

119TH CONGRESS
2^D SESSION

S. _____

To prevent, treat, and cure tuberculosis globally.

IN THE SENATE OF THE UNITED STATES

Mr. YOUNG (for himself and Mrs. SHAHEEN) introduced the following bill;
which was read twice and referred to the Committee on

A BILL

To prevent, treat, and cure tuberculosis globally.

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 “End Tuberculosis Now
5 Act of 2026”.

6 **SEC. 2. ASSISTANCE TO COMBAT TUBERCULOSIS.**

7 (a) IN GENERAL.—Section 104B of the Foreign As-
8 sistance Act of 1961 (22 U.S.C. 2151b–3) is amended to
9 read as follows:

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

11 “(a) FINDINGS.—Congress finds the following:

1 “(1) The international spread of tuberculosis
2 (referred to in this section as ‘TB’) and the deadly
3 impact of TB’s continued existence constitute a con-
4 tinuing challenge.

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

7 “(3) Effectively resourced TB programs can
8 serve as a critical platform for preventing and re-
9 sponding to future infectious airborne and res-
10 piratory disease pandemics.

11 “(4) The America First Global Health Strategy
12 sets out ambitious goals to address TB that are
13 aligned with global goals to reduce incidences and
14 mortality rates of TB.

15 “(b) POLICY.—

16 “(1) MAJOR OBJECTIVES REGARDING TUBER-
17 CULOSIS.—It is a major objective of the foreign as-
18 sistance program of the United States to help end
19 the TB public health emergency through accelerated
20 actions—

21 “(A) to support the diagnosis and treat-
22 ment of all adults and children with all forms
23 of TB; and

24 “(B) to prevent new TB infections from
25 occurring.

1 “(2) OTHER POLICIES REGARDING TUBER-
2 CULOSIS.—It is the policy of the United States, in
3 countries in which the United States has established
4 a foreign assistance program under this Act, par-
5 ticularly in countries with the highest rates of TB
6 and other countries with high rates of infection and
7 transmission of TB—

8 “(A) to reduce mortality, incidence, and
9 health costs caused by TB, including by pro-
10 viding support for—

11 “(i) developing and using innovative
12 new technologies and therapies (including
13 molecular diagnostics) to increase active
14 case finding and rapidly diagnose and treat
15 children and adults with all forms of TB
16 (including latent TB), alleviate suffering,
17 and ensure TB treatment and preventative
18 therapy completion;

19 “(ii) expanding diagnosis and treat-
20 ment for individuals with all forms of TB
21 (including children) and expanding prophylaxis
22 treatment to at-risk individuals (in-
23 cluding children), household contacts, indi-
24 viduals with latent TB, and individuals liv-
25 ing with HIV;

1 “(iii) ensuring high-quality TB care
2 by closing gaps in care cascades, imple-
3 menting continuous quality improvement
4 at all levels of care, and providing related
5 patient support;

6 “(iv) sustainable procurement of TB
7 commodities to avoid interruptions in sup-
8 ply; and

9 “(v) avoiding the procurement of TB
10 commodities of unknown quality and the
11 payment of excessive TB commodity costs;
12 and

13 “(B) to ensure, to the greatest extent prac-
14 ticable, that United States funding supports ac-
15 tivities that simultaneously emphasize—

16 “(i) the development of comprehensive
17 person-centered programs, including diag-
18 nosis, treatment, and prevention strategies
19 to ensure that—

20 “(I) all individuals sick with TB
21 receive quality diagnosis and treat-
22 ment through active case finding; and

23 “(II) individuals at high risk for
24 TB infection are identified and treat-

1 ed with prophylaxis treatment in a
2 timely manner;

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

6 “(iii) the deployment of diagnostic
7 and treatment capacity—

8 “(I) in areas with the highest TB
9 burdens; and

10 “(II) for highly at-risk and im-
11 poverished populations, including for
12 patient support;

13 “(iv) program monitoring and evalua-
14 tion based on critical TB indicators, in-
15 cluding indicators relating to infection con-
16 trol, the numbers of patients accessing TB
17 treatment and patient support, and pro-
18 phylaxis treatment for those at risk, in-
19 cluding all close contacts, and treatment
20 outcomes for all forms of TB;

21 “(v) training and engagement of
22 health care workers on the use of new di-
23 agnostic tools and therapies as they be-
24 come available, and increased support for
25 training frontline health care workers to

1 support expanded TB active case finding,
2 contact tracing, and patient support;

3 “(vi) coordination with domestic agen-
4 cies and organizations to support an ag-
5 gressive research agenda to develop vac-
6 cines as well as new tools to diagnose,
7 treat, and prevent TB globally;

8 “(vii) linkages with the private sector
9 on—

10 “(I) research and development of
11 a vaccine, and on new tools for diag-
12 nosis and treatment of TB;

13 “(II) improving current tools for
14 diagnosis and treatment of TB, in-
15 cluding telehealth solutions for pre-
16 vention and treatment;

