

AMENDMENT TO RULES COMM. PRINT 118–36
OFFERED BY MR. BERA OF CALIFORNIA

At the end of subtitle A of title XVII, add the following new section:

1 **SEC. 17 ____ . UNITED STATES GOVERNMENT ASSISTANCE TO**
2 **COMBAT TUBERCULOSIS.**

3 Section 104B of the Foreign Assistance Act of 1961
4 (22 U.S.C. 2151b–3) is amended to read as follows:

5 **“SEC. 104B. ASSISTANCE TO COMBAT TUBERCULOSIS.**

6 “(a) FINDINGS.—Congress makes the following find-
7 ings:

8 “(1) The international spread of tuberculosis
9 (referred to in this section as ‘TB’) and the deadly
10 impact of TB’s continued existence constitutes a
11 continuing challenge.

12 “(2) Additional tools and resources are required
13 to effectively diagnose, prevent, and treat TB.

14 “(3) Effectively resourced TB programs can
15 serve as a critical platform for preventing and re-
16 sponding to future infectious respiratory disease
17 pandemics.

18 “(b) POLICY.—

1 “(1) IN GENERAL.—It is a major objective of
2 the foreign assistance program of the United States
3 to help end the TB public health emergency through
4 accelerated actions—

5 “(A) to support the diagnosis and treat-
6 ment of all adults and children with all forms
7 of TB; and

8 “(B) to prevent new TB infections from
9 occurring.

10 “(2) SUPPORT FOR GLOBAL PLANS AND OBJEC-
11 TIVES.—In countries in which the United States
12 Government has established foreign assistance pro-
13 grams under this Act, particularly in countries with
14 the highest burden of TB and other countries with
15 high rates of infection and transmission of TB, it is
16 the policy of the United States—

17 “(A) to support the objectives of the World
18 Health Organization End TB Strategy, includ-
19 ing its goals—

20 “(i) to reduce TB deaths by 95 per-
21 cent by 2035;

22 “(ii) to reduce the TB incidence rate
23 by 90 percent by 2035; and

1 “(iii) to reduce the number of families
2 facing catastrophic health costs due to TB
3 by 100 percent by 2035;

4 “(B) to support the Stop TB Partnership’s
5 Global Plan to End TB 2023–2030, including
6 by providing support for—

7 “(i) developing and using innovative
8 new technologies and therapies to increase
9 active case finding and rapidly diagnose
10 and treat children and adults with all
11 forms of TB, alleviate suffering, and en-
12 sure TB treatment completion;

13 “(ii) expanding diagnosis and treat-
14 ment in line with the goals established by
15 the Political Declaration of the High-Level
16 Meeting of the General Assembly on the
17 Fight Against Tuberculosis, including—

18 “(I) successfully treating
19 40,000,000 people with active TB by
20 2023, including 3,500,000 children,
21 and 1,500,000 people with drug-re-
22 sistant TB; and

23 “(II) diagnosing and treating la-
24 tent tuberculosis infection, in support
25 of the global goal of providing preven-

1 tive therapy to at least 30,000,000
2 people by 2023, including 4,000,000
3 children younger than 5 years of age,
4 20,000,000 household contacts of peo-
5 ple affected by TB, and 6,000,000
6 people living with HIV;

7 “(iii) ensuring high-quality TB care
8 by closing gaps in care cascades, imple-
9 menting continuous quality improvement
10 at all levels of care, and providing related
11 patient support; and

12 “(iv) sustainable procurements of TB
13 commodities to avoid interruptions in sup-
14 ply, the procurement of commodities of un-
15 known quality, or payment of excessive
16 commodity costs in countries impacted by
17 TB; and

18 “(C) to ensure, to the greatest extent prac-
19 ticable, that United States funding supports ac-
20 tivities that simultaneously emphasize—

21 “(i) the development of comprehensive
22 person-centered programs, including diag-
23 nosis, treatment, and prevention strategies
24 to ensure that—

1 “(I) all people sick with TB re-
2 ceive quality diagnosis and treatment
3 through active case finding; and

4 “(II) people at high risk for TB
5 infection are found and treated with
6 preventive therapies in a timely man-
7 ner;

8 “(ii) robust TB infection control prac-
9 tices are implemented in all congregate set-
10 tings, including hospitals and prisons;

