and prevent multidrug resistant and ex-
7 tensively drug resistant strains of tuberculosis;

8 “(B) the intensification of efforts—

9 “(i) to prevent, detect, and treat tu-
10 berculosis among African Americans, His-
11 panic Americans, Asian Americans, and
12 other United States-born populations with
13 documented health disparities; and

14 “(ii) to reduce or eliminate racial dis-
15 parities in the incidence of tuberculosis in
16 these populations;

17 “(C) the intensification of efforts to con-
18 trol tuberculosis along the United States-Mexico
19 border and among United States-Mexico bina-
20 tional populations;

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

24 “(E) providing guidance to Immigration
25 and Customs Enforcement in developing risk-

1 based screening procedures based on current
2 epidemiological data;

3 “(F) the intensification of efforts to in-
4 crease targeted testing and treatment of latent
5 tuberculosis infection and drug-resistant tuber-
6 culosis; and

7 “(G) the intensification of efforts to pre-
8 vent, detect, and treat tuberculosis among other
9 high risk populations and settings, including
10 among children and adolescents, homeless per-
11 sons, detainees and prisoners, HIV-infected per-
12 sons; and within health care settings.

13 “(3) A public information and education pro-
14 gram to include components that raise awareness re-
15 garding tuberculosis among the general population
16 as well as those that target populations documented
17 as having high risk for tuberculosis.

18 “(4) Education, training and clinical skills im-
19 provement activities for health professionals, includ-
20 ing allied health personnel and emergency response
21 employees.

22 “(5) Provide support for the Tuberculosis
23 Trials Consortium, the Tuberculosis Epidemiologic
24 Studies Consortium, the National Laboratory Train-
25 ing Network, and Regional Training and Medical

1 Consultation Centers to carry out activities under
2 paragraphs (1) through (4).

3 “(6) Collaboration with international organiza-
4 tions and foreign countries in intensifying efforts to
5 prevent, treat, control, and eliminate tuberculosis,
6 including efforts that address risks associated with
7 international travel.

8 “(7) Develop, enhance, and expand information
9 technologies that support tuberculosis control, in-
10 cluding surveillance and database management sys-
11 tems with cross-jurisdictional capabilities.”

12 **Subtitle B—Interagency** 13 **Collaboration**

14 **SEC. 111. ADVISORY COUNCIL FOR ELIMINATION OF TU-** 15 **BERCULOSIS.**

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

18 (1) by redesignating paragraph (5) as para-
19 graph (6); and

20 (2) by striking paragraphs (2) through (4), and
21 inserting the following:

22 “(2) DUTIES.—The Council shall provide advice
23 and recommendations regarding the elimination of
24 tuberculosis to the Secretary, the Assistant Sec-
25 retary for Health, and the Director of the Centers

1 for Disease Control and Prevention. In addition, the
 2 Council shall, with respect to eliminating such dis-
 3 ease, provide to the Secretary and other appropriate
 4 Federal officials advice on—

5 “(A) coordinating the activities of the Pub-
 6 lic Health Service and other Federal agencies
 7 that relate to the disease, including activities
 8 under subsection (b);

9 “(B) responding rapidly and effectively to
 10 cases of extensively drug resistant strains of tu-
 11 bereculosis; and

12 “(C) efficiently utilizing the Federal re-
 13 sources involved.

14 “(3) COMPREHENSIVE PLAN.—

15 “(A) IN GENERAL.—In carrying out para-
 16 graph (2), the Council shall make recommenda-
 17 tions on the development, revision, and imple-
 18 mentation of a comprehensive plan to eliminate
 19 tuberculosis in the United States.

20 “(B) CONSULTATION.—In carrying out
 21 subparagraph (A), the Council shall consult
 22 with public and private entities, including—

23 “(i) individuals who are scientists,
 24 physicians, laboratorians, and other health
 25 professionals, who are not officers or em-

1 ployees of the Federal Government and
2 who represent the disciplines relevant to
3 tuberculosis elimination;

4 “(ii) members of public-private part-
5 nerships established to address the elimi-
6 nation of tuberculosis;

7 “(iii) members of national and inter-
8 national nongovernmental organizations es-
9 tablished to address tuberculosis elimi-
10 nation; and

11 “(iv) members from the general public
12 who are knowledgeable with respect to tu-
13 berculosis elimination including individuals
14 who have or have had tuberculosis.