17 “(III) training healthcare profes-
18 sionals on the use of the newest and
19 most effective diagnostic and thera-
20 peutic tools; and

21 “(IV) transparency and account-
22 ability;

23 “(viii) the reduction of barriers to
24 treatment and diagnosis costs, including
25 through—

1 “(I) training health workers to
2 ensure integration into country’s
3 wider healthcare system;

4 “(II) requiring that all relevant
5 grants and funding agreements in-
6 clude access and affordability provi-
7 sions;

8 “(III) supporting campaigns for
9 TB patients regarding local TB care
10 for prevention, diagnosis, and treat-
11 ment;

12 “(IV) monitoring cost barriers to
13 accessing TB care for prevention, di-
14 agnosis, and treatment; and

15 “(V) increasing support for pa-
16 tient-led and community-led TB out-
17 reach efforts;

18 “(ix) support for local and country-
19 level, sustainable accountability mecha-
20 nisms to measure local progress and en-
21 sure commitments made by governments
22 and relevant stakeholders are met; and

23 “(x) support for the inclusion of TB
24 diagnosis, treatment, and prevention activi-

1 ties into primary health care, as appro-
2 priate.

3 “(c) AUTHORIZATION.—

4 “(1) IN GENERAL.—The President is author-
5 ized to furnish assistance, on such terms and condi-
6 tions as the President may determine necessary to
7 carry out this section, for the prevention, treatment,
8 control, and elimination of TB.

9 “(2) PRIORITY FOR ASSISTANCE.—In fur-
10 nishing assistance under paragraph (1), the Presi-
11 dent shall prioritize—

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

14 “(i) to increase the diagnosis and
15 treatment of individuals who are sick with
16 TB; and

17 “(ii) to ensure that such individuals
18 have access to quality diagnosis and treat-
19 ment;

20 “(B) direct, high-quality care for all forms
21 of TB, including diagnosis, coordination of ac-
22 tive case finding, treatment of all forms of TB
23 disease and infection, patient support, and TB
24 prevention;

1 “(C) treating individuals co-infected with
2 HIV, other immune compromising co-
3 morbidity, and other high-risk individuals with
4 TB who may be at risk of stigma;

5 “(D) strengthening the capacity of health
6 systems to detect, prevent, and treat TB, in-
7 cluding MDR-TB and XDR-TB;

8 “(E) researching and developing innovative
9 diagnostics, drug therapies, and vaccines, and
10 program-based research;

11 “(F) ensure integration of lab systems for
12 molecular diagnostic networks for monitoring
13 and response for productive use of laboratory
14 capacities and healthcare facilities;

15 “(G) supporting the procurement of cost-
16 effective and quality TB diagnostics and treat-
17 ments, including annual support for the Global
18 Drug Facility, and assisting local country ca-
19 pacity building and sustainability to control all
20 forms of TB; and

21 “(H) ensuring TB programs can serve as
22 key platforms for supporting national res-
23 piratory pandemic response with respect to ex-
24 isting and new infectious respiratory diseases.

1 “(d) ESTABLISHMENT OF GOALS.—The President, in
2 consultation with the appropriate congressional commit-
3 tees and in pursuit of the policies described in subsection
4 (a), shall establish goals to—

5 “(1) detect, cure, and prevent all forms of TB
6 globally during the period beginning on January 1,
7 2027, and ending on December 31, 2030, specifically
8 by working to—

9 “(A) reduce, by 2030—

10 “(i) the TB incidence rate by 80 per-
11 cent (from 2015 levels); and

12 “(ii) the TB mortality rate by 90
13 (from 2015 levels) percent;

14 “(B) ensure that—

15 “(i) 90 percent of incident TB cases
16 are diagnosed and initiated on treatment;

17 “(ii) 90 percent of incident drug re-
18 sistant-TB cases are diagnosed and initi-
19 ated on treatment; and

20 “(iii) there is 90 percent treatment
21 success rate for drug sensitive-TB and
22 drug resistant-TB; and

23 “(C) provide TB preventive treatment to
24 30,000,000 individuals; and

1 “(2) update the National Action Plan for Com-
2 bating Multidrug-Resistant Tuberculosis.

3 “(e) COORDINATION.—

4 “(1) IN GENERAL.—The President shall con-
5 sult, as appropriate, with partner nations and rel-
6 evant international organizations, nongovernmental
7 organizations, and the private sector with respect to
8 the development and implementation of a coordi-
9 nated and complementary United States global TB
10 response program.