11 “(iii) the deployment of diagnostic
12 and treatment capacity—

13 “(I) in areas with the highest TB
14 burdens; and

15 “(II) for highly at-risk and im-
16 poverished populations, including pa-
17 tient support services;

18 “(iv) program monitoring and evalua-
19 tion based on critical TB indicators, in-
20 cluding indicators relating to infection con-
21 trol, the numbers of patients accessing TB
22 treatment and patient support services,
23 and preventative therapy for those at risk,
24 including all close contacts, and treatment
25 outcomes for all forms of TB;

1 “(v) training and engagement of
2 health care workers on the use of new di-
3 agnostic tools and therapies as they be-
4 come available, and increased support for
5 training frontline health care workers to
6 support expanded TB active case finding,
7 contact tracing, and patient support serv-
8 ices;

9 “(vi) coordination with domestic agen-
10 cies and organizations to support an ag-
11 gressive research agenda to develop vac-
12 cines as well as new tools to diagnose,
13 treat, and prevent TB globally;

14 “(vii) linkages with the private sector
15 on—

16 “(I) research and development of
17 a vaccine, and on new tools for diag-
18 nosis and treatment of TB;

19 “(II) improving current tools for
20 diagnosis and treatment of TB, in-
21 cluding telehealth solutions for pre-
22 vention and treatment; and

23 “(III) training healthcare profes-
24 sionals on use of the newest and most

1 effective diagnostic and therapeutic
2 tools;

3 “(viii) the reduction of barriers to
4 care, including stigma and treatment and
5 diagnosis costs, including through—

6 “(I) training health workers;

7 “(II) sensitizing policy makers;

8 “(III) requiring that all relevant
9 grants and funding agreements in-
10 clude access and affordability provi-
11 sions;

12 “(IV) supporting education and
13 empowerment campaigns for TB pa-
14 tients regarding local TB services;

15 “(V) monitoring barriers to ac-
16 cessing TB services; and

17 “(VI) increasing support for pa-
18 tient-led and community-led TB out-
19 reach efforts;

20 “(ix) support for country-level, sus-
21 tainable accountability mechanisms and ca-
22 pacity to measure progress and ensure that
23 commitments made by governments and
24 relevant stakeholders are met; and

1 “(x) support for the integration of TB
2 diagnosis, treatment, and prevention activi-
3 ties into primary health care, as appro-
4 priate.

5 “(c) DEFINITIONS.—In this section:

6 “(1) APPROPRIATE CONGRESSIONAL COMMIT-
7 TEES.—The term ‘appropriate congressional com-
8 mittees’ means the Committee on Foreign Relations
9 of the Senate and the Committee on Foreign Affairs
10 of the House of Representatives.

11 “(2) END TB STRATEGY.—The term ‘End TB
12 Strategy’ means the strategy to eliminate TB that
13 was approved by the World Health Assembly in May
14 2014, and is described in ‘The End TB Strategy:
15 Global Strategy and Targets for Tuberculosis Pre-
16 vention, Care and Control After 2015’.

17 “(3) GLOBAL ALLIANCE FOR TUBERCULOSIS
18 DRUG DEVELOPMENT.—The term ‘Global Alliance
19 for Tuberculosis Drug Development’ means the pub-
20 lic-private partnership that bring together leaders in
21 health, science, philanthropy, and private industry to
22 devise new approaches to TB.

23 “(4) GLOBAL TUBERCULOSIS DRUG FACIL-
24 ITY.—The term ‘Global Tuberculosis Drug Facility’
25 means the initiative of the Stop Tuberculosis Part-

1 nership to increase access to the most advanced, af-
2 fordable, quality-assured TB drugs and diagnostics.

3 “(5) MDR-TB.—The term ‘MDR-TB’ means
4 multi-drug-resistant TB.

5 “(6) STOP TUBERCULOSIS PARTNERSHIP.—The
6 term ‘Stop Tuberculosis Partnership’ means the
7 partnership of 1,600 organizations (including inter-
8 national and technical organizations, government
9 programs, research and funding agencies, founda-
10 tions, nongovernmental organizations, civil society
11 and community groups, and the private sector), do-
12 nors, including the United States, high TB burden
13 countries, multilateral agencies, and nongovern-
14 mental and technical agencies, which is governed by
15 the Stop TB Partnership Coordinating Board and
16 hosted by a United Nations entity, committed to
17 short- and long-term measures required to control
18 and eventually eliminate TB as a public health prob-
19 lem in the world.

