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106TH CONGRESS
2D SESSION

H. R. 4057

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

IN THE HOUSE OF REPRESENTATIVES

MARCH 22, 2000

Mr. BROWN of Ohio (for himself, Mrs. MORELLA, Ms. PELOSI, Mr. WAXMAN, Mr. BONIOR, Mr. COBURN, Mr. STARK, Mr. LANTOS, Mr. HALL of Ohio, Mr. GREENWOOD, Mr. ENGLISH, Mr. NEAL of Massachusetts, Mr. GEORGE MILLER of California, Mr. HINOJOSA, Mr. INSLEE, Mr. BENTSEN, Mrs. MEEK of Florida, Mr. GREEN of Texas, Mr. LEWIS of Georgia, Mr. ANDREWS, Mr. WYNN, Mrs. THURMAN, Mrs. WILSON, Mr. FROST, Mr. GONZALEZ, Mr. FILNER, Ms. JACKSON-LEE of Texas, Mrs. CAPPS, Mrs. LOWEY, Mr. BAIRD, Ms. RIVERS, Mr. MCDERMOTT, Mr. TRAFICANT, and Mr. BILBRAY) introduced the following bill; which was referred to the Committee on International Relations

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A BILL

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

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

SECTION 1. SHORT TITLE.

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

SEC. 2. FINDINGS.

The Congress finds the following:

(1)(A) Tuberculosis is one of the greatest infectious causes of death of adults worldwide, killing 2,000,000 people per year—one person every 15 seconds.

(B) Globally, tuberculosis is the leading cause of death of young women and the leading cause of death of people with HIV/AIDS.

(2) The World Health Organization estimates that one-third of the world's population is infected with the bacteria that causes tuberculosis, including an estimated 10,000,000 to 15,000,000 individuals in the United States.

(3) An estimated 8,000,000 individuals develop active tuberculosis each year.

(4) Tuberculosis is spreading as a result of inadequate treatment and it is a disease that knows no national borders.

(5) The threat that tuberculosis poses for Americans derives from the global spread of tuberculosis and the emergence and spread of strains of multi-drug resistant tuberculosis (MDR–TB).

(6) With over 40 percent of tuberculosis cases in the United States attributable to foreign-born individuals and with the increase in international trav-

el, commerce, and migration, elimination of tuberculosis in the United States depends on efforts to control the disease in developing countries.

(7) Multi-drug resistant tuberculosis, defined as resistance to the 2 most important anti-tuberculosis drugs, isoniazid and rifampicin, is caused by incorrect or incomplete treatment—where patients do not take all of their medicines regularly for the required period, doctors and health workers prescribe the wrong drugs or the wrong combination of drugs, or the drug supply is unreliable.

(8) Up to 50,000,000 individuals may be infected with multi-drug resistant tuberculosis.

(9) The incidence of multi-drug resistant tuberculosis is particularly high in certain regions and populations, such as Russian prisons where an estimated 5 percent of prisoners have active multi-drug resistant tuberculosis.

(10) In the United States, tuberculosis treatment, normally about $2,000 per patient, skyrockets to as much as $250,000 per patient to treat multi-drug resistant tuberculosis, and treatment may not even be successful.

(11) Multi-drug resistant tuberculosis kills more than one-half of those individuals infected in the

United States and other industrialized nations and it is a virtual death sentence in the developing world.

(12) Tuberculosis is an immense economic drain on families and on nations and is a significant cause of poverty.

(13) Most cases of tuberculosis and deaths caused by tuberculosis occur among individuals in their most productive years of life, ages 15 to 50.

(14) Children bear the brunt of the tuberculosis of their parents. Often they are taken out of school to care for a sick parent or to earn money when their parent can no longer work, and few other infectious diseases create as many orphans as tuberculosis.

(15) There is a highly effective and inexpensive treatment for tuberculosis. Recommended by the World Health Organization as the best curative method for tuberculosis, this strategy, known as Directly Observed Treatment, Short Course (DOTS), includes low-cost effective diagnosis, treatment, monitoring, and recordkeeping, as well as a reliable drug supply. A centerpiece of DOTS is observing patients to ensure that they take their medication and complete treatment.

(16) DOTS produces high cure rates, prevents the further spread of infection, and prevents development of strains of multi-drug resistant tuberculosis, yet fewer than 1 in 5 of those ill with tuberculosis are receiving DOTS treatment.

