

116TH CONGRESS
1ST SESSION

S. 2675

To authorize the Secretary of Health and Human Services to carry out activities relating to neglected diseases of poverty.

IN THE SENATE OF THE UNITED STATES

OCTOBER 23, 2019

Mr. BOOKER introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To authorize the Secretary of Health and Human Services to carry out activities relating to neglected diseases of poverty.

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 “Study, Treat, Observe,
5 and Prevent Neglected Diseases of Poverty Act” or the
6 “STOP Neglected Diseases of Poverty Act”.

7 **SEC. 2. FINDINGS.**

8 Congress finds as follows:

9 (1) Neglected diseases of poverty, many of
10 which are also known as “neglected tropical dis-

1 eases'', are a group of diseases that disproportion-
2 ately affect vulnerable populations living in extreme
3 poverty.

4 (2) More than 1,000,000,000 people worldwide
5 are affected by neglected diseases of poverty.

6 (3) Neglected diseases of poverty can be trans-
7 mitted—

8 (A) through contaminated food, water, and
9 soil;

10 (B) through parasites, insects, blood trans-
11 fusion, and organ transplant; and

12 (C) in some cases, congenitally.

13 (4) Neglected diseases of poverty have a high
14 rate of morbidity and mortality and can lead to
15 health complications such as heart disease, epilepsy,
16 asthma, blindness, developmental delays, stillbirth,
17 low birthweight, and gastrointestinal disorders.

18 (5) Some neglected diseases of poverty can be
19 asymptomatic at the outset, but debilitating or dan-
20 gerous symptoms can emerge over time or under cer-
21 tain conditions, such as pregnancy. It is estimated
22 that millions of people are living with these diseases
23 and are not aware that they are infected.

1 (6) For tens of thousands of individuals, dis-
2 eases of poverty that are chronic and neglected can
3 manifest into severe illness later in life.

4 (7) Neglected diseases of poverty place a sig-
5 nificant financial burden on affected individuals and
6 communities due to the health care costs associated
7 with these diseases and because these diseases limit
8 individuals' productivity and ability to be active con-
9 tributors to their communities. This burden could
10 largely be prevented through early screening and
11 treatment, which are highly cost effective.

12 (8) Since its inception in 2006, the Neglected
13 Tropical Diseases Program at the United States
14 Agency for International Development and its part-
15 ners, including the Centers for Disease Control and
16 Prevention, have delivered more than 1,600,000,000
17 treatments to more than 743,000,000 people.

18 (9) Due to the support provided by the United
19 States Agency for International Development and its
20 partners, 140,000,000 people live in regions where
21 they are no longer at risk of contracting lymphatic
22 filariasis, and 65,000,000 people live in regions
23 where they are no longer at risk of contracting tra-
24 choma.

1 (10) Although the exact prevalence and burden
2 of these diseases in the United States is unknown
3 because of stigma and limited reporting, surveil-
4 lance, and awareness, one study estimates that there
5 are 12,000,000 individuals living with a neglected
6 disease of poverty throughout the country. These
7 diseases disproportionately affect racial and ethnic
8 minorities living in poverty and in regions where
9 water quality and sanitation are substandard.

10 (11) The major neglected diseases of poverty in
11 the United States that predominantly occur among
12 those living in poverty are the following: Toxocari-
13 asis, cysticercosis, Chagas disease, toxoplasmosis,
14 trichomoniasis, and Dengue Fever.

15 (12) There is a lack of diagnostic and treat-
16 ment programs, including for early diagnosis and
17 treatment, for neglected diseases of poverty. These
18 programs would be highly cost effective and would
19 significantly reduce the burden of morbidity and
20 mortality of these diseases.

21 (13) Funding for research, preventive strate-
22 gies, and the development of treatments and diag-
23 nostic tests for neglected diseases of poverty in the
24 United States is limited.