20 “(7) XDR-TB.—The term ‘XDR-TB’ means ex-
21 tensively drug-resistant TB.

22 “(d) AUTHORIZATION.—To carry out this section, the
23 President is authorized, consistent with section 104(c), to
24 furnish assistance, on such terms and conditions as the

1 President may determine, for the prevention, treatment,
2 control, and elimination of TB.

3 “(e) GOALS.—In consultation with the appropriate
4 congressional committees, the President shall establish
5 goals, based on the policy and indicators described in sub-
6 section (b), for—

7 “(1) United States TB programs to detect,
8 cure, and prevent all forms of TB globally for the
9 period between 2023 and 2030 that are aligned with
10 the End TB Strategy’s 2030 targets and the
11 USAID’s Global Tuberculosis (TB) Strategy 2023–
12 2030; and

13 “(2) updating the National Action Plan for
14 Combating Multidrug-Resistant Tuberculosis.

15 “(f) COORDINATION.—

16 “(1) IN GENERAL.—In carrying out this sec-
17 tion, the President shall coordinate with the World
18 Health Organization, the Stop TB Partnership, the
19 Global Fund to Fight AIDS, Tuberculosis, and Ma-
20 laria, and other organizations with respect to the de-
21 velopment and implementation of a comprehensive
22 global TB response program.

23 “(2) BILATERAL ASSISTANCE.—In providing bi-
24 lateral assistance under this section, the President,
25 acting through the Administrator of the United

1 States Agency for International Development,
2 shall—

3 “(A) catalyze support for research and de-
4 velopment of new tools to prevent, diagnose,
5 treat, and control TB worldwide, particularly to
6 reduce the incidence of, and mortality from, all
7 forms of drug-resistant TB;

8 “(B) ensure United States programs and
9 activities focus on finding individuals with ac-
10 tive TB disease and provide quality diagnosis
11 and treatment, including through digital health
12 solutions, and reaching those at high risk with
13 preventive therapy; and

14 “(C) ensure coordination among relevant
15 United States Government agencies, including
16 the Department of State, the Centers for Dis-
17 ease Control and Prevention, the National In-
18 stitutes of Health, the Biomedical Advanced
19 Research and Development Authority, the Food
20 and Drug Administration, the National Science
21 Foundation, the Department of Defense
22 (through its Congressionally Directed Medical
23 Research Programs), and other relevant Fed-
24 eral departments and agencies that engage in
25 international TB activities—

1 “(i) to ensure accountability and
2 transparency;

3 “(ii) to reduce duplication of efforts;
4 and

5 “(iii) to ensure appropriate integra-
6 tion and coordination of TB services into
7 other United States-supported health pro-
8 grams.

9 “(g) PRIORITY TO END TB STRATEGY.—In fur-
10 nishing assistance under subsection (d), the President
11 shall prioritize—

12 “(1) building and strengthening TB pro-
13 grams—

14 “(A) to increase the diagnosis and treat-
15 ment of everyone who is sick with TB; and

16 “(B) to ensure that such individuals have
17 access to quality diagnosis and treatment;

18 “(2) direct, high-quality integrated services for
19 all forms of TB, as described by the World Health
20 Organization, which call for the coordination of ac-
21 tive case finding, treatment of all forms of TB dis-
22 ease and infection, patient support, and TB preven-
23 tion;

1 “(3) treating individuals co-infected with HIV
2 and other co-morbidities, and other individuals with
3 TB who may be at risk of stigma;

4 “(4) strengthening the capacity of health sys-
5 tems to detect, prevent, and treat TB, including
6 MDR-TB and XDR-TB, as described in the latest
7 international guidance related to TB;

8 “(5) researching and developing innovative
9 diagnostics, drug therapies, and vaccines, and pro-
10 gram-based research;

11 “(6) support for the Stop Tuberculosis Partner-
12 ship’s Global Drug Facility, the Global Alliance for
13 Tuberculosis Drug Development, and other organiza-
14 tions promoting the development of new products
15 and drugs for TB; and

16 “(7) ensuring that TB programs can serve as
17 key platforms for supporting national respiratory
18 pandemic response against existing and new infec-
19 tious respiratory disease.

