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STOP TUBERCULOSIS (TB) NOW ACT OF 2007

OCTOBER 9, 2007.—Ordered to be printed

Filed under the authority of the order of the Senate of October 4, 2007

Mr. BIDEN, from the Committee on Foreign Relations,
submitted the following

R E P O R T

[To accompany S. 968]

The Committee on Foreign Relations, having had under consideration S. 968, a bill to amend the Foreign Assistance Act of 1961 to provide increased assistance for the prevention, treatment, and control of tuberculosis, and for other purposes, reports favorably thereon and recommends that the bill do pass.

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I. PURPOSE

The purpose of S. 968 is to improve the detection of tuberculosis (TB), to reduce the global number of TB-related deaths, and to support multilateral efforts to improve the capacity of countries with high TB rates and other affected countries to implement the Stop TB Strategy and specific strategies related to addressing extensively drug resistant tuberculosis (XDR-TB).

II. COMMITTEE ACTION

S. 968 was introduced by Senators Boxer, Smith, Durbin, and Brown on March 22, 2007. An additional 10 members cosponsored

the legislation. On September 11, 2007, the committee ordered the bill, with an amendment in the nature of a substitute, reported favorably by voice vote.

III. DISCUSSION

Tuberculosis is one of the deadliest infectious diseases in the world, killing an estimated 1.6 million people per year. One third of the world's population is infected with the tuberculosis bacterium, and an estimated 8.8 million people develop active TB each year. Resistance to standard drug treatments for TB is increasing in number and severity: the emergence of extensively drug-resistant tuberculosis (XDR-TB) poses a significant global public health threat. Persons with HIV/AIDS are particularly vulnerable to TB and the convergence of these epidemics undermines gains in HIV/AIDS prevention, care, and treatment.

S. 968 seeks to support the Global Plan to Stop TB, a ten-year strategy launched last year at the World Economic Forum by an international coalition of 500 governments, non-governmental organizations, private sector organizations, and others to cut the number of TB deaths in half by 2015. The bill identifies the control of TB as a major United States foreign assistance objective and calls for U.S. development programs in high prevalence areas to prioritize the halving of the TB death and disease burden in part through improvements in the TB detection and cure rates in those countries.

In order to advance this strategy, the bill authorizes support for a variety of activities, including: implementing the Directly Observed Therapy Short-course (DOTS) approach; treating persons who are co-infected with TB and HIV; treating persons with multidrug resistant tuberculosis (MDR-TB); strengthening health systems; encouraging adherence to the International Standards for Tuberculosis Care; and expanding research to improve diagnostics, drugs, and vaccines to combat TB. The bill states that the President should ensure that \$15 million of the funds authorized in the legislation are used to make a contribution to the Global Tuberculosis Facility. The bill also authorizes the President to provide increased resources to the World Health Organization (WHO) and the Stop Tuberculosis Partnership to improve the capacity of countries with high rates of TB to combat the epidemic and address the issue of drug resistance.

The bill amends section 104A(e)(2)(C)(iii) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b-2(e)(2)(C)(iii)) to require inclusion of annual reporting on the percentage of United States foreign assistance provided for diagnosis and treatment of individuals with tuberculosis in countries with the highest burden of tuberculosis, as determined by the World Health Organization.

S. 968 authorizes the appropriation of up to \$400 million for fiscal year 2008 and up to \$550 million for fiscal year 2009 to carry out the objectives of this Act. Of the amounts subsequently appropriated for this purpose, the bill states that up to \$70 million may be available for fiscal year 2008 and up to \$100 million may be available for fiscal year 2009 for the Centers for Disease Control and Prevention for the purpose of carrying out global tuberculosis activities. Funds appropriated pursuant to the authorization provided in this bill are to remain available until expended.

V. COST ESTIMATE

In accordance with Rule XXVI, paragraph 11(a) of the Standing Rules of the Senate, the committee provides this estimate of the costs of this legislation prepared by the Congressional Budget Office.

UNITED STATES CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 18, 2007.

Hon. JOSEPH R. BIDEN, JR.,
Chairman, Committee on Foreign Relations,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for S. 968, the Stop Tuberculosis (TB) Now Act of 2007.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Sunita D'Monte.

Sincerely,

PETER R. ORSZAG.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

September 18, 2007.

S. 968 would authorize the appropriation of \$400 million in 2008 and \$550 million in 2009 for programs working to control the global spread of tuberculosis. CBO estimates that implementing the bill would cost \$93 million in 2008 and about \$900 million over the 2008–2012 period, assuming that the authorized amounts are appropriated and that outlays will follow historical spending patterns for those programs. Enacting the bill would not affect direct spending or revenues.

