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(Original Signature of Member)

117TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

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

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IN THE HOUSE OF REPRESENTATIVES

Mr. BERA introduced the following bill; which was referred to the Committee on \_\_\_\_\_

\_\_\_\_\_  
**A BILL**

To amend the Public Health Service Act to enhance the national strategy for combating and 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,*

3 **SECTION 1. SHORT TITLE.**

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

1 **SEC. 2. NATIONAL STRATEGY FOR COMBATING AND ELIMI-**  
2 **NATING TUBERCULOSIS.**

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

5 (1) in subsection (a)—

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

8 “(1) GRANTS.—The Secretary”; and

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

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

17 (2) in subsection (b)—

18 (A) in paragraph (3)—

19 (i) in subparagraph (C), by redesign-  
20 ating clauses (i) and (ii) as subclauses (I)  
21 and (II), respectively, and adjusting the  
22 margins accordingly; and

23 (ii) by redesignating subparagraphs  
24 (A) through (F) as clauses (i) through (vi),  
25 respectively, and adjusting the margins ac-  
26 cordingly;

1 (B) by redesignating paragraphs (1)  
2 through (8) as subparagraphs (A) through (H),  
3 respectively, and adjusting the margins accord-  
4 ingly;

5 (C) in the matter preceding subparagraph  
6 (A), as so redesignated, by striking “With re-  
7 spect to” and inserting the following:

8 “(1) IN GENERAL.—With respect to”;

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

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

14 “(i) the development of new tools, in-  
15 cluding vaccines and antimicrobial drugs,  
16 to prevent and treat tuberculosis;

17 “(ii) novel therapeutics for special  
18 populations, including pediatric popu-  
19 lations, immunosuppressed individuals, and  
20 pregnant women;

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

23 “(iv) research to address the epidemi-  
24 ology, mechanisms, and pathogenesis of tu-  
25 berculosis;

1 “(v) public health interventions to ad-  
2 dress the prevention, treatment, and con-  
3 trol of tuberculosis, such as directly ob-  
4 served therapy and non-pharmaceutical  
5 intervention;

6 “(vi) methods to enhance detection  
7 and response to outbreaks of tuberculosis,  
8 including multidrug resistant tuberculosis;  
9 and

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

11 (E) in subparagraph (C), as so redesign-  
12 nated—

13 (i) by redesignating clause (vi), as so  
14 redesignated, as clause (vii);

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

17 (iii) by inserting after clause (v), as so  
18 redesignated, the following:

19 “(vi) the intensification of efforts to  
20 prevent, detect, and treat latent tuber-  
21 culosis; and”;

22 (F) in subparagraph (D), as so redesign-  
23 nated, by inserting before the period the fol-  
24 lowing: “, including public awareness campaigns  
25 and development of educational, risk, and

1 media communications, using materials in lan-  
2 guages appropriate to target audiences.”;

3 (G) in subparagraph (F), as so redesign-  
4 nated, by striking “paragraphs (1) through  
5 (4)” and inserting “subparagraphs (A) through  
6 (D)”;

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

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

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

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

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

21 (4) by inserting after subsection (b) the fol-  
22 lowing—

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

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

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

17           (5) in subsections (d), (e), and (f), as so reded-  
18          signed, by striking “(a) or (b)” each place it ap-  
19          pears and inserting “(a), (b), or (c)”;

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

22           “(C) REPORT TO CONGRESS.—The Sec-  
23          retary is encouraged to make the reports under  
24          subparagraph (A), or other publications rel-  
25          evant to domestic tuberculosis surveillance, pub-

1           likely available on the internet website of the  
2           Centers for Disease Control and Prevention and  
3           to disseminate such information to stake-  
4           holders.”;

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

6                 (A) in paragraph (1)—

7                     (i) by striking “research into new  
8                     tools under subsection (b)(2)” and insert-  
9                     ing “the research, investigations, experi-  
10                    ments, demonstrations, and studies in  
11                    health science under subsection (b)(1)(B)”;  
12                    and

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

18                 (B) in paragraph (3)—

19                     (i) by redesignating subparagraphs  
20                     (D) and (E) as subparagraphs (E) and  
21                     (F), respectively; and

22                     (ii) by inserting after subparagraph  
23                     (C) the following:

24                     “(D) members of the Biomedical Advanced  
25                     Research and Development Authority;” and

1           (8) in subsection (i)(1)(A), as so redesignated,  
2           by striking “\$200,000,000” and all that follows  
3           through the period and inserting “\$142,200,000 for  
4           fiscal year 2022, \$195,700,000 for fiscal year 2023,  
5           \$225,000,000 for fiscal year 2024, \$236,250,000 for  
6           fiscal year 2025, \$248,062,500 for fiscal year 2026,  
7           and \$260,465,625 for fiscal year 2027.”.

8           (b) NIH TUBERCULOSIS ACTIVITIES.—Section  
9 424C(b) of the Public Health Service Act (42 U.S.C.  
10 285b–7c(b)) is amended by striking paragraph (1) and in-  
11 serting the following:

12           “(1) enhancing basic, clinical, and operational  
13           research on tuberculosis, including with respect to—

14                   “(A) drug-resistant tuberculosis;

15                   “(B) infection with tuberculosis and la-  
16                   tency and progression of tuberculosis; and

17                   “(C) pediatric tuberculosis;”.

18 **SEC. 3. GAO STUDIES.**

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

24                   (1) prevent, control, and eliminate tuberculosis;

25                   and



1           (2) implement the activities under section 317E  
2           of the Public Health Service Act (42 U.S.C. 247b–  
3           6), as amended by this Act, and the National Action  
4           Plan for Combating Multidrug-Resistant Tuber-  
5           culosis, issued in December 2015.

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

15               (1) shortages of critical tuberculosis drugs in  
16               the United States;

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

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

1           (4) consideration for the introduction in the  
2           United States of pediatric tuberculosis drug formu-  
3           lations that are available in foreign countries.