

116TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

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

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IN THE SENATE OF THE UNITED STATES

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Mr. BOOKER introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**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, which are  
10 also known as “neglected tropical diseases”, are a

1 group of diseases that disproportionately affect vul-  
2 nerable populations living in extreme poverty.

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

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

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

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

11 (C) in some cases, congenitally.

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

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

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

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

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

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

22          (10) Although the exact prevalence and burden  
23          of these diseases in the United States is unknown  
24          because of stigma and limited reporting, surveil-  
25          lance, and awareness, one study estimates that there

1 are 12,000,000 individuals living with a neglected  
2 disease of poverty throughout the country. These  
3 diseases disproportionately affect racial and ethnic  
4 minorities living in poverty and in regions where  
5 water quality and sanitation are substandard.

6 (11) The major neglected diseases of poverty in  
7 the United States that predominantly occur among  
8 those living in poverty are the following:  
9 Toxocariasis, cysticercosis, Chagas disease, toxoplas-  
10 mosis, trichomoniasis, and Dengue Fever.

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

17 (13) Funding for research, preventive strate-  
18 gies, and the development of treatments and diag-  
19 nostic tests for neglected diseases of poverty in the  
20 United States is limited.

21 **SEC. 3. SENSE OF CONGRESS.**

22 It is the sense of Congress that there is a need to  
23 study the prevalence and incidence of neglected diseases  
24 of poverty in the United States, identify preventive meth-  
25 ods to combat neglected diseases of poverty, conduct re-

1 search that will lead to more treatments and diagnostic  
2 tests for neglected diseases of poverty, and supply health  
3 care providers, public health professionals, and affected in-  
4 dividuals and communities with educational resources on  
5 neglected diseases of poverty.

6 **SEC. 4. DEFINITION OF NEGLECTED DISEASES OF POV-**  
7 **ERTY.**

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

11 **SEC. 5. PROGRAMS RELATING TO NEGLECTED DISEASES**  
12 **OF POVERTY.**

13 Title III of the Public Health Service Act (42 U.S.C.  
14 241 et seq.) is amended by adding at the end the fol-  
15 lowing:

16 **“PART W—PROGRAMS RELATING TO NEGLECTED**  
17 **DISEASES OF POVERTY IN THE UNITED STATES**  
18 **“SEC. 39900. INTERAGENCY TASK FORCE ON NEGLECTED**  
19 **DISEASES OF POVERTY IN THE UNITED**  
20 **STATES.**

21 “(a) ESTABLISHMENT.—Not later than 180 days  
22 after the date of enactment of the Study, Treat, Observe,  
23 and Prevent Neglected Diseases of Poverty Act, the Sec-  
24 retary shall establish an Interagency Task Force on Ne-  
25 glected Diseases of Poverty in the United States to provide

1 advice and recommendations to the Secretary and Con-  
2 gress to prevent, treat, and diagnose neglected diseases  
3 of poverty in the United States.

4 “(b) MEMBERS.—The task force shall be comprised  
5 of representatives of—

6 “(1) the Department of Health and Human  
7 Services, including the Assistant Secretary for  
8 Health and representatives from the Centers for  
9 Disease Control and Prevention, the Food and Drug  
10 Administration, the Health Resources and Services  
11 Administration, the National Institutes of Health,  
12 and the Biomedical Advanced Research and Devel-  
13 opment Authority;

14 “(2) the Department of State;

15 “(3) the United States Agency for International  
16 Development;

17 “(4) the Department of Agriculture;

18 “(5) the Department of Housing and Urban  
19 Development;

20 “(6) the Environmental Protection Agency; and

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

25 “(c) INITIAL REPORT.—

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

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

15           “(B) geographic distribution and major  
16 distribution routes of neglected diseases of pov-  
17 erty in the United States;

18           “(C) disparities with respect to the burden  
19 of neglected diseases of poverty in the United  
20 States;

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

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

1           “(F) barriers to access to information and  
2 tools for surveillance, prevention, diagnosis, and  
3 treatment of neglected diseases of poverty in  
4 the United States;

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

7           “(H) awareness among health care pro-  
8 viders and public health professionals regarding  
9 neglected diseases of poverty in the United  
10 States;

11           “(I) public awareness of neglected diseases  
12 of poverty in the United States, particularly  
13 among high-risk groups;

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

16           “(K) strategies and lessons learned from  
17 the United States Agency for International De-  
18 velopment Neglected Tropical Diseases Pro-  
19 gram, particularly those that are most applica-  
20 ble to efforts to prevent, diagnose, and treat ne-  
21 glected diseases of poverty in the United States.