1 **SEC. 3. SENSE OF CONGRESS.**

2 It is the sense of Congress that there is a need to
3 study the prevalence and incidence of neglected diseases
4 of poverty in the United States, identify preventive meth-
5 ods to combat neglected diseases of poverty, conduct re-
6 search that will lead to more treatments and diagnostic
7 tests for neglected diseases of poverty, and supply health
8 care providers, public health professionals, and affected in-
9 dividuals and communities with educational resources on
10 neglected diseases of poverty.

11 **SEC. 4. DEFINITION OF NEGLECTED DISEASES OF POV-**
12 **ERTY.**

13 In this Act, the term “neglected diseases of poverty”
14 has the meaning given such term in section 39900(e) of
15 the Public Health Service Act, as added by section 5.

16 **SEC. 5. PROGRAMS RELATING TO NEGLECTED DISEASES**
17 **OF POVERTY.**

18 Title III of the Public Health Service Act (42 U.S.C.
19 241 et seq.) is amended by adding at the end the fol-
20 lowing:

1 **“PART W—PROGRAMS RELATING TO NEGLECTED**
2 **DISEASES OF POVERTY IN THE UNITED STATES**
3 **“SEC. 39900. INTERAGENCY TASK FORCE ON NEGLECTED**
4 **DISEASES OF POVERTY IN THE UNITED**
5 **STATES.**

6 “(a) ESTABLISHMENT.—Not later than 180 days
7 after the date of enactment of the Study, Treat, Observe,
8 and Prevent Neglected Diseases of Poverty Act, the Sec-
9 retary shall establish an Interagency Task Force on Ne-
10 glected Diseases of Poverty in the United States to provide
11 advice and recommendations to the Secretary and Con-
12 gress to prevent, treat, and diagnose neglected diseases
13 of poverty in the United States.

14 “(b) MEMBERS.—The task force shall be comprised
15 of representatives of—

16 “(1) the Department of Health and Human
17 Services, including the Assistant Secretary for
18 Health and representatives from the Centers for
19 Disease Control and Prevention, the Food and Drug
20 Administration, the Health Resources and Services
21 Administration, the National Institutes of Health,
22 and the Biomedical Advanced Research and Devel-
23 opment Authority;

24 “(2) the Department of State;

25 “(3) the United States Agency for International
26 Development;

1 “(4) the Department of Agriculture;

2 “(5) the Department of Housing and Urban
3 Development;

4 “(6) the Environmental Protection Agency; and

5 “(7) any other Federal agency that has juris-
6 diction over, or is affected by, neglected diseases of
7 poverty policies and projects, as determined by the
8 Secretary.

9 “(c) INITIAL REPORT.—

10 “(1) IN GENERAL.—Not later than 180 days
11 after the date of enactment of the Study, Treat, Ob-
12 serve, and Prevent Neglected Diseases of Poverty
13 Act, the task force shall submit a report to the Sec-
14 retary based on a review of relevant literature to
15 identify gaps in efforts, and guide future efforts, to
16 prevent, identify, and treat neglected diseases of
17 poverty in the United States, particularly
18 toxocariasis, cysticercosis, Chagas disease, toxoplas-
19 mosis, trichomoniasis, and Dengue Fever. The re-
20 port shall include a summary of findings with re-
21 spect to—

22 “(A) estimated prevalence of neglected dis-
23 eases of poverty in the United States;

1 “(B) geographic distribution and major
2 distribution routes of neglected diseases of pov-
3 erty in the United States;

4 “(C) disparities with respect to the burden
5 of neglected diseases of poverty in the United
6 States;

7 “(D) risk factors for neglected diseases of
8 poverty in the United States;

9 “(E) existing tools for surveillance, preven-
10 tion, diagnosis, and treatment of neglected dis-
11 eases of poverty in the United States;

12 “(F) barriers to access to information and
13 tools for surveillance, prevention, diagnosis, and
14 treatment of neglected diseases of poverty in
15 the United States;