20 “(h) ASSISTANCE FOR THE WORLD HEALTH ORGA-
21 NIZATION AND THE STOP TUBERCULOSIS PARTNER-
22 SHIP.—In carrying out this section, the President, acting
23 through the Administrator of the United States Agency
24 for International Development, is authorized—

1 “(1) to provide resources to the World Health
2 Organization and the Stop Tuberculosis Partnership
3 to improve the capacity of countries with high bur-
4 dens or rates of TB and other affected countries to
5 implement the End TB Strategy, the Stop TB Glob-
6 al Plan to End TB, their own national strategies
7 and plans, other global efforts to control MDR-TB
8 and XDR-TB; and

9 “(2) to leverage the contributions of other do-
10 nors for the activities described in paragraph (1).

11 “(i) ANNUAL REPORT ON TB ACTIVITIES.—Not later
12 than December 15 of each year until the earlier of the
13 date on which the goals specified in subsection (b)(2)(A)
14 are met or the last day of 2030, the President shall submit
15 an annual report to the appropriate congressional commit-
16 tees that describes United States foreign assistance to
17 control TB and the impact of such efforts, including—

18 “(1) the number of individuals with active TB
19 disease that were diagnosed and treated, including
20 the rate of treatment completion and the number re-
21 ceiving patient support;

22 “(2) the number of persons with MDR-TB and
23 XDR-TB that were diagnosed and treated, includ-
24 ing the rate of completion, in countries receiving

1 United States bilateral foreign assistance for TB
2 control programs;

3 “(3) the number of people trained by the
4 United States Government in TB surveillance and
5 control;

6 “(4) the number of individuals with active TB
7 disease identified as a result of engagement with the
8 private sector and other nongovernmental partners
9 in countries receiving United States bilateral foreign
10 assistance for TB control programs;

11 “(5) a description of the collaboration and co-
12 ordination of United States anti-TB efforts with the
13 World Health Organization, the Stop TB Partner-
14 ship, the Global Fund to Fight AIDS, Tuberculosis
15 and Malaria, and other major public and private en-
16 tities;

17 “(6) a description of the collaboration and co-
18 ordination among the United States Agency for
19 International Development and other United States
20 departments and agencies, including the Centers for
21 Disease Control and Prevention and the Office of
22 the Global AIDS Coordinator, for the purposes of
23 combating TB and, as appropriate, its integration
24 into primary care;

1 “(7) the constraints on implementation of pro-
2 grams posed by health workforce shortages, health
3 system limitations, barriers to digital health imple-
4 mentation, other challenges to successful implemen-
5 tation, and strategies to address such constraints;

6 “(8) a breakdown of expenditures for patient
7 services supporting TB diagnosis, treatment, and
8 prevention, including procurement of drugs and
9 other commodities, drug management, training in di-
10 agnosis and treatment, health systems strengthening
11 that directly impacts the provision of TB services,
12 and research; and

13 “(9) for each country, and when practicable,
14 each project site receiving bilateral United States as-
15 sistance for the purpose of TB prevention, treat-
16 ment, and control—

17 “(A) a description of progress toward the
18 adoption and implementation of the most recent
19 World Health Organization guidelines to im-
20 prove diagnosis, treatment, and prevention of
21 TB for adults and children, disaggregated by
22 sex, including the proportion of health facilities
23 that have adopted the latest World Health Or-
24 ganization guidelines on strengthening moni-
25 toring systems and preventative, diagnostic, and

1 therapeutic methods, including the use of rapid
2 diagnostic tests and orally administered TB
3 treatment regimens;

4 “(B) the number of individuals screened
5 for TB disease and the number evaluated for
6 TB infection using active case finding outside
7 of health facilities;

8 “(C) the number of individuals with active
9 TB disease that were diagnosed and treated, in-
10 cluding the rate of treatment completion and
11 the number receiving patient support;

12 “(D) the number of adults and children,
13 including people with HIV and close contacts,
14 who are evaluated for TB infection, the number
15 of adults and children started on treatment for
16 TB infection, and the number of adults and
17 children completing such treatment,
18 disaggregated by sex and, as possible, income or
19 wealth quintile;