15 “(C) CERTAIN COMPONENTS OF PLAN.—In
16 carrying out subparagraph (A), the Council
17 shall—

18 “(i) consider the recommendations of
19 the Institute of Medicine regarding the
20 elimination of tuberculosis;

21 “(ii) consider recommendations for
22 the involvement of the United States in
23 continuing global and cross-border tuber-
24 culosis control activities in countries where
25 a high incidence of tuberculosis directly af-

1 fects the United States such as Mexico;
2 and

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

6 “(4) ANNUAL REPORT.—The Council shall an-
7 nually submit to Congress and the Secretary a re-
8 port on the activities carried under this section,
9 other than subsection (g). Each such report shall in-
10 clude the opinion of the Council on the extent to
11 which its recommendations regarding the elimination
12 of tuberculosis have been implemented, including
13 with respect to—

14 “(A) activities under subsection (b); and

15 “(B) the national plan referred to in para-
16 graph (3).

17 “(5) COMPOSITION.—The Council shall be com-
18 posed of—

19 “(A) representatives from the Centers for
20 Disease Control and Prevention, the National
21 Institutes of Health, the United States Agency
22 for International Development, the Agency for
23 Healthcare Research and Quality, the Health
24 Resources and Services Administration, the
25 United States-Mexico Border Health Commis-

1 sion, and other Federal departments and agen-
 2 cies that carry out significant activities related
 3 to tuberculosis;

4 “~~(B)~~ State and local tuberculosis control
 5 and public health officials;

6 “~~(C)~~ individuals who are scientists, physi-
 7 cians, laboratorians, and other health profes-
 8 sionals who represent disciplines relevant to tu-
 9 berculosis elimination;

10 “~~(D)~~ members of national and inter-
 11 national nongovernmental organizations estab-
 12 lished to address the elimination of tuberculosis;
 13 and

14 “~~(E)~~ members from the general public who
 15 are knowledgeable with respect to the elimi-
 16 nation of tuberculosis, including individuals who
 17 have or have had tuberculosis.”.

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

1 **Subtitle C—New Tools for**
 2 **Tuberculosis Elimination**

3 **SEC. 121. NEW TOOLS.**

4 Section 317E of the Public Health Service Act (42
 5 U.S.C. 247b-6) is amended—

6 (1) by redesignating subsection (g) as sub-
 7 section (h); and

8 (2) by inserting after subsection (f) the fol-
 9 lowing subsection:

10 “(g) **NEW TOOLS FOR ELIMINATION OF TUBER-**
 11 **CULOSIS.—**

12 “(1) **RESEARCH AND DEVELOPMENT ON DRUGS,**
 13 **DIAGNOSTICS, VACCINES, AND PUBLIC HEALTH**
 14 **INTERVENTIONS.—**The Secretary, acting through
 15 the Director of the Centers for Disease Control and
 16 Prevention, shall expand, intensify, and coordinate
 17 research and development and related activities of
 18 such Centers to develop new tools for the elimination
 19 of tuberculosis, including drugs, diagnostics, vac-
 20 cines, and public health interventions, such as di-
 21 rectly observed therapy and non-pharmaceutical
 22 intervention.

23 “(2) **FEDERAL TUBERCULOSIS TASK FORCE.—**

24 “(A) **DUTIES.—**The Federal Tuberculosis
 25 Task Force (established in December 2001 as

1 part of the Centers for Disease Control and
2 Prevention) (in this subsection referred to as
3 the ‘Task Force’) shall provide to the Secretary
4 and other appropriate Federal officials advice
5 on the implementation of paragraph (1), includ-
6 ing advice regarding the efficient utilization of
7 the Federal resources involved.

8 “(B) COMPREHENSIVE PLAN FOR NEW
9 TOOLS DEVELOPMENT.—In carrying out para-
10 graph (1), the Task Force shall make rec-
11 ommendations on the development of a com-
12 prehensive plan for the creation of new tools for
13 the elimination of tuberculosis, including drugs,
14 diagnostics, and vaccines.

15 “(C) CONSULTATION.—In developing the
16 comprehensive plan under paragraph (1), the
17 Task Force shall consult with—

18 “(i) scientists, physicians,
19 laboratorians, and other health profes-
20 sionals and who represent the specialties
21 and disciplines relevant to the research
22 under consideration;

23 “(ii) members from public-private
24 partnerships or foundations (or both) en-

1 gaged in research relevant to research
2 under consideration;

3 “(iii) members of national and inter-
4 national nongovernmental organizations es-
5 tablished to address tuberculosis elimi-
6 nation;

7 “(iv) members from the general public
8 who are knowledgeable with respect to tu-
9 berculosis, including individuals who have
10 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 “(3) GRANTS AND CONTRACTS.—The Secretary
19 shall carry out paragraph (1) directly and through
20 awards of grants, cooperative agreements, and con-
21 tracts to public and private entities, including—

22 “(A) public-private partnerships;

23 “(B) academic institutions, including insti-
24 tutions of higher education;

25 “(C) research institutions; and

1 “(D) the Tuberculosis Trials Consortium
2 and the Tuberculosis Epidemiologic Studies
3 Consortium.”.