16 “(G) comorbidities associated with ne-
17 glected diseases of poverty in the United States;

18 “(H) awareness among health care pro-
19 viders and public health professionals regarding
20 neglected diseases of poverty in the United
21 States;

22 “(I) public awareness of neglected diseases
23 of poverty in the United States, particularly
24 among high-risk groups;

1 “(J) the economic burden of neglected dis-
2 eases of poverty in the United States; and

3 “(K) strategies and lessons learned from
4 the United States Agency for International De-
5 velopment Neglected Tropical Diseases Pro-
6 gram, particularly those that are most applica-
7 ble to efforts to prevent, diagnose, and treat ne-
8 glected diseases of poverty in the United States.

9 “(2) CONSULTATION.—In developing the initial
10 report under paragraph (1), the task force shall con-
11 sult with appropriate external parties, including
12 States, local communities, scientists, researchers,
13 health care providers and public health professionals,
14 and national and international nongovernmental orga-
15 nizations.

16 “(d) DUTIES.—The task force shall—

17 “(1) review and evaluate the current actions
18 and future plans of each applicable agency rep-
19 resented on the task force as described in subsection
20 (b) to prevent, diagnose, and treat neglected diseases
21 of poverty in the United States;

22 “(2) identify current and potential areas of
23 partnership and coordination between Federal agen-
24 cies and develop a unified implementation plan to

1 prevent, diagnose, and treat neglected diseases of
2 poverty in the United States;

3 “(3) make efforts to apply applicable strategies
4 and lessons learned from the United States Agency
5 for International Development Neglected Tropical
6 Diseases Program when developing the implementa-
7 tion plan under paragraph (2);

8 “(4) establish specific goals within and across
9 Federal agencies to prevent, diagnose, and treat ne-
10 glected diseases of poverty in the United States, in-
11 cluding metrics to assess progress towards reaching
12 those goals;

13 “(5) coordinate plans to communicate research
14 and relevant accomplishments across Federal agen-
15 cies and with States and local communities relating
16 to the prevention, diagnosis, and treatment of ne-
17 glected diseases of poverty;

18 “(6) develop consensus guidelines for health
19 care providers and public health professionals for the
20 prevention, diagnosis, and treatment of toxocariasis,
21 cysticercosis, Chagas disease, toxoplasmosis, tricho-
22 moniasis, Dengue Fever, and other neglected dis-
23 eases of poverty;

24 “(7) biannually make recommendations to Con-
25 gress on strategies for the development of affordable

1 tools to prevent, diagnose, and treat neglected dis-
 2 eases of poverty, including drugs, diagnostics, and
 3 vaccines; and

4 “(8) in developing the guidelines and rec-
 5 ommendations under paragraphs (6) and (7), con-
 6 sult with external parties, including States, local
 7 communities, scientists, researchers, health care pro-
 8 viders and public health professionals, national and
 9 international nongovernmental organizations, and
 10 centers of excellence with expertise in neglected dis-
 11 eases of poverty, including the centers of excellence
 12 described in section 39900–5.

13 “(e) DEFINITION OF NEGLECTED DISEASES OF POV-
 14 ERTY.—In this part, the term ‘neglected diseases of pov-
 15 erty’—

16 “(1) means chronic and disabling diseases that
 17 are caused by parasites, bacteria, and other patho-
 18 gens and that primarily impact people living in ex-
 19 treme poverty; and

20 “(2) includes the following:

21 “(A) Chagas disease.

22 “(B) Cysticercosis.

23 “(C) Toxocariasis.

24 “(D) Toxoplasmosis.

25 “(E) Trichomoniasis.

1 “(F) Dengue Fever.

2 “(G) Other neglected tropical diseases, in-
3 cluding those defined by the World Health Or-
4 ganization, such as the following:

5 “(i) Buruli ulcer.

6 “(ii) Chikungunya.

7 “(iii) Dracunculiasis.

8 “(iv) Echinococcosis.

9 “(v) Foodborne trematodiasis.

10 “(vi) Human African trypanosomiasis.

11 “(vii) Leishmaniasis.

12 “(viii) Leprosy.

13 “(ix) Lymphatic filariasis.

14 “(x) Mycetoma.

15 “(xi) Onchocerciasis.

16 “(xii) Rabies.

17 “(xiii) Schistosomiasis.

18 “(xiv) Soil-transmitted helminthiasis.

19 “(xv) Taeniasis and neurocysticercosis.
20

21 “(xvi) Trachoma.

22 “(xvii) Yaws.

1 **“SEC. 39900-1. SURVEILLANCE REGARDING NEGLECTED**
2 **DISEASES OF POVERTY IN THE UNITED**
3 **STATES.**

4 “(a) IN GENERAL.—The Secretary, acting through
5 the Director of the Centers for Disease Control and Pre-
6 vention, shall award grants to States to carry out activities
7 relating to implementing a surveillance system to deter-
8 mine the prevalence, incidence, and distribution of ne-
9 glected diseases of poverty, particularly those that most
10 impact individuals in the United States, including
11 toxocariasis, cysticercosis, Chagas disease, toxoplasmosis,
12 trichomoniasis, and Dengue Fever.

13 “(b) CONSIDERATIONS.—In awarding grants under
14 subsection (a), the Secretary shall use the findings in the
15 initial report of the Interagency Task Force on Neglected
16 Diseases of Poverty in the United States under section
17 39900(c) to identify and prioritize geographic locations
18 and communities that have the highest estimated preva-
19 lence of, or have populations at greatest risk of acquiring,
20 neglected diseases of poverty, particularly those described
21 in subsection (a).

22 **“SEC. 39900-2. SUPPORT FOR INDIVIDUALS AT RISK FOR**
23 **NEGLECTED DISEASES OF POVERTY.**

24 “(a) IN GENERAL.—The Secretary, acting through
25 the Director of the Centers for Disease Control and Pre-
26 vention, shall award grants or cooperative agreements to

1 Federally qualified health centers to implement and ana-
2 lyze the guidelines developed under section 39900(d)(6).

3 “(b) INITIAL AWARDS.—The Secretary shall—

4 “(1) using the findings in the initial report of
5 the Interagency Task Force on Neglected Diseases
6 of Poverty in the United States under section
7 39900(c), identify the geographic locations in the
8 United States that have the highest estimated preva-
9 lence of, or have populations at greatest risk of ac-
10 quiring, neglected diseases of poverty, particularly
11 those that most impact individuals in the United
12 States, including toxocariasis, cysticercosis, Chagas
13 disease, toxoplasmosis, trichomoniasis, and Dengue
14 Fever; and

15 “(2) prioritize Federally qualified health centers
16 located in such geographic locations in awarding ini-
17 tial grants or cooperative agreements under sub-
18 section (a).

19 “(c) DEFINITION OF FEDERALLY QUALIFIED
20 HEALTH CENTER.—In this section, the term ‘Federally
21 qualified health center’ has the meaning given the term
22 in section 1861(aa) of the Social Security Act.

1 **“SEC. 39900–3. EDUCATION OF MEDICAL AND PUBLIC**
2 **HEALTH PERSONNEL AND THE PUBLIC RE-**
3 **GARDING NEGLECTED DISEASES OF POV-**
4 **ERTY IN THE UNITED STATES.**

5 “The Secretary shall consult with the Assistant Sec-
6 retary for Health, the Director of the Centers for Disease
7 Control and Prevention, and the Administrator of the
8 Health Resources and Services Administration, profes-
9 sional organizations and societies, and such other public
10 health officials as may be necessary, including the centers
11 of excellence described in section 39900–5, to—

12 “(1) develop and implement educational pro-
13 grams to increase the awareness of health care pro-
14 vidors and public health professionals with respect to
15 the risk factors, signs, and symptoms of neglected
16 diseases of poverty and strategies to prevent, diag-
17 nose, and treat such diseases; and

18 “(2) develop and implement educational pro-
19 grams to increase the awareness of the public with
20 respect to the risk factors, signs, and symptoms of
21 neglected diseases of poverty and strategies to pre-
22 vent such diseases.

23 **“SEC. 39900–4. RESEARCH AND DEVELOPMENT OF NEW**
24 **DRUGS, VACCINES, AND DIAGNOSTICS.**

25 “Consistent with the recommendations of the Inter-
26 agency Task Force on Neglected Diseases of Poverty in

1 the United States established under section 39900, the
 2 Secretary shall, directly or through awards of grants or
 3 cooperative agreements to public or private entities, pro-
 4 vide for the conduct of research, investigations, experi-
 5 ments, demonstrations, and studies, including late-stage
 6 and translational research, in the health sciences that are
 7 related to—

8 “(1) the development of affordable therapeutics,
 9 including vaccines, against neglected diseases of pov-
 10 erty; and

11 “(2) the development of affordable medical
 12 point-of-care diagnostics to detect neglected diseases
 13 of poverty.

14 **“SEC. 39900-5. NEGLECTED DISEASES OF POVERTY CEN-**
 15 **TERS OF EXCELLENCE.**

16 “(a) ESTABLISHMENT.—The Secretary, acting jointly
 17 through the Director of the National Institutes of Health,
 18 may enter into cooperative agreements with, and make
 19 grants to, public or private nonprofit entities to pay all
 20 or part of the cost of planning, establishing, or strength-
 21 ening, and providing basic operating support for, one or
 22 more centers of excellence for research into, training in,
 23 and development of diagnosis, prevention, control, and
 24 treatment methods for neglected diseases of poverty in the
 25 United States, including tools to support prevention.

1 “(b) ELIGIBILITY.—To be eligible to receive a cooper-
2 ative agreement or grant under subsection (a), an entity
3 shall have a demonstrated record of research on neglected
4 diseases of poverty.

5 “(c) COORDINATION.—The Secretary shall ensure
6 that activities under this section are coordinated with
7 similar activities of the Federal Government relating to
8 neglected diseases of poverty, including the task force es-
9 tablished under section 39900.

10 “(d) USE OF FUNDS.—A cooperative agreement or
11 grant awarded under subsection (a) may be used for—

12 “(1) staffing, administrative, and other basic
13 operating costs, including such patient care costs as
14 are required for research;

15 “(2) clinical training, including training for al-
16 lied health professionals, continuing education for
17 health professionals and allied health professions
18 personnel, and information programs for the public
19 with respect to neglected diseases of poverty;

20 “(3) research and development programs, in-
21 cluding the end-to-end research and development of
22 new treatments, diagnostics, and vaccines;

23 “(4) epidemiological surveillance and trans-
24 mission studies capabilities; and

1 “(5) health education programs to raise aware-
 2 ness and reduce stigma of neglected diseases of pov-
 3 erty among high-risk populations.

4 “(e) PERIOD OF SUPPORT; ADDITIONAL PERIODS.—

5 “(1) IN GENERAL.—A cooperative agreement or
 6 grant under this section may be provided for a pe-
 7 riod of not more than 5 years.

8 “(2) EXTENSIONS.—The period specified in
 9 paragraph (1) may be extended by the Secretary for
 10 additional periods of not more than 5 years if—

11 “(A) the operations of the center of excel-
 12 lence involved have been reviewed by an appro-
 13 priate technical and scientific peer review
 14 group; and

15 “(B) such group has recommended to the
 16 Secretary that such period be extended.

17 **“SEC. 39900-6. AUTHORIZATION OF APPROPRIATIONS.**

18 “To carry out this part, there are authorized to be
 19 appropriated such sums as may be necessary for fiscal
 20 year 2021 and each fiscal year thereafter.”.