22           “(2) CONSULTATION.—In developing the initial  
23 report under paragraph (1), the task force shall con-  
24 sult with appropriate external parties, including  
25 States, local communities, scientists, researchers,



1 health care providers and public health professionals,  
2 and national and international nongovernmental orga-  
3 nizations.

4 “(d) DUTIES.—The task force shall—

5 “(1) review and evaluate the current actions  
6 and future plans of each applicable agency rep-  
7 resented on the task force as described in subsection  
8 (b) to prevent, diagnose, and treat neglected diseases  
9 of poverty in the United States;

10 “(2) identify current and potential areas of  
11 partnership and coordination between Federal agen-  
12 cies and develop a unified implementation plan to  
13 prevent, diagnose, and treat neglected diseases of  
14 poverty in the United States;

15 “(3) make efforts to apply applicable strategies  
16 and lessons learned from the United States Agency  
17 for International Development Neglected Tropical  
18 Diseases Program when developing the implementa-  
19 tion plan under paragraph (2);

20 “(4) establish specific goals within and across  
21 Federal agencies to prevent, diagnose, and treat ne-  
22 glected diseases of poverty in the United States, in-  
23 cluding metrics to assess progress towards reaching  
24 those goals;

1           “(5) coordinate plans to communicate research  
2           and relevant accomplishments across Federal agen-  
3           cies and with States and local communities relating  
4           to the prevention, diagnosis, and treatment of ne-  
5           glected diseases of poverty;

6           “(6) develop consensus guidelines for health  
7           care providers and public health professionals for the  
8           prevention, diagnosis, and treatment of toxocariasis,  
9           cysticercosis, Chagas disease, toxoplasmosis, tricho-  
10          moniasis, Dengue Fever, and other neglected dis-  
11          eases of poverty;

12          “(7) biannually make recommendations to Con-  
13          gress on strategies for the development of affordable  
14          tools to prevent, diagnose, and treat neglected dis-  
15          eases of poverty, including drugs, diagnostics, and  
16          vaccines; and

17          “(8) in developing the guidelines and rec-  
18          ommendations under paragraphs (6) and (7), con-  
19          sult with external parties, including States, local  
20          communities, scientists, researchers, health care pro-  
21          viders and public health professionals, national and  
22          international nongovernmental organizations, and  
23          centers of excellence with expertise in neglected dis-  
24          eases of poverty, including the centers of excellence  
25          described in section 39900–5.

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

4           “(1) means chronic and disabling diseases that  
5 are caused by parasites, bacteria, and other patho-  
6 gens and that primarily impact people living in ex-  
7 treme poverty; and

8           “(2) includes the following:

9           “(A) Chagas disease.

10           “(B) Cysticercosis.

11           “(C) Toxocariasis.

12           “(D) Toxoplasmosis.

13           “(E) Trichomoniasis.

14           “(F) Dengue Fever.

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

18           “(i) Buruli ulcer.

19           “(ii) Chikungunya.

20           “(iii) Dracunculiasis.

21           “(iv) Echinococcosis.

22           “(v) Foodborne trematodiasis.

23           “(vi) Human African trypanosomiasis.

24           “(vii) Leishmaniases.

25           “(viii) Leprosy.

1 “(ix) Lymphatic filariasis.

2 “(x) Mycetoma.

3 “(xi) Onchocerciasis.

4 “(xii) Rabies.

5 “(xiii) Schistosomiasis.

6 “(xiv) Soil-transmitted helminthiasis.

7 “(xv) Taeniasis and  
8 neurocysticercosis.

9 “(xvi) Trachoma.

10 “(xvii) Yaws.

11 **“SEC. 39900-1. SURVEILLANCE REGARDING NEGLECTED**  
12 **DISEASES OF POVERTY IN THE UNITED**  
13 **STATES.**

14 “(a) IN GENERAL.—The Secretary, acting through  
15 the Director of the Centers for Disease Control and Pre-  
16 vention, shall award grants to States to carry out activities  
17 relating to implementing a surveillance system to deter-  
18 mine the prevalence, incidence, and distribution of ne-  
19 glected diseases of poverty, particularly those that most  
20 impact individuals in the United States, including  
21 toxocariasis, cysticercosis, Chagas disease, toxoplasmosis,  
22 trichomoniasis, and Dengue Fever.

23 “(b) CONSIDERATIONS.—In awarding grants under  
24 subsection (a), the Secretary shall use the findings in the  
25 initial report of the Interagency Task Force on Neglected

1 Diseases of Poverty in the United States under section  
2 39900(c) to identify and prioritize geographic locations  
3 and communities that have the highest estimated preva-  
4 lence of, or have populations at greatest risk of acquiring,  
5 neglected diseases of poverty, particularly those described  
6 in subsection (a).