11 “(2) BILATERAL ASSISTANCE.—In providing bi-
12 lateral assistance under this section, the President,
13 acting through the Secretary of State, shall—

14 “(A) catalyze support for research and de-
15 velopment of new tools to prevent, diagnose,
16 treat, and control TB worldwide, particularly to
17 reduce the incidence of, and mortality from, all
18 forms of drug-resistant TB;

19 “(B) consider the incidence of TB infec-
20 tions when determining assistance priorities to
21 countries and regions;

22 “(C) ensure United States programs and
23 activities focus on finding individuals with ac-
24 tive TB and provide cost-effective and quality
25 diagnosis and treatment, including through sus-

1 tainable digital health solutions, and reaching
2 individuals at high risk with prophylaxis treat-
3 ment; and

4 “(D) ensure coordination among relevant
5 Federal departments and agencies that engage
6 in international activities relating to TB—

7 “(i) to ensure accountability and
8 transparency;

9 “(ii) to reduce duplication of efforts;
10 and

11 “(iii) to ensure appropriate incorpora-
12 tion and coordination of TB prevention, di-
13 agnosis, and treatment into other United
14 States-supported health programs.

15 “(f) ASSISTANCE FOR TUBERCULOSIS PARTNER-
16 SHIPS.—The President, acting through the Secretary of
17 State, is authorized—

18 “(1) to provide resources to monitor and dis-
19 seminate epidemiological information about tuber-
20 culosis, drug resistant TB, MDR-TB, and XDR-
21 TB;

22 “(2) to provide resources directly to countries
23 with high rates of TB—

1 “(A) to directly improve the capacity of
2 such countries to prevent, diagnose, and treat
3 TB on a local level; and

4 “(B) to develop and implement the na-
5 tional strategies and plans of such countries to
6 control TB and eliminate MDR-TB and XDR-
7 TB using the goals described in subsection
8 (d)(1);

9 “(3) to leverage the contributions of donors to
10 facilitate the activities described in paragraphs (1)
11 and (2) while increasing the capacity of the United
12 States to monitor and disseminate relevant informa-
13 tion; and

14 “(4) to utilize longstanding United States part-
15 nerships and resources to address TB domestically
16 and internationally.

17 “(g) REPORTS.—

18 “(1) ANNUAL REPORT ON ACTIVITIES REGARD-
19 ING TUBERCULOSIS.—Not later than December 15
20 of each year until the earlier of the date on which
21 the goals specified in subsection (d)(1) are met or
22 December 31, 2032, the President shall submit a re-
23 port to the appropriate congressional committees
24 that describes United States foreign assistance to

1 control TB and the impact of such assistance, in-
2 cluding—

3 “(A) the number of individuals with active
4 TB that were diagnosed and treated, including
5 the rate of treatment completion and the num-
6 ber of individuals receiving patient support;

7 “(B) the number of individuals with
8 MDR-TB and XDR-TB that were diagnosed
9 and treated, including the rate of treatment
10 completion, in countries receiving bilateral for-
11 eign assistance from the United States for pro-
12 grams to control TB;

13 “(C) the number of individuals trained by
14 the United States Government in TB surveil-
15 lance and control;

16 “(D) the number of individuals with active
17 TB identified as a result of engagement with
18 the private sector and other nongovernmental
19 partners in countries receiving United States bi-
20 lateral foreign assistance for TB control pro-
21 grams;

22 “(E) a description of the amount of funds
23 provided, activities carried out, and any collabo-
24 ration and coordination of United States anti-
25 TB efforts with partner nations and relevant

1 international organizations, nongovernmental
2 organizations, and the private sector, including
3 the amount of funding provided to such entities;

4 “(F) a description of the collaboration and
5 coordination between the relevant Federal de-
6 partments and agencies, including the Centers
7 for Disease Control and Prevention and the Of-
8 fice of the Global AIDS Coordinator, to combat
9 TB and, as appropriate, include treatment of
10 TB in primary care;

11 “(G) the constraints on implementation of
12 programs posed by health workforce shortages,
13 health system limitations, barriers to digital
14 health implementation, other challenges to suc-
15 cessful implementation, and strategies to ad-
16 dress such constraints, including local commit-
17 ments to sustain TB control efforts;

18 “(H) a breakdown of expenditures for pa-
19 tient care supporting TB diagnosis, treatment,
20 and prevention, including procurement of drugs
21 and other TB commodities, drug management,
22 training in diagnosis and treatment, health sys-
23 tems strengthening that directly impacts the
24 provision of TB prevention, diagnosis, treat-
25 ment, and research; and

1 “(I) for each country and each project site
2 receiving bilateral United States assistance for
3 the purpose of TB prevention, treatment, and
4 control—

5 “(i) the number of individuals
6 screened for TB disease (including
7 screenings utilizing quality new rapid diag-
8 nostic tests) and the number evaluated for
9 TB infection using active case finding out-
10 side of health facilities;

11 “(ii) the number of individuals with
12 active TB disease that were diagnosed (in-
13 cluding diagnoses made through using
14 quality new rapid diagnostic tests) and
15 treated with safe and effective oral regi-
16 mens, including the rate of treatment com-
17 pletion and the number receiving patient
18 support;

19 “(iii) the number of adults and chil-
20 dren, including individuals with HIV and
21 close contacts, who are evaluated for TB
22 infection, the number of adults and chil-
23 dren started on treatment for TB infec-
24 tion, and the number of adults