

119TH CONGRESS
2D SESSION

S. _____

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

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

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 3,300,000,000
17 treatments to more than 1,700,000,000 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) Despite recent advances in research and
16 innovation, significant gaps remain in the avail-
17 ability of effective diagnostics, treatments, vaccines,
18 and other critical tools needed to prevent, detect,
19 treat, control, and eliminate neglected diseases of
20 poverty. Many neglected diseases of poverty still lack
21 effective point-of-care diagnostics, improved treat-
22 ment options, child-appropriate therapies, or vac-
23 cines, limiting efforts to prevent infection, reduce
24 morbidity and mortality, and achieve disease control
25 and elimination.

1 (13) Funding for research, preventive strate-
2 gies, and the development of treatments, vaccines,
3 diagnostic tests, and other tools for neglected dis-
4 eases of poverty in the United States is limited.

5 **SEC. 3. SENSE OF CONGRESS.**

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

15 **SEC. 4. DEFINITION OF NEGLECTED DISEASES OF POV-**
16 **ERTY.**

17 In this Act, the term “neglected diseases of poverty”
18 has the meaning given such term in section 399PP(e) of
19 the Public Health Service Act, as added by section 5.

20 **SEC. 5. PROGRAMS RELATING TO NEGLECTED DISEASES**
21 **OF POVERTY.**

22 Title III of the Public Health Service Act (42 U.S.C.
23 241 et seq.) is amended by adding at the end the fol-
24 lowing:

1 **“PART X—PROGRAMS RELATING TO NEGLECTED**
2 **DISEASES OF POVERTY IN THE UNITED STATES**
3 **“SEC. 399PP. 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 Department of Agriculture;

1 “(4) the Department of Housing and Urban
2 Development;

3 “(5) the Environmental Protection Agency;

4 “(6) the Department of Defense; 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 and global partners, particularly those
7 that are most applicable to efforts to prevent,
8 diagnose, and treat neglected diseases of pov-
9 erty in the United States.

10 “(2) CONSULTATION.—In developing the initial
11 report under paragraph (1), the task force shall con-
12 sult with appropriate external parties, including
13 States, local communities, scientists, researchers,
14 health care providers and public health professionals,
15 national and international nongovernmental organiza-
16 tions, nonprofit product developers, pharmaceutical
17 biotech companies, and relevant private-sector enti-
18 ties.

19 “(d) DUTIES.—The task force shall—

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

1 “(2) identify current and potential areas of
2 partnership and coordination between Federal agen-
3 cies and develop a unified implementation plan to
4 prevent, diagnose, and treat neglected diseases of
5 poverty in the United States;

6 “(3) make efforts to apply applicable strategies
7 and lessons learned from the United States Agency
8 for International Development Neglected Tropical
9 Diseases Program and global partners when devel-
10 oping the implementation plan under paragraph (2);

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

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

21 “(6) develop consensus guidelines for health
22 care providers and public health professionals for the
23 prevention, diagnosis, and treatment of toxocariasis,
24 cysticercosis, Chagas disease, toxoplasmosis, tricho-

1 moniasis, Dengue Fever, and other neglected dis-
2 eases of poverty;

3 “(7) biannually make recommendations to Con-
4 gress on strategies for the development of affordable
5 tools to prevent, diagnose, and treat neglected dis-
6 eases of poverty, including drugs, diagnostics, and
7 vaccines; and

8 “(8) in developing the guidelines and rec-
9 ommendations under paragraphs (6) and (7), con-
10 sult with external parties, including States, local
11 communities, scientists, researchers, health care pro-
12 viders and public health professionals, national and
13 international, nonprofit product development part-
14 ners, pharmaceutical biotech companies, relevant
15 private-sector entities, nongovernmental organiza-
16 tions, and centers of excellence with expertise in ne-
17 glected diseases of poverty, including the centers of
18 excellence described in section 399PP-5.

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

22 “(1) means chronic and disabling diseases that
23 are caused by parasites, bacteria, and other patho-
24 gens and that primarily impact people living in ex-
25 treme poverty; and

1 “(2) includes the following:

2 “(A) Chagas disease.

3 “(B) Cysticercosis.

4 “(C) Toxocariasis.

5 “(D) Toxoplasmosis.

6 “(E) Trichomoniasis.

7 “(F) Dengue Fever.

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

11 “(i) Buruli ulcer.

12 “(ii) Chikungunya.

13 “(iii) Dracunculiasis.