The estimated budgetary impact of S. 968 is shown in the following table. The costs of this legislation fall within budget functions 150 (international affairs) and 550 (health).

ESTIMATED BUDGETARY IMPACT OF S. 968
By Fiscal Year, in Millions of Dollars

	2008	2009	2010	2011	2012
CHANGES IN SPENDING SUBJECT TO APPROPRIATION					
International Assistance					
Authorization Level	330	450	0	0	0
Estimated Outlays	66	239	264	113	52
Centers for Disease Control and Prevention					
Authorization Level	70	100	0	0	0
Estimated Outlays	27	68	52	16	5
Total Changes					
Authorization Level	400	550	0	0	0
Estimated Outlays	93	307	316	129	57

S. 968 would authorize the appropriation of \$400 million in 2008 and \$550 million in 2009 for foreign assistance to improve the detection of tuberculosis, to reduce the number of tuberculosis-related deaths in other countries, and to provide funds for those purposes to international organizations. Of those amounts, \$70 million in

2008 and \$100 million in 2009 would be earmarked for global antituberculosis programs of the Centers for Disease Control and Prevention. S. 968 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments.

On September 7, 2007, CBO transmitted a cost estimate for H.R. 1567, the Stop Tuberculosis (TB) Now Act of 2007, as ordered reported by the House Committee on Foreign Affairs on July 31, 2007. The two bills are similar, and their estimated costs are identical.

The CBO staff contact for this estimate is Sunita D'Monte. This estimate was approved by Peter H. Fontaine, Assistant Director for Budget Analysis.

V. EVALUATION OF REGULATORY IMPACT

Pursuant to Rule XXVI, paragraph 11(b) of the Standing Rules of the Senate, the committee has determined that there is no regulatory impact as a result of this legislation.

VI. CHANGES IN EXISTING LAW

In compliance with Rule XXVI, paragraph 12 of the Standing Rules of the Senate, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in *italic*, existing law in which no change is proposed is shown in roman).

The Foreign Assistance Act of 1961

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PART I

Chapter 1—Policy; Development Assistance Authorizations

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SEC. 104A. ASSISTANCE TO COMBAT HIV/AIDS.

(a) **FINDING.**—Congress recognizes that the alarming spread of HIV/AIDS in countries in sub-Saharan Africa, the Caribbean, and other developing countries is a major global health, national security, development, and humanitarian crisis.

* * * * *

(e) ANNUAL REPORT.—

(1) **IN GENERAL.**—Not later than January 31 of each year, the President shall submit to the Committee on Foreign Relations of the Senate and the Committee on International Relations of the House of Representatives a report on the implementation of this section for the prior fiscal year.

(2) **REPORT ELEMENTS.**—Each report shall include—

(A) * * *

* * * * *

(C) a detailed assessment of the impact of programs established pursuant to such sections, including

(i)(I) the effectiveness of such programs in reducing the spread of the HIV infection, particularly in women

and girls, in reducing mother-to-child transmission of the HIV infection, and in reducing mortality rates from HIV/AIDS; and

(II) the number of patients currently receiving treatment for AIDS in each country that receives assistance under this Act.

(ii) the progress made toward improving health care delivery systems (including the training of adequate numbers of staff) and infrastructure to ensure increased access to care and treatment;

(iii) with respect to tuberculosis, the increase in the number of people treated and the increase in number of tuberculosis patients cured through each program, project, or activity receiving United States foreign assistance for tuberculosis control purposes *including the percentage of such United States foreign assistance provided for diagnosis and treatment of individuals with tuberculosis in countries with the highest burden of tuberculosis, as determined by the World Health Organization (WHO)*; and

* * * * *

SEC. 104B. ASSISTANCE TO COMBAT TUBERCULOSIS.

(a) FINDINGS.—Congress makes the following findings:

* * * * *

[(b) POLICY.—It is a major objective of the foreign assistance program of the United States to control tuberculosis, including the detection of at least 70 percent of the cases of infectious tuberculosis, and the cure of at least 85 percent of the cases detected, not later than December 31, 2005, in those countries classified by the World Health Organization as among the highest tuberculosis burden, and not later than December 31, 2010, in all countries in which the United States Agency for International Development has established development programs.]

(b) POLICY—*It is a major objective of the foreign assistance program of the United States to control tuberculosis. In all countries in which the Government of the United States has established development programs, particularly in countries with the highest burden of tuberculosis and other countries with high rates of tuberculosis, the United States Government should prioritize the achievement of the following goals by not later than December 31, 2015:*

(1) *Reduce by half the tuberculosis death and disease burden from the 1990 baseline.*

(2) *Sustain or exceed the detection of at least 70 percent of sputum smear-positive cases of tuberculosis and the cure of at least 85 percent of those cases detected.*

(c) [Authorization.] ASSISTANCE REQUIRED.—To carry out this section and consistent with section 104(c), the President [is authorized to] shall furnish assistance, on such terms and conditions as the President may determine, for the prevention, treatment, control, and elimination of tuberculosis.