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

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

7 Section 317E of the Public Health Service Act, as
8 amended by section 121(1) 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, other than subsections
14 (b) and (g), there are authorized to be appro-
15 priated \$300,000,000 for fiscal year 2008, and
16 such sums as may be necessary for each of the
17 fiscal years 2009 through 2012.

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

1 tuberculosis, multidrug resistant tuberculosis,
2 or extensively drug resistant tuberculosis or a
3 substantial rate of increase in such cases.

4 “(C) RESEARCH, DEMONSTRATION
5 PROJECTS, EDUCATION, AND TRAINING.—For
6 the purpose of carrying out subsection (b),
7 there are authorized to be appropriated such
8 sums as may be necessary for each of fiscal
9 years 2008 through 2012.

10 “(D) PRIORITY.—In allocating amounts
11 appropriated under subparagraph (A) and not
12 reserved under subparagraph (B), the Secretary
13 shall give priority to allocating such amounts
14 for grants under subsection (a).

15 “(E) ALLOCATION OF FUNDS.—

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

24 “(ii) RELEVANT FACTORS.—The for-
25 mula developed by the Secretary under

1 clause (i) shall take into account the level
2 of tuberculosis morbidity in the respective
3 geographic area and may consider other
4 factors relevant to tuberculosis in such
5 area.

6 “(iii) ~~NO CHANGE TO FORMULA RE-~~
7 ~~QUIRED.—~~This subparagraph does not re-
8 quire the Secretary to modify the formula
9 that was used by the Secretary to dis-
10 tribute funds to grantees under subsection
11 (a) for fiscal year 2007.

12 “(2) ~~NEW TOOLS.—~~

13 “(A) ~~IN GENERAL.—~~For the purpose of
14 carrying out subsection (g), there are author-
15 ized to be appropriated \$100,000,000 for fiscal
16 year 2008, and such sums as may be necessary
17 for each of the fiscal years 2009 through 2012.

18 “(B) ~~LIMITATION.—~~The authorization of
19 appropriations established in subparagraph (A)
20 for a fiscal year is effective only if the amount
21 appropriated under paragraph (1) for such year
22 equals or exceeds the amount appropriated to
23 carry out this section for fiscal year 2007.”.

1 **TITLE II—NATIONAL INSTITUTES**
 2 **OF HEALTH**

3 **SEC. 201. RESEARCH AND DEVELOPMENT CONCERNING TU-**
 4 **BERCULOSIS.**

5 (a) **IN GENERAL.**—Subpart 2 of part C of title IV
 6 of the Public Health Service Act (42 U.S.C. 285b et seq.)
 7 is amended by inserting after section 424B the following
 8 section:

9 **“SEC. 424C. TUBERCULOSIS.**

10 **“(a) IN GENERAL.**—The Director of the National In-
 11 stitutes of Health shall expand, intensify, and coordinate
 12 research and development and related activities of the In-
 13 stitute with respect to tuberculosis, including activities to-
 14 ward the goal of eliminating such disease.

15 **“(b) CERTAIN ACTIVITIES.**—Activities under sub-
 16 section (a) shall include—

17 **“(1)** enhancing basic and clinical research on
 18 tuberculosis, including drug resistant tuberculosis;
 19 and

20 **“(2)** expanding research on the relationship be-
 21 tween such disease and the human immunodeficiency
 22 virus.”.

23 (b) **RESEARCH EDUCATION.**—Part A of title IV of
 24 the Public Health Service Act (42 U.S.C. 281 et seq.) is
 25 amended by adding at the end the following:

1 **“SEC. 404I. TUBERCULOSIS ACADEMIC AWARDS.**

2 “(a) TUBERCULOSIS ACADEMIC AWARDS.—The Di-
 3 rector of the National Institutes of Health may provide
 4 awards to faculty of schools of medicine, osteopathic medi-
 5 cine, nursing, public health, or related fields to assist such
 6 faculty in developing high quality curricula in such schools
 7 designed to significantly increase the opportunities for in-
 8 terested individuals, including students of the school and
 9 practicing physicians and nurses, to learn the principles
 10 and practices of preventing, managing, and controlling tu-
 11 bereulosis.