14 “(iv) Echinococcosis.

15 “(v) Foodborne trematodiasis.

16 “(vi) Human African trypanosomiasis.

17 “(vii) Leishmaniasis.

18 “(viii) Leprosy.

19 “(ix) Lymphatic filariasis.

20 “(x) Mycetoma.

21 “(xi) Noma.

22 “(xii) Onchocerciasis.

23 “(xiii) Rabies.

24 “(xiv) Scabies.

25 “(xv) Schistosomiasis.

1 “(xvi) Snakebite envenoming.

2 “(xvii) Soil-transmitted helminthiasis.

3 “(xviii) Taeniasis and neurocysticercosis.
4 sis.

5 “(xix) Trachoma.

6 “(xx) Yaws.

7 **“SEC. 399PP-1. SURVEILLANCE REGARDING NEGLECTED**
8 **DISEASES OF POVERTY IN THE UNITED**
9 **STATES.**

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

19 “(b) CONSIDERATIONS.—In awarding grants under
20 subsection (a), the Secretary shall use the findings in the
21 initial report of the Interagency Task Force on Neglected
22 Diseases of Poverty in the United States under section
23 399PP(c) to identify and prioritize geographic locations
24 and communities that have the highest estimated preva-
25 lence of, or have populations at greatest risk of acquiring,

1 neglected diseases of poverty, particularly those described
2 in subsection (a).

3 **“SEC. 399PP-2. SUPPORT FOR INDIVIDUALS AT RISK FOR**
4 **NEGLECTED DISEASES OF POVERTY.**

5 “(a) IN GENERAL.—The Secretary, acting through
6 the Director of the Centers for Disease Control and Pre-
7 vention, shall award grants or cooperative agreements to
8 Federally qualified health centers to implement and ana-
9 lyze the guidelines developed under section 399PP(d)(6).

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

11 “(1) using the findings in the initial report of
12 the Interagency Task Force on Neglected Diseases
13 of Poverty in the United States under section
14 399PP(c), identify the geographic locations in the
15 United States that have the highest estimated preva-
16 lence of, or have populations at greatest risk of ac-
17 quiring, neglected diseases of poverty, particularly
18 those that most impact individuals in the United
19 States, including toxocariasis, cysticercosis, Chagas
20 disease, toxoplasmosis, trichomoniasis, and Dengue
21 Fever; and

22 “(2) prioritize Federally qualified health centers
23 located in such geographic locations in awarding ini-
24 tial grants or cooperative agreements under sub-
25 section (a).

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

5 **“SEC. 399PP-3. EDUCATION OF MEDICAL AND PUBLIC**
6 **HEALTH PERSONNEL AND THE PUBLIC RE-**
7 **GARDING NEGLECTED DISEASES OF POV-**
8 **ERTY IN THE UNITED STATES.**

9 “The Secretary shall consult with the Assistant Sec-
10 retary for Health, the Director of the Centers for Disease
11 Control and Prevention, and the Administrator of the
12 Health Resources and Services Administration, profes-
13 sional organizations and societies, and such other public
14 health officials as may be necessary, including the centers
15 of excellence described in section 399PP-5, to—

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

22 “(2) develop and implement educational pro-
23 grams to increase the awareness of the public with
24 respect to the risk factors, signs, and symptoms of

1 neglected diseases of poverty and strategies to pre-
2 vent such diseases.

3 **“SEC. 399PP-4. RESEARCH AND DEVELOPMENT OF NEW**
4 **DRUGS, VACCINES, AND DIAGNOSTICS.**

5 “Consistent with the recommendations of the Inter-
6 agency Task Force on Neglected Diseases of Poverty in
7 the United States established under section 399PP, the
8 Secretary shall, directly or through awards of grants or
9 cooperative agreements to public or private entities, pro-
10 vide for the conduct of research, investigations, experi-
11 ments, demonstrations, and studies, including late-stage
12 and translational research, in the health sciences that are
13 related to—

14 “(1) the development of affordable therapeutics,
15 including vaccines, against neglected diseases of pov-
16 erty;

17 “(2) the development of affordable medical
18 diagnostics to detect neglected diseases of poverty;
19 and

20 “(3) the development of new vector and biologi-
21 cal control tools to reduce mosquito and vector popu-
22 lations spreading neglected diseases of poverty.

1 **“SEC. 399PP-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 399PP.

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. 399PP-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 2027 and each fiscal year thereafter.”.