

108TH CONGRESS
1ST SESSION

H. R. 2069

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

IN THE HOUSE OF REPRESENTATIVES

MAY 13, 2003

Mr. BROWN of Ohio (for himself and Mrs. WILSON of New Mexico) introduced the following bill; which was referred to the Committee on International Relations, 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 foreign assistance for tuberculosis prevention, treatment, and control, 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”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1)(A) Tuberculosis is a great health and eco-
2 nomic burden to impoverished nations and a health
3 and security threat to the United States and other
4 industrialized countries.

5 (B) Tuberculosis is one of the greatest infec-
6 tious causes of death of adults worldwide, killing
7 nearly 2,000,000 people per year—one person every
8 15 seconds.

9 (2) An estimated 8,000,000 individuals develop
10 active tuberculosis each year.

11 (3) Today, tuberculosis is the leading killer of
12 women of reproductive age and of people who are
13 HIV-positive.

14 (4) Tuberculosis is spreading as a result of in-
15 adequate treatment and is a disease that knows no
16 national borders.

17 (5) With over 50 percent of tuberculosis cases
18 in the United States attributable to foreign-born in-
19 dividuals and with the increase in international trav-
20 el, commerce, and migration, elimination of tuber-
21 culosis in the United States depends on efforts to
22 control the disease in developing countries.

23 (6) The threat that tuberculosis poses for
24 Americans derives from the global spread of tuber-

1 culosis and the emergence and spread of strains of
2 multi-drug resistant tuberculosis (MDR-TB).

3 (7) Up to 50,000,000 individuals may be in-
4 fected with multi-drug resistant tuberculosis.

5 (8) In the United States, tuberculosis treat-
6 ment, normally about \$2,000 per patient, increases
7 to as much as \$1,000,000 per patient to treat multi-
8 drug resistant tuberculosis, and treatment may not
9 even be successful.

10 (9) Without access to treatment, multi-drug re-
11 sistant tuberculosis is a virtual death sentence.

12 (10) There is a highly effective and inexpensive
13 treatment for standard tuberculosis. Recommended
14 by the World Health Organization (WHO) as the
15 best curative method for tuberculosis, this strategy,
16 known as DOTS (Directly Observed Treatment
17 Short-course), includes low-cost effective diagnosis,
18 treatment, monitoring, and record keeping, as well
19 as a reliable drug supply. A centerpiece of DOTS is
20 observing patients to ensure that they take their
21 medication and complete treatment.

22 (11) DOTS is one of the most cost-effective
23 health interventions available today. A full course of
24 DOTS drugs costs as little as \$10 in low-income
25 countries.

1 (12) Proper DOTS treatment is imperative to
2 prevent the development of dangerous multi-drug re-
3 sistant tuberculosis that arises through improper or
4 incomplete tuberculosis treatment.

5 (13) Building upon the DOTS strategy, DOTS-
6 Plus is a comprehensive tuberculosis management
7 strategy that works as a supplement to the standard
8 DOTS strategy to address areas where there is high
9 prevalence of multi-drug resistant tuberculosis.

10 (14) The Global Fund to Fight AIDS, Tuber-
11 culosis and Malaria is an important new global part-
12 nership established to combat these 3 infectious dis-
13 eases that together kill 6,000,000 people a year. Ex-
14 pansion of effective tuberculosis treatment programs
15 constitutes a major component of Global Fund in-
16 vestment, along with integrated efforts to address
17 HIV and tuberculosis in areas of high prevalence.

18 (15) The Centers for Disease Control and Pre-
19 vention (CDC) is actively involved with global tuber-
20 culosis control efforts since the global tuberculosis
21 epidemic directly impacts tuberculosis in the United
22 States, and because Congress has strongly urged the
23 CDC each year to increase its involvement with
24 international tuberculosis control efforts.

1 (16) The CDC is assisting countries with a high
2 burden of tuberculosis—

3 (A) to implement the World Health Orga-
4 nization-recommended control strategies, DOTS
5 and DOTS-Plus;

6 (B) to identify and treat persons with
7 multi-drug resistant tuberculosis; and

8 (C) to conduct research to identify new
9 diagnostics, treatments, and interventions to
10 control tuberculosis.

11 **SEC. 3. FOREIGN ASSISTANCE FOR TUBERCULOSIS PRE-**
12 **VENTION, TREATMENT, AND CONTROL.**

13 (a) AMENDMENT TO FOREIGN ASSISTANCE ACT OF
14 1961.—Chapter 1 of part I of the Foreign Assistance Act
15 of 1961 (22 U.S.C. 2151 et seq.) is amended by inserting
16 after section 104 the following new section:

17 **“SEC. 104A. ASSISTANCE FOR TUBERCULOSIS PREVENTION,**
18 **TREATMENT, AND CONTROL.**

19 “(a) STATEMENT OF POLICY.—Congress recognizes
20 the growing international problem of tuberculosis and the
21 impact its continued existence has on those nations that
22 had previously largely controlled the disease. Congress fur-
23 ther recognizes that the means exist to control and treat
24 tuberculosis, and that it is therefore a major objective of
25 the foreign assistance program to control the disease.

1 “(b) ASSISTANCE.—

2 “(1) IN GENERAL.—In meeting the objective
3 described in subsection (a), the President shall pro-
4 vide assistance for the prevention, treatment, and
5 control of tuberculosis.