12 “(b) TUBERCULOSIS/PULMONARY INFECTION
 13 AWARDS.—The Director of the National Institutes of
 14 Health may provide awards to support the career develop-
 15 ment of clinically trained professionals who are committed
 16 to research regarding pulmonary infections and tuber-
 17 culosis by providing for supervised study and research.”.

18 **SEC. 202. ACTIVITIES OF NATIONAL INSTITUTE OF AL-**
 19 **LERGY AND INFECTIOUS DISEASES.**

20 Section 447A of the Public Health Service Act (42
 21 U.S.C. 285f-2) is amended—

- 22 (1) by striking “In carrying out section 446”
 23 and inserting “(a) In carrying out section 446”; and
 24 (2) by inserting at the end the following:

25 “(b) Activities under subsection (a) shall include ae-
 26 tivities to develop a tuberculosis vaccine. Such activities

1 shall be carried out in accordance with the blueprint for
 2 tuberculosis vaccine development described in the report
 3 prepared pursuant to the workshop convened in March
 4 1998 by the Advisory Council for Elimination of Tubercu-
 5 culosis, the Director of the National Vaccine Program,
 6 and the Director of the Institute.”.

7 **SEC. 203. JOHN E. FOGARTY INTERNATIONAL CENTER FOR**
 8 **ADVANCED STUDY IN THE HEALTH**
 9 **SCIENCES.**

10 Section 482 of the Public Health Service Act (42
 11 U.S.C. 287b) is amended—

12 (1) by inserting “(a) IN GENERAL.—” before
 13 “The general purpose”;

14 (2) in subsection (a) (as so designated), by in-
 15 serting after “Health Sciences” the following: “(in
 16 this subpart referred to as the ‘Center’)”; and

17 (3) by adding at the end the following sub-
 18 section:

19 “(b) TUBERCULOSIS.—

20 “(1) IN GENERAL.—In carrying out subsection
 21 (a) with respect to tuberculosis, the Center shall ex-
 22 pand, intensify, and coordinate international activi-
 23 ties of the Center for research and training.

24 “(2) INTERNATIONAL TRAINING PROGRAM.—In
 25 carrying out paragraph (1), the Center shall carry

1 out an international training program regarding tu-
2 bereculosis. Such program shall be modeled after the
3 international training program carried out by the
4 Center with respect to the human immunodeficiency
5 virus.”.

6 **SEC. 204. LOAN REPAYMENT PROGRAMS REGARDING RE-**
7 **SEARCH ON TUBERCULOSIS.**

8 Part G of title IV of the Public Health Service Act
9 (42 U.S.C. 288 et seq.) is amended—

10 (1) by redesignating the second section 487F as
11 section 487G; and

12 (2) by inserting after section 487G (as so re-
13 designated) the following section:

14 “LOAN REPAYMENTS REGARDING RESEARCH ON
15 TUBERCULOSIS

16 “SEC. 487H. In carrying out sections 487C, 487E,
17 and 487F, the Secretary shall seek to ensure that, for fis-
18 cal year 2008 and subsequent fiscal years, a portion of
19 amounts appropriated to carry out such sections is re-
20 served for the purpose of entering into contracts under
21 which (in accordance with the section involved) individuals
22 will conduct research on tuberculosis. The Secretary shall
23 have sole discretion for the administration of activities
24 under this section.”.

1 **SEC. 205. AUTHORIZATION OF APPROPRIATIONS.**

2 For the purpose of carrying out this title and the
 3 amendments made by this title, there are authorized to
 4 be appropriated such sums as may be necessary. Such au-
 5 thorization of appropriations shall be in addition to the
 6 authorization of appropriations established by section
 7 402A(a) of the Public Health Service Act and any other
 8 authorization of appropriations available for such purpose.

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

10 (a) *SHORT TITLE.*—*This Act may be cited as the*
 11 *“Comprehensive Tuberculosis Elimination Act of 2007”.*

12 (b) *TABLE OF CONTENTS.*—*The table of contents for*
 13 *this Act is as follows:*

Sec. 1. Short title; table of contents.

*TITLE I—DEPARTMENT OF HEALTH AND HUMAN SERVICES IN CO-
 ORDINATION 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.

Subtitle C—New Tools for Tuberculosis Elimination

Sec. 121. New tools.

Subtitle D—Evaluation of Public Health Authorities

Sec. 131. Evaluation of public health authorities.

