

117TH CONGRESS  
1ST SESSION

# H. R. 5857

To amend the Public Health Service Act to enhance the national strategy for combating and eliminating tuberculosis, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 4, 2021

Mr. BERA (for himself and Mr. YOUNG) introduced the following bill; which was referred to the Committee on Energy and Commerce

# A BILL

To amend the Public Health Service Act to enhance the national strategy for combating and eliminating tuberculosis, and for other purposes.

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

### 3 SECTION 1. SHORT TITLE.

4        This Act may be cited as the “Comprehensive TB  
5        Elimination Act of 2021”.

## 6 SEC. 2 NATIONAL STRATEGY FOR COMBATING AND ELIMINATING

## NATING TUBERCULOSIS.

8       (a) IN GENERAL.—Section 317E of the Public  
9 Health Service Act (42 U.S.C. 247b-6) is amended—

10 (1) in subsection (a)—

1                             (A) by striking “The Secretary” and in-  
2                             serting the following:

3                             “(1) GRANTS.—The Secretary”; and

4                             (B) by adding at the end the following:

5                             “(2) PRIORITY.—In making grants under this  
6                             subsection, the Secretary may give priority to State  
7                             health departments proposing to focus on the pre-  
8                             vention, control, and elimination of tuberculosis in  
9                             high-risk populations, including foreign-born, home-  
10                            less, incarcerated, HIV-tuberculosis co-infected, and  
11                            medically underserved populations.”;

12                             (2) in subsection (b)—

13                             (A) in paragraph (3)—

14                                 (i) in subparagraph (C), by redesign-  
15                             nating clauses (i) and (ii) as subclauses (I)  
16                             and (II), respectively, and adjusting the  
17                             margins accordingly; and

18                                 (ii) by redesignating subparagraphs  
19                             (A) through (F) as clauses (i) through (vi),  
20                             respectively, and adjusting the margins ac-  
21                             cordingly;

22                             (B) by redesignating paragraphs (1)  
23                             through (8) as subparagraphs (A) through (H),  
24                             respectively, and adjusting the margins accord-  
25                             ingly;

(C) in the matter preceding subparagraph (A), as so redesignated, by striking “With respect to” and inserting the following:

“(1) IN GENERAL.—With respect to”;

(D) by striking subparagraph (B), as so redesignated, and inserting the following:

“(B) Research, investigations, experiments, demonstrations, and studies in the health sciences that are related to—

“(i) the development of new tools, including vaccines and antimicrobial drugs, to prevent and treat tuberculosis;

“(ii) novel therapeutics for special populations, including pediatric populations, immunosuppressed individuals, and pregnant women:

“(iii) the development or testing of medical diagnostics to detect tuberculosis;

“(iv) research to address the epidemiology, mechanisms, and pathogenesis of tuberculosis;

“(v) public health interventions to address the prevention, treatment, and control of tuberculosis such as directly ob-

1           served therapy and non-pharmaceutical  
2           intervention;

3               “(vi) methods to enhance detection  
4               and response to outbreaks of tuberculosis,  
5               including multidrug resistant tuberculosis;  
6               and

7               “(vii) other relevant research areas.”;

8           (E) in subparagraph (C), as so redesignated—

9                  (i) by redesignating clause (vi), as so  
10                 redesignated, as clause (vii);

11                  (ii) in clause (v), as so redesignated,  
12                 by striking “; and” and inserting “;”; and

13                  (iii) by inserting after clause (v), as so  
14                 redesignated, the following:

15                 “(vi) the intensification of efforts to  
16                 prevent, detect, and treat latent tuber-  
17                 culosis; and”;

18           (F) in subparagraph (D), as so redesignated, by inserting before the period the fol-  
19                 lowing: “, including public awareness campaigns  
20                 and development of educational, risk, and  
21                 media communications, using materials in lan-  
22                 guages appropriate to target audiences.”;

5 (H) by adding at the end the following:

6               “(2) SELECTION.—In carrying out the activities  
7 described in paragraph (1), the Secretary—

8                   “(A) is encouraged to give priority to pro-  
9                   grammatically relevant research so that new  
10                  tools can be utilized in public health practice;  
11                  and

12                 “(B) may seek input from the Biomedical  
13                 Advanced Research and Development Authority  
14                 in identifying novel candidates to utilize in the  
15                 efforts under this subsection to prevent, diag-  
16                 nose, and control tuberculosis.”;

(3) by redesignating subsections (c) through (h) as subsections (d) through (i), respectively;

19 (4) by inserting after subsection (b) the fol-  
20 lowing—

21       “(c) GRANTS FOR COORDINATION OF PROGRAMS AND  
22 SERVICES FOR PREVENTION, DIAGNOSIS, AND TREAT-  
23 MENT.—

“(1) GRANTS.—The Secretary, acting through  
the Administrator of the Health Resources and Serv-

1       ices Administration, may award grants to State and  
2       local governments, territories, Indian Tribes, Tribal  
3       organization, urban Indian health organizations,  
4       health service providers to Indian Tribes, Native Ha-  
5       waiian health organizations, community health cen-  
6       ters, and Federally qualified health centers for co-  
7       ordinating the programs and services of such entities  
8       to ensure timely and appropriate prevention, risk-  
9       based screening, diagnosis, and treatment of latent  
10      and active tuberculosis.