20 “(E) the establishment of effective TB in-
21 fection control in all relevant congregant set-
22 tings, including hospitals, clinics, and prisons;

23 “(F) a description of progress in imple-
24 menting measures to reduce TB incidence, in-
25 cluding actions—

1 “(i) to expand active case finding and
2 contact tracing to reach vulnerable groups;
3 and

4 “(ii) to expand TB preventive ther-
5 apy, engagement of the private sector, and
6 diagnostic capacity;

7 “(G) a description of progress to expand
8 diagnosis, prevention, and treatment for all
9 forms of TB, including in pregnant women,
10 children, and individuals and groups at greater
11 risk of TB, including migrants, prisoners, min-
12 ers, people exposed to silica, and people living
13 with HIV/AIDS, disaggregated by sex;

14 “(H) the rate of successful completion of
15 TB treatment for adults and children,
16 disaggregated by sex, and the number of indi-
17 viduals receiving support for treatment comple-
18 tion;

19 “(I) the number of people, disaggregated
20 by sex, receiving treatment for MDR-TB, the
21 proportion of those treated with the latest regi-
22 mens endorsed by the World Health Organiza-
23 tion, factors impeding scale up of such treat-
24 ment, and a description of progress to expand
25 community-based MDR-TB care;

1 “(J) a description of TB commodity pro-
2 curement challenges, including shortages,
3 stockouts, or failed tenders for TB drugs or
4 other commodities;

5 “(K) the proportion of health facilities
6 with specimen referral linkages to quality diag-
7 nostic networks, including established testing
8 sites and reference labs, to ensure maximum ac-
9 cess and referral for second line drug resistance
10 testing, and a description of the turnaround
11 time for test results;

12 “(L) the number of people trained by the
13 United States Government to deliver high-qual-
14 ity TB diagnostic, preventative, monitoring,
15 treatment, and care services;

16 “(M) a description of how supported activi-
17 ties are coordinated with—

18 “(i) country national TB plans and
19 strategies; and

20 “(ii) TB control efforts supported by
21 the Global Fund to Fight AIDS, Tuber-
22 culosis, and Malaria, and other inter-
23 national assistance programs and funds,
24 including in the areas of program develop-
25 ment and implementation; and

1 “(N) for the first 3 years of the report re-
2 quired under this subsection, a description of
3 the progress in recovering from the negative im-
4 pact of COVID–19 on TB, including—

5 “(i) whether there has been the devel-
6 opment and implementation of a com-
7 prehensive plan to recover TB activities
8 from diversion of resources;

9 “(ii) the continued use of bidirectional
10 TB–COVID testing; and

11 “(iii) progress on increased diagnosis
12 and treatment of active TB.

13 “(j) ANNUAL REPORT ON TB RESEARCH AND DE-
14 VELOPMENT.—The President, acting through the Admin-
15 istrator of the United States Agency for International De-
16 velopment, and in coordination with the National Insti-
17 tutes of Health, the Centers for Disease Control and Pre-
18 vention, the Biomedical Advanced Research and Develop-
19 ment Authority, the Food and Drug Administration, the
20 National Science Foundation, and the Office of the Global
21 AIDS Coordinator, shall submit to the appropriate con-
22 gressional committees until 2030 an annual report that—

23 “(1) describes the current progress and chal-
24 lenges to the development of new tools for the pur-
25 pose of TB prevention, treatment, and control;

1 “(2) identifies critical gaps and emerging prior-
2 ities for research and development, including for
3 rapid and point-of-care diagnostics, shortened treat-
4 ments and prevention methods, telehealth solutions
5 for prevention and treatment, and vaccines; and

6 “(3) describes research investments by type,
7 funded entities, and level of investment.

8 “(k) EVALUATION REPORT.—Not later than 3 years
9 after the date of the enactment of the End Tuberculosis
10 Now Act of 2023, and 5 years thereafter, the Comptroller
11 General of the United States shall submit a report to the
12 appropriate congressional committees that evaluates the
13 performance and impact on TB prevention, diagnosis,
14 treatment, and care efforts that are supported by United
15 States bilateral assistance funding, including rec-
16 ommendations for improving such programs.