Subtitle E—Authorization of Appropriations

Sec. 141. 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; DEMONSTRATION*
 20 *PROJECTS; EDUCATION AND TRAINING.—With respect to*
 21 *the prevention, treatment, control, and elimination of tuber-*
 22 *culosis, the Secretary may, directly or through grants to*
 23 *public or nonprofit private entities, carry out the following:*

24 *“(1) Research, with priority given to research*
 25 *and development concerning latent tuberculosis infec-*

1 *tion, strains of tuberculosis resistant to drugs, and re-*
2 *search concerning cases of tuberculosis that affect cer-*
3 *tain populations at risk for tuberculosis.*

4 *“(2) Demonstration projects for—*

5 *“(A) the development of regional capabili-*
6 *ties to prevent, control and eliminate tuber-*
7 *culosis and prevent multidrug resistant and ex-*
8 *tensively drug resistant strains of tuberculosis;*

9 *“(B) the intensification of efforts to reduce*
10 *health disparities in the incidence of tuber-*
11 *culosis;*

12 *“(C) the intensification of efforts to control*
13 *tuberculosis along the United States-Mexico bor-*
14 *der and among United States-Mexico binational*
15 *populations, including through expansion of the*
16 *scope and number of programs that—*

17 *“(i) detect and treat binational cases of*
18 *tuberculosis; and*

19 *“(ii) treat high-risk cases of tuber-*
20 *culosis referred from Mexican health depart-*
21 *ments;*

22 *“(D) the intensification of efforts to prevent,*
23 *detect, and treat tuberculosis among foreign-born*
24 *persons who are in the United States;*

1 “(E) the intensification of efforts to prevent,
2 detect, and treat tuberculosis among populations
3 and settings documented as having a high risk
4 for tuberculosis; and

5 “(F) tuberculosis detection, control, and
6 prevention.

7 “(3) Public information and education activities.

8 “(4) Education, training, clinical skills improve-
9 ment activities, and workplace exposure prevention
10 for health professionals, including allied health per-
11 sonnel and emergency response employees.

12 “(5) Support of Centers to carry out activities
13 under paragraphs (1) through (4).

14 “(6) Collaboration with international organiza-
15 tions and foreign countries in carrying out such ac-
16 tivities.

17 “(7) Develop, enhance, and expand information
18 technologies that support tuberculosis control includ-
19 ing surveillance and database management systems
20 with cross-jurisdictional capabilities, which shall con-
21 form to the standards and implementation specifica-
22 tions for such information technologies as rec-
23 ommended by the Secretary.”; and

24 (3) in subsection (d), by adding at the end the
25 following:

1 “(3) *DETERMINATION OF AMOUNT OF NON-*
2 *FEDERAL CONTRIBUTIONS.—*”

3 “(A) *PRIORITY.—In awarding grants under*
4 *subsection (a) or (b), the Secretary shall give*
5 *highest priority to an applicant that provides*
6 *assurances that the applicant will contribute*
7 *non-Federal funds to carry out activities under*
8 *this section, which may be provided directly or*
9 *through donations from public or private entities*
10 *and may be in cash or in kind, including equip-*
11 *ment or services.*”

12 “(B) *FEDERAL AMOUNTS NOT TO BE IN-*
13 *CLUDED AS CONTRIBUTIONS.—Amounts provided*
14 *by the Federal Government, or services assisted*
15 *or subsidized to any significant extent by the*
16 *Federal Government, may not be included in de-*
17 *termining the amount of non-Federal contribu-*
18 *tions as described in subparagraph (A).”.*

19 ***Subtitle B—Interagency***
20 ***Collaboration***

21 ***SEC. 111. ADVISORY COUNCIL FOR ELIMINATION OF TUBER-***
22 ***CULOSIS.***

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

1 (1) *by redesignating paragraph (5) as para-*
2 *graph (6); and*

3 (2) *by striking paragraphs (2) through (4), and*
4 *inserting the following:*

5 “(2) *DUTIES.—The Council shall provide advice*
6 *and recommendations regarding the elimination of*
7 *tuberculosis to the Secretary. In addition, the Council*
8 *shall, with respect to eliminating such disease, pro-*
9 *vide to the Secretary and other appropriate Federal*
10 *officials advice on—*

11 “(A) *coordinating the activities of the De-*
12 *partment of Health and Human Services and*
13 *other Federal agencies that relate to the disease,*
14 *including activities under subsection (b);*

15 “(B) *responding rapidly and effectively to*
16 *emerging issues in tuberculosis; and*

17 “(C) *efficiently utilizing the Federal re-*
18 *sources involved.*

19 “(3) *COMPREHENSIVE PLAN.—*

20 “(A) *IN GENERAL.—In carrying out para-*
21 *graph (2), the Council shall make or update rec-*
22 *ommendations on the development, revision, and*
23 *implementation of a comprehensive plan to*
24 *eliminate tuberculosis in the United States.*