11           “(2) DEFINITION.—In this subsection, the term  
12       ‘Federally qualified health center’ has the meaning  
13       given to such term in section 1861(aa) of the Social  
14       Security Act.”;

15           (5) in subsections (d), (e), and (f), as so redes-  
16       ignated, by striking “(a) or (b)” each place it ap-  
17       pears and inserting “(a), (b), or (c)”;

18           (6) in subsection (g)(4), as so redesignated, by  
19       adding at the end the following:

20           “(C) REPORT TO CONGRESS.—The Sec-  
21       retary is encouraged to make the reports under  
22       subparagraph (A), or other publications rel-  
23       evant to domestic tuberculosis surveillance, pub-  
24       licly available on the internet website of the  
25       Centers for Disease Control and Prevention and

1 to disseminate such information to stakeholders.”;

3 (7) in subsection (h), as so redesignated—

4 (A) in paragraph (1)—

5 (i) by striking “research into new  
6 tools under subsection (b)(2)” and inserting  
7 “the research, investigations, experiments,  
8 demonstrations, and studies in  
9 health science under subsection (b)(1)(B)”;  
10 and

11 (ii) by inserting “ensuring access to  
12 the products developed as a result of such  
13 research, investigations, experiments, dem-  
14 onstrations, and studies and” after “advice  
15 regarding”; and

16 (B) in paragraph (3)—

17 (i) by redesignating subparagraphs  
18 (D) and (E) as subparagraphs (E) and  
19 (F), respectively; and

20 (ii) by inserting after subparagraph  
21 (C) the following:

22 “(D) members of the Biomedical Advanced  
23 Research and Development Authority;”; and

24 (8) in subsection (i)(1)(A), as so redesignated,  
25 by striking “\$200,000,000” and all that follows

1 through the period and inserting “\$142,200,000 for  
2 fiscal year 2022, \$195,700,000 for fiscal year 2023,  
3 \$225,000,000 for fiscal year 2024, \$236,250,000 for  
4 fiscal year 2025, \$248,062,500 for fiscal year 2026,  
5 and \$260,465,625 for fiscal year 2027.”.

6 (b) NIH TUBERCULOSIS ACTIVITIES.—Section  
7 424C(b) of the Public Health Service Act (42 U.S.C.  
8 285b–7c(b)) is amended by striking paragraph (1) and in-  
9 serting the following:

10       “(1) enhancing basic, clinical, and operational  
11 research on tuberculosis, including with respect to—  
12           “(A) drug-resistant tuberculosis;  
13           “(B) infection with tuberculosis and la-  
14 tency and progression of tuberculosis; and  
15           “(C) pediatric tuberculosis;”.

16 **SEC. 3. GAO STUDIES.**

17 (a) TUBERCULOSIS PREVENTION AND ELIMINATION  
18 STUDY.—Not later than 2 years after the date of enact-  
19 ment of this Act, the Comptroller General of the United  
20 States shall issue a report on the coordination of efforts  
21 in the United States to—

22       (1) prevent, control, and eliminate tuberculosis;  
23       and  
24       (2) implement the activities under section 317E  
25 of the Public Health Service Act (42 U.S.C. 247b–

1       6), as amended by this Act, and the National Action  
2       Plan for Combating Multidrug-Resistant Tuber-  
3       culosis, issued in December 2015.

4       (b) STUDY ON TUBERCULOSIS ACTIVITIES.—Not  
5       later than 6 months after the date of enactment of this  
6       Act, the Comptroller General of the United States shall  
7       issue to the Committee on Energy and Commerce of the  
8       House of Representatives and the Committee on Health,  
9       Education, Labor, and Pensions of the Senate a report  
10      on the coordination of activities between the Food and  
11      Drug Administration and the Centers for Disease Control  
12      and Prevention with respect to—

13           (1) shortages of critical tuberculosis drugs in  
14           the United States;

15           (2) efforts to increase the availability of pedi-  
16           atric tuberculosis drug formulations in the United  
17           States;

18           (3) mitigating the cost of tuberculosis drugs for  
19           States, including efforts to ensure States have timely  
20           access to treatments for individuals with tuber-  
21           culosis; and

22           (4) consideration for the introduction in the  
23           United States of pediatric tuberculosis drug formu-  
24           lations that are available in foreign countries.