6 “(2) ADDITIONAL REQUIREMENTS.—In car-
7 rying out paragraph (1), the President shall—

8 “(A) coordinate with the World Health Or-
9 ganization (WHO), the Global Fund to Fight
10 AIDS, Tuberculosis and Malaria, the Depart-
11 ment of Health and Human Services (including
12 Centers for Disease Control and Prevention and
13 the National Institutes of Health), and other
14 organizations with respect to the development
15 and implementation of a comprehensive tuber-
16 culosis control program;

17 “(B) set as a goal the detection of at least
18 70 percent of the cases of infectious tuber-
19 culosis, the cure of at least 85 percent of the
20 cases detected by focusing efforts on the use of
21 the Directly Observed Treatment Short-course
22 (DOTS) strategy or other internationally ac-
23 cepted primary tuberculosis control strategies,
24 in those countries in which the United States
25 Agency for International Development has es-

1 tablished development programs, by December
2 31, 2010, and the reduction of tuberculosis-re-
3 lated deaths by 50 percent, by December 31,
4 2010; and

5 “(C) give priority to activities that increase
6 Directly Observed Treatment Short-course
7 (DOTS) coverage and treatment of multi-drug
8 resistant tuberculosis where needed using
9 DOTS-Plus, including funding for the Global
10 Tuberculosis Drug Facility, the Stop Tuber-
11 culosis Partnership, and the Global Alliance for
12 TB Drug Development.

13 “(c) ALLOCATION OF FUNDS.—In carrying out sub-
14 section (b), the President shall ensure that—

15 “(1) not less than 75 percent of the amount
16 made available to carry out this section for a fiscal
17 year shall be expended for antituberculosis drugs,
18 supplies, direct patient services, and training in di-
19 agnosis and treatment for Directly Observed Treat-
20 ment Short-course (DOTS) coverage and treatment
21 of multi-drug resistant tuberculosis using DOTS-
22 Plus; and

23 “(2) not less than 10 percent of the amount
24 made available to carry out this section for a fiscal
25 year shall be expended to provide a United States

1 contribution to the Global Tuberculosis Drug Facil-
2 ity.

3 “(d) ANNUAL REPORT.—Not later than January 31
4 of each year, the President shall transmit to the appro-
5 priate congressional committees a report that contains a
6 summary of all programs, projects, and activities carried
7 out under this section for the preceding fiscal year, includ-
8 ing a description of the increase in the number of individ-
9 uals treated and cured through each program, project, and
10 activity.

11 “(e) AUTHORIZATION OF APPROPRIATIONS.—

12 “(1) IN GENERAL.—There are authorized to be
13 appropriated to the President to carry out this sec-
14 tion \$200,000,000 for each of the fiscal years 2004
15 and 2005.

16 “(2) AVAILABILITY.—Amounts appropriated
17 pursuant to the authorization of appropriations
18 under paragraph (1) are authorized to remain avail-
19 able until expended.

20 “(f) DEFINITIONS.—In this section:

21 “(1) APPROPRIATE CONGRESSIONAL COMMIT-
22 TEES.—The term ‘appropriate congressional com-
23 mittees’ means the Committee on International Re-
24 lations of the House of Representatives and the
25 Committee on Foreign Relations of the Senate.

1 “(2) DOTS.—The term ‘DOTS’ or ‘Directly
2 Observed Treatment Short-course’ means the World
3 Health Organization-recommended strategy for
4 treating tuberculosis.

5 “(3) DOTS-PLUS.—The term ‘DOTS-Plus’
6 means a comprehensive tuberculosis management
7 strategy that is built upon and works as a supple-
8 ment to the standard DOTS strategy, and which
9 takes into account specific issues (such as use of sec-
10 ond line anti-tuberculosis drugs) that need to be ad-
11 dressed in areas where there is high prevalence of
12 multi-drug resistant tuberculosis.

13 “(4) GLOBAL ALLIANCE FOR TUBERCULOSIS
14 DRUG DEVELOPMENT.—The term ‘Global Alliance
15 for Tuberculosis Drug Development’ means the pub-
16 lic-private partnership that brings together leaders
17 in health, science, philanthropy, and private industry
18 to ensure that new medications are available and af-
19 fordable in high tuberculosis burden countries and
20 other affected countries.

21 “(5) GLOBAL TUBERCULOSIS DRUG FACIL-
22 ITY.—The term ‘Global Tuberculosis Drug Facility
23 (GDF)’ means the new initiative of the Stop Tuber-
24 culosis Partnership to increase access to high-quality
25 tuberculosis drugs to facilitate DOTS expansion.

1 “(6) STOP TUBERCULOSIS PARTNERSHIP.—The
2 term ‘Stop Tuberculosis Partnership’ means the
3 partnership of the World Health Organization, do-
4 nors including the United States, high tuberculosis
5 burden countries, multilateral agencies, and non-
6 governmental and technical agencies committed to
7 short- and long-term measures required to control
8 and eventually eliminate tuberculosis as a public
9 health problem in the world.”.

10 (b) CONFORMING AMENDMENT.—Section 104(c) of
11 the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c))
12 is amended by striking paragraph (7).

13 (c) EFFECTIVE DATE.—The amendments made by
14 this section shall take effect on October 1, 2003, or the
15 date of the enactment of this Act, whichever occurs later.

16 **SEC. 4. AUTHORIZATION OF APPROPRIATIONS FOR GLOB-**
17 **AL TUBERCULOSIS ACTIVITIES OF THE CEN-**
18 **TERS FOR DISEASE CONTROL AND PREVEN-**
19 **TION.**

20 For the purpose of carrying out global tuberculosis
21 activities through the Centers for Disease Control and
22 Prevention, there are authorized to be appropriated
23 \$30,000,000 for fiscal year 2004, and such sums as may
24 be necessary for fiscal year 2005. Such authorization is
25 in addition to other authorizations of appropriations that

1 are available for such purpose. Amounts appropriated
2 under this section shall remain available until expended.

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