1 “(B) *CONSULTATION.*—*In carrying out sub-*
2 *paragraph (A), the Council may consult with*
3 *appropriate public and private entities, which*
4 *may, subject to the direction or discretion of the*
5 *Secretary, include—*

6 “(i) *individuals who are scientists,*
7 *physicians, laboratorians, and other health*
8 *professionals, who are not officers or em-*
9 *ployees of the Federal Government and who*
10 *represent the disciplines relevant to tuber-*
11 *culosis elimination;*

12 “(ii) *members of public-private part-*
13 *nerships or private entities established to*
14 *address the elimination of tuberculosis;*

15 “(iii) *members of national and inter-*
16 *national nongovernmental organizations*
17 *whose purpose is to eliminate tuberculosis;*
18 *and*

19 “(iv) *members from the general public*
20 *who are knowledgeable with respect to tuber-*
21 *culosis elimination including individuals*
22 *who have or have had tuberculosis.*

23 “(C) *CERTAIN COMPONENTS OF PLAN.*—*In*
24 *carrying out subparagraph (A), the Council*

1 shall, subject to the direction or discretion of the
2 Secretary—

3 “(i) consider recommendations for the
4 involvement of the United States in con-
5 tinuing global and cross-border tuberculosis
6 control activities in countries where a high
7 incidence of tuberculosis directly affects the
8 United States; and

9 “(ii) review the extent to which
10 progress has been made toward eliminating
11 tuberculosis.

12 “(4) BIENNIAL REPORT.—

13 “(A) IN GENERAL.—The Council shall sub-
14 mit a biennial report to the Secretary, as deter-
15 mined necessary by the Secretary, on the activi-
16 ties carried under this section, other than sub-
17 section (g). Each such report shall include the
18 opinion of the Council on the extent to which its
19 recommendations regarding the elimination of
20 tuberculosis have been implemented, including
21 with respect to—

22 “(i) activities under subsection (b);

23 and

24 “(ii) the national plan referred to in
25 paragraph (3).

1 “(B) *PUBLIC.*—*The Secretary shall make a*
2 *report submitted under subparagraph (A) public.*

3 “(5) *COMPOSITION.*—*The Council shall be com-*
4 *posed of—*

5 “(A) *ex officio* representatives from the Cen-
6 *ters for Disease Control and Prevention, the Na-*
7 *tional Institutes of Health, the United States*
8 *Agency for International Development, the Agen-*
9 *cy for Healthcare Research and Quality, the*
10 *Health Resources and Services Administration,*
11 *the United States-Mexico Border Health Com-*
12 *mission, and other Federal departments and*
13 *agencies that carry out significant activities re-*
14 *lated to tuberculosis;*

15 “(B) *State and local tuberculosis control*
16 *and public health officials;*

17 “(C) *individuals who are scientists, physi-*
18 *cians, laboratorians, and other health profes-*
19 *sionals who represent disciplines relevant to tu-*
20 *berculosis elimination; and*

21 “(D) *members of national and international*
22 *nongovernmental organizations established to ad-*
23 *dress the elimination of tuberculosis.”.*

24 (b) *RULE OF CONSTRUCTION REGARDING CURRENT*
25 *MEMBERSHIP.*—*With respect to the advisory council under*

1 *section 317E(f) of the Public Health Service Act, the*
 2 *amendments made by subsection (a) may not be construed*
 3 *as terminating the membership on such council of any indi-*
 4 *vidual serving as such a member as of the day before the*
 5 *date of the enactment of this Act.*

6 ***Subtitle C—New Tools for***
 7 ***Tuberculosis Elimination***

8 ***SEC. 121. NEW TOOLS.***

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

11 *(1) by redesignating subsection (g) as subsection*
 12 *(h); and*

13 *(2) by inserting after subsection (f) the following*
 14 *subsection:*

15 *“(g) NEW TOOLS FOR ELIMINATION OF TUBER-*
 16 *CULOSIS.—*

17 *“(1) RESEARCH AND DEVELOPMENT ON DRUGS,*
 18 *DIAGNOSTICS, VACCINES, AND PUBLIC HEALTH INTER-*
 19 *VENTIONS.—The Secretary may expand, intensify,*
 20 *and coordinate research and development and related*
 21 *activities to develop new tools for the elimination of*
 22 *tuberculosis, including drugs, diagnostics, vaccines,*
 23 *and public health interventions, such as directly ob-*
 24 *served therapy and non-pharmaceutical intervention,*
 25 *and methods to enhance detection and response to out-*