(17) Few public health expenditures provide so much value for so little money as expenditures for the prevention and treatment of tuberculosis. A full course of DOTS drugs costs as little as $11–$20 in developing countries.

(18) Based on World Bank estimates, DOTS treatment is one of the most cost-effective health interventions available—costing just $20–$100 to save a life, and DOTS can produce cure rates of up to 95 percent even in the poorest countries.

(19) In order to control tuberculosis in the United States in a more effective manner, it is necessary to ensure the effectiveness of tuberculosis control programs worldwide.

(20) A total of 22 countries contain an estimated 80 percent of the tuberculosis cases worldwide. Implementing DOTS programs in these countries must be a global priority. In addition, implementing strategies to treat multi-drug resistant tu-

berculosis in these countries must also be a global priority.

(21) Tuberculosis experts estimate that it will cost an additional $1,000,000,000 annually worldwide to control this disease.

(22) The STOP TB Initiative, under the auspices of the World Health Organization, has established a global goal of reducing tuberculosis deaths by one-half by 2005, reducing the tuberculosis burden by one-half by 2010, and has further established the targets of successfully treating 85 percent of detected infectious cases and detecting 70 percent of such cases by 2005.

SEC. 3. ASSISTANCE FOR TUBERCULOSIS PREVENTION, TREATMENT, AND CONTROL.

Section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) is amended by adding at the end the following:

''(4)(A) Congress recognizes the growing international problem of tuberculosis and the threat its continued existence poses for the United States and other nations which had previously largely controlled the disease. Congress further recognizes that a cost-effective strategy exists to control and treat tuberculosis, but that this treatment regime is currently reaching fewer than one in five

of those ill with the disease, and that it is a major objective of the foreign assistance program of the United States to control this disease. To this end Congress expects the agency primarily responsible for administering this part—

''(i) to focus its efforts on the implementation of Directly Observed Treatment, Short Course (DOTS), or other internationally accepted primary tuberculosis control strategies developed in consultation with the World Health Organization, at the local level with the intention of reaching the targets of (I) detection of at least 70 percent of the cases of infectious tuberculosis, (II) the cure of at least 85 percent of the cases detected, and (III) the reduction in tuberculosis deaths by one-half, by 2005;

''(ii) to focus the efforts described in clause (i) on the highest burden countries identified by the World Health Organization as containing 80 percent of tuberculosis cases globally; and

''(iii) to work in collaboration with the World Health Organization, the STOP TB Initiative, the United States Centers for Disease Control, the National Institutes of Health, the International Union Against TB and Lung Disease, and other organizations toward the development and implementation of effective tuberculosis control programs, including

strategies to address multi-drug resistant tuberculosis (MDR–TB), at the local level, especially in the highest burden countries.

''(B) In conjunction with the submission of the annual request for enactment of authorizations and appropriations for foreign assistance programs for each fiscal year, the President shall include a report that contains an estimate of the detection and cure rates of each program, project, or activity to be carried out under the authority of subparagraph (A) and progress on reaching the targets described in subclauses (I) through (III) of subparagraph (A)(i).

''(C)(i) There is authorized to be appropriated for fiscal year 2001 $100,000,000 to carry out this paragraph.

''(ii) Of the amount appropriated pursuant to the authorization of appropriations under clause (i), not less than 80 percent of such amount shall be used for the diagnosis and treatment of tuberculosis for at-risk and affected populations utilizing Directly Observed Treatment, Short Course (DOTS), or other internationally accepted primary tuberculosis control strategies developed in consultation with the World Health Organization. An appropriate percentage of the remaining amount appropriated pursuant to the authorization of appropriations under clause (i) should be made available for implementation of

Directly Observed Treatment, Short Course (DOTS–PLUS), or other internationally accepted tuberculosis control strategies, to treat multi-drug resistant tuberculosis, and for global tuberculosis coordination and surveillance efforts. In addition, assistance provided using amounts appropriated pursuant to the authorization of appropriations under clause (i) shall be primarily used in those developing countries identified by the World Health Organization as having the highest incidence of tuberculosis, with special emphasis given to the poorest regions of such countries.

''(iii) Amounts appropriated pursuant to the authorization of appropriations under this subparagraph are authorized to remain available until expended.''.

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