(d) COORDINATION.—In carrying out this section, the President shall coordinate with the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and other organi-

zations with respect to the development and implementation of a comprehensive tuberculosis control program.

[(e) Priority to DOTS Coverage.—In furnishing assistance under subsection (c), the President shall give priority to activities that increase Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis where needed using DOTS-Plus, including funding for the Global Tuberculosis Drug Facility, the Stop Tuberculosis Partnership, and the Global Alliance for TB Drug Development. In order to meet the requirement of the preceding sentence, the President should ensure that not less than 75 percent of the amount made available to carry out this section for a fiscal year should be expended for antituberculosis drugs, supplies, direct patient services, and training in diagnosis and treatment for Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis using DOTS-Plus, including substantially increased funding for the Global Tuberculosis Drug Facility.]

(e) *PRIORITY TO STOP TB STRATEGY.—(1) PRIORITY.—In furnishing assistance under subsection (c), the President shall give priority to—*

(A) activities described in the Stop TB Strategy, including expansion and enhancement of DOTS coverage, treatment for individuals infected with both tuberculosis and HIV and treatment for individuals with multi-drug resistant tuberculosis (MDR-TB), strengthening of health systems, use of the International Standards for Tuberculosis Care by all providers, empowering individuals with tuberculosis, and enabling and promoting research to develop new diagnostics, drugs, and vaccines, and program-based operational research relating to tuberculosis; and

(B) funding for the Global Tuberculosis Drug Facility, the Stop Tuberculosis Partnership, and the Global Alliance for TB Drug Development.

(2) AVAILABILITY OF AMOUNTS.—In order to meet the requirements of paragraph (1), the President—

(A) shall ensure that not less than 75 percent of the amount made available to carry out this section for a fiscal year should be expended for anti-tuberculosis drugs, supplies, direct patient services, and training in diagnosis and treatment to implement the Stop TB Strategy; and

(B) should ensure that not less than \$15,000,000 of the amount made available to carry out this section for a fiscal year is used to make a contribution to the Global Tuberculosis Drug Facility.

(f) ASSISTANCE FOR WHO AND THE STOP TUBERCULOSIS PARTNERSHIP.—In carrying out this section, the President, acting through the Administrator of the United States Agency for International Development, is authorized to provide increased resources to the World Health Organization (WHO) and the Stop Tuberculosis Partnership to improve the capacity of countries with high rates of tuberculosis and other affected countries to implement the Stop TB Strategy and specific strategies related to addressing extensively drug resistant tuberculosis (XDR-TB).

[(f)] (g) DEFINITIONS.—In this section:

(1) DOTS.—The term “DOTS” or “Directly Observed Treatment Short-course” means the World Health Organization-recommended strategy for treating tuberculosis, *including low cost and effective diagnosis, treatment, and monitoring of tuberculosis, as well as a reliable drug supply, and a management strategy for public health systems, with health system strengthening, promotion of the use of the International Standards for Tuberculosis Care by all care providers, bacteriology under an external quality assessment framework, short-course chemotherapy, and sound reporting and recording systems.*

(2) DOTS-PLUS.—The term “DOTS-Plus” means a comprehensive tuberculosis management strategy that is built upon and works as a supplement to the standard DOTS strategy, and which takes into account specific issues (such as use of second line anti-tuberculosis drugs) that need to be addressed in areas where there is high prevalence of multi-drug resistant tuberculosis.

(3) GLOBAL ALLIANCE FOR TUBERCULOSIS DRUG DEVELOPMENT.—The term “Global Alliance for Tuberculosis Drug Development” means the public-private partnership that brings together leaders in health, science, philanthropy, and private industry to devise new approaches to tuberculosis and to ensure that new medications are available and affordable in high tuberculosis burden countries and other affected countries.

(4) GLOBAL TUBERCULOSIS DRUG FACILITY.—The term “Global Tuberculosis Drug Facility (GDF)” means the new initiative of the Stop Tuberculosis Partnership to increase access to high-quality tuberculosis drugs to facilitate DOTS expansion.

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

(6) STOP TB STRATEGY.—*The term “Stop TB Strategy” means the six-point strategy to reduce tuberculosis developed by the World Health Organization. The strategy is described in the Global Plan to Stop TB 2007–2016: Actions for Life, a comprehensive plan developed by the Stop Tuberculosis Partnership that sets out the actions necessary to achieve the millennium development goal of cutting tuberculosis deaths and disease burden in half by 2016.*

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