1 *breaks of tuberculosis, including multidrug resistant*
2 *tuberculosis. The Secretary shall give priority to pro-*
3 *grammatically relevant research so that new tools can*
4 *be utilized in public health practice.*

5 “(2) *FEDERAL TUBERCULOSIS TASK FORCE.*—

6 “(A) *DUTIES.*—*The Federal Tuberculosis*
7 *Task Force (in this subsection referred to as the*
8 *‘Task Force’) shall provide to the Secretary and*
9 *other appropriate Federal officials advice on the*
10 *implementation of paragraph (1), including ad-*
11 *vice regarding the efficient utilization of the Fed-*
12 *eral resources involved.*

13 “(B) *COMPREHENSIVE PLAN FOR NEW*
14 *TOOLS DEVELOPMENT.*—*In carrying out para-*
15 *graph (1), the Task Force shall make rec-*
16 *ommendations on the development of a com-*
17 *prehensive plan for the creation of new tools for*
18 *the elimination of tuberculosis, including drugs,*
19 *diagnostics, and vaccines.*

20 “(C) *CONSULTATION.*—*In developing the*
21 *comprehensive plan under paragraph (1), the*
22 *Task Force shall consult with external parties*
23 *including representatives from groups such as—*

24 “(i) *scientists, physicians,*
25 *laboratorians, and other health professionals*

1 *who represent the specialties and disciplines*
2 *relevant to the research under consideration;*

3 “(ii) members from public-private
4 partnerships, private entities, or founda-
5 tions (or both) engaged in activities relevant
6 to research under consideration;

7 “(iii) members of national and inter-
8 national nongovernmental organizations es-
9 tablished to address tuberculosis elimi-
10 nation;

11 “(iv) members from the general public
12 who are knowledgeable with respect to tuber-
13 culosis including individuals who have or
14 have had tuberculosis; and

15 “(v) scientists, physicians,
16 laboratorians, and other health professionals
17 who reside in a foreign country with a sub-
18 stantial incidence or prevalence of tuber-
19 culosis, and who represent the specialties
20 and disciplines relevant to the research
21 under consideration.

22 “(3) GRANTS AND CONTRACTS.—The Secretary
23 may carry out paragraph (1) directly and through
24 awards of grants, cooperative agreements, and con-
25 tracts to public and private entities, including—

- 1 “(A) public-private partnerships;
- 2 “(B) academic institutions, including insti-
- 3 tutions of higher education;
- 4 “(C) research institutions; and
- 5 “(D) nonprofit entities established and dedi-
- 6 cated to tuberculosis vaccine and treatment prod-
- 7 uct development.”.

8 ***Subtitle D—Evaluation of Public***

9 ***Health Authorities***

10 ***SEC. 131. EVALUATION OF PUBLIC HEALTH AUTHORITIES.***

11 (a) *IN GENERAL.*—Not later than 180 days after the

12 *date of enactment of the Comprehensive Tuberculosis Elimini-*

13 *ation Act of 2007, the Secretary of Health and Human*

14 *Services shall prepare and submit to the appropriate com-*

15 *mittees of Congress a report that evaluates and provides rec-*

16 *ommendations on changes needed to Federal and State pub-*

17 *lic health authorities to address current disease contain-*

18 *ment challenges such as isolation and quarantine.*

19 (b) *CONTENTS OF EVALUATION.*—The report described

20 *in subsection (a) shall include—*

- 21 (1) *an evaluation of the effectiveness of current*
- 22 *policies to detain patients with active tuberculosis;*
- 23 (2) *an evaluation of whether Federal laws should*
- 24 *be strengthened to expressly address the movement of*
- 25 *individuals with active tuberculosis; and*

1 (3) *specific legislative recommendations for*
2 *changes to Federal laws, if any.*

3 (c) *UPDATE OF QUARANTINE REGULATIONS.—Not*
4 *later than 240 days after the date of enactment of this Act,*
5 *the Secretary of Health and Human Services shall promul-*
6 *gate regulations to update the current interstate and foreign*
7 *quarantine regulations found in parts 70 and 71 of title*
8 *42, Code of Federal Regulations.*

9 ***Subtitle E—Authorization of***
10 ***Appropriations***

11 ***SEC. 141. AUTHORIZATIONS OF APPROPRIATIONS.***

12 *Section 317E of the Public Health Service Act, as*
13 *amended by section 121(1) of this Act, is amended by strik-*
14 *ing subsection (h) and inserting the following:*