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

9 “(a) IN GENERAL.—The Secretary, acting through  
10 the Director of the Centers for Disease Control and Pre-  
11 vention, shall award grants or cooperative agreements to  
12 Federally qualified health centers to implement and ana-  
13 lyze the guidelines developed under section 39900(d)(6).

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

15 “(1) using the findings in the initial report of  
16 the Interagency Task Force on Neglected Diseases  
17 of Poverty in the United States under section  
18 39900(c), identify the geographic locations in the  
19 United States that have the highest estimated preva-  
20 lence of, or have populations at greatest risk of ac-  
21 quiring, neglected diseases of poverty, particularly  
22 those that most impact individuals in the United  
23 States, including toxocariasis, cysticercosis, Chagas  
24 disease, toxoplasmosis, trichomoniasis, and Dengue  
25 Fever; and

1           “(2) prioritize Federally qualified health centers  
2           located in such geographic locations in awarding ini-  
3           tial grants or cooperative agreements under sub-  
4           section (a).

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

9 **“SEC. 39900-3. EDUCATION OF MEDICAL AND PUBLIC**  
10 **HEALTH PERSONNEL AND THE PUBLIC RE-**  
11 **GARDING NEGLECTED DISEASES OF POV-**  
12 **ERTY IN THE UNITED STATES.**

13           “The Secretary shall consult with the Assistant Sec-  
14 retary for Health, the Director of the Centers for Disease  
15 Control and Prevention, and the Administrator of the  
16 Health Resources and Services Administration, profes-  
17 sional organizations and societies, and such other public  
18 health officials as may be necessary, including the centers  
19 of excellence described in section 39900-5, to—

20           “(1) develop and implement educational pro-  
21 grams to increase the awareness of health care pro-  
22 viders and public health professionals with respect to  
23 the risk factors, signs, and symptoms of neglected  
24 diseases of poverty and strategies to prevent, diag-  
25 nose, and treat such diseases; and

1           “(2) develop and implement educational pro-  
2           grams to increase the awareness of the public with  
3           respect to the risk factors, signs, and symptoms of  
4           neglected diseases of poverty and strategies to pre-  
5           vent such diseases.

6   **“SEC. 39900-4. RESEARCH AND DEVELOPMENT OF NEW**  
7                           **DRUGS, VACCINES, AND DIAGNOSTICS.**

8           “Consistent with the recommendations of the Inter-  
9           agency Task Force on Neglected Diseases of Poverty in  
10          the United States established under section 39900, the  
11          Secretary shall, directly or through awards of grants or  
12          cooperative agreements to public or private entities, pro-  
13          vide for the conduct of research, investigations, experi-  
14          ments, demonstrations, and studies, including late-stage  
15          and translational research, in the health sciences that are  
16          related to—

17                 “(1) the development of affordable therapeutics,  
18                 including vaccines, against neglected diseases of pov-  
19                 erty; and

20                 “(2) the development of affordable medical  
21                 point-of-care diagnostics to detect neglected diseases  
22                 of poverty.

1 **“SEC. 39900-5. NEGLECTED DISEASES OF POVERTY CEN-**  
2 **TERS OF EXCELLENCE.**

3 “(a) ESTABLISHMENT.—The Secretary, acting jointly  
4 through the Director of the National Institutes of Health,  
5 may enter into cooperative agreements with, and make  
6 grants to, public or private nonprofit entities to pay all  
7 or part of the cost of planning, establishing, or strength-  
8 ening, and providing basic operating support for, one or  
9 more centers of excellence for research into, training in,  
10 and development of diagnosis, prevention, control, and  
11 treatment methods for neglected diseases of poverty in the  
12 United States, including tools to support prevention.

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

17 “(c) COORDINATION.—The Secretary shall ensure  
18 that activities under this section are coordinated with  
19 similar activities of the Federal Government relating to  
20 neglected diseases of poverty, including the task force es-  
21 tablished under section 39900.

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

24 “(1) staffing, administrative, and other basic  
25 operating costs, including such patient care costs as  
26 are required for research;



1           “(2) clinical training, including training for al-  
2           lied health professionals, continuing education for  
3           health professionals and allied health professions  
4           personnel, and information programs for the public  
5           with respect to neglected diseases of poverty;

6           “(3) research and development programs, in-  
7           cluding the end-to-end research and development of  
8           new treatments, diagnostics, and vaccines;

9           “(4) epidemiological surveillance and trans-  
10          mission studies capabilities; and

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

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

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

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

21                         “(A) the operations of the center of excel-  
22                         lence involved have been reviewed by an appro-  
23                         priate technical and scientific peer review  
24                         group; and

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

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

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