15 “(h) *AUTHORIZATION OF APPROPRIATIONS.—*

16 “(1) *GENERAL PROGRAM.—*

17 “(A) *IN GENERAL.—For the purpose of car-*
18 *rying out this section, other than subsections (b)*
19 *and (g), there are authorized to be appropriated*
20 *\$300,000,000 for fiscal year 2008, and such sums*
21 *as may be necessary for each of the fiscal years*
22 *2009 through 2012.*

23 “(B) *RESERVATION FOR EMERGENCY*
24 *GRANTS.—Of the amounts appropriated under*
25 *subparagraph (A) for a fiscal year, the Secretary*

1 *may reserve not more than 25 percent for emer-*
2 *gency grants under subsection (a) for any geo-*
3 *graphic area, State, political subdivision of a*
4 *State, or other public entity in which there is,*
5 *relative to other areas, a substantial number of*
6 *cases of tuberculosis, multidrug resistant tuber-*
7 *culosis, or extensively drug resistant tuberculosis*
8 *or a substantial rate of increase in such cases.*

9 “(C) *RESEARCH, DEMONSTRATION*
10 *PROJECTS, EDUCATION, AND TRAINING.—For the*
11 *purpose of carrying out subsection (b), there are*
12 *authorized to be appropriated such sums as may*
13 *be necessary for each of fiscal years 2008 through*
14 *2012.*

15 “(D) *PRIORITY.—In allocating amounts ap-*
16 *propriated under subparagraph (A) and not re-*
17 *served under subparagraph (B), the Secretary*
18 *shall give priority to allocating such amounts for*
19 *grants under subsection (a).*

20 “(E) *ALLOCATION OF FUNDS.—*

21 “(i) *REQUIREMENT OF FORMULA.—Of*
22 *the amounts appropriated under subpara-*
23 *graph (A), not reserved under subparagraph*
24 *(B), and allocated by the Secretary for*
25 *grants under subsection (a), the Secretary*

1 *shall distribute a portion of such amounts*
2 *to grantees under subsection (a) on the basis*
3 *of a formula.*

4 “(ii) *RELEVANT FACTORS.*—*The for-*
5 *mula developed by the Secretary under*
6 *clause (i) shall take into account the level of*
7 *tuberculosis morbidity and case complexity*
8 *in the respective geographic area and may*
9 *consider other factors relevant to tuber-*
10 *culosis in such area.*

11 “(iii) *NO CHANGE TO FORMULA RE-*
12 *QUIRED.*—*This subparagraph does not re-*
13 *quire the Secretary to modify the formula*
14 *that was used by the Secretary to distribute*
15 *funds to grantees under subsection (a) for*
16 *fiscal year 2007.*

17 “(2) *NEW TOOLS.*—

18 “(A) *IN GENERAL.*—*For the purpose of car-*
19 *rying out subsection (g), there are authorized to*
20 *be appropriated \$100,000,000 for fiscal year*
21 *2008, and such sums as may be necessary for*
22 *each of the fiscal years 2009 through 2012.*

23 “(B) *LIMITATION.*—*The authorization of*
24 *appropriations established in subparagraph (A)*
25 *for a fiscal year is effective only if the amount*

1 *appropriated under paragraph (1) for such year*
2 *equals or exceeds the amount appropriated to*
3 *carry out this section for fiscal year 2007.”.*

4 **TITLE II—NATIONAL INSTITUTES**
5 **OF HEALTH**

6 **SEC. 201. RESEARCH AND DEVELOPMENT CONCERNING TU-**
7 **BERCULOSIS.**

8 *Subpart 2 of part C of title IV of the Public Health*
9 *Service Act (42 U.S.C. 285b et seq.) is amended by inserting*
10 *after section 424B the following section:*

11 **“SEC. 424C. TUBERCULOSIS.**

12 *“(a) IN GENERAL.—The Director of the National In-*
13 *stitutes of Health may expand, intensify, and coordinate*
14 *research and development and related activities of the Insti-*
15 *tute with respect to tuberculosis including activities toward*
16 *the goal of eliminating such disease.*

17 *“(b) CERTAIN ACTIVITIES.—Activities under sub-*
18 *section (a) may include—*

19 *“(1) enhancing basic and clinical research on tu-*
20 *berculosis, including drug resistant tuberculosis; and*

21 *“(2) expanding research on the relationship be-*
22 *tween such disease and the human immunodeficiency*
23 *virus.”.*

Calendar No. 549

110TH CONGRESS
1ST Session

S. 1551

A BILL

To amend the Public Health Service Act with respect to making progress toward the goal of eliminating tuberculosis, and for other purposes.

DECEMBER 18, 2007

Reported with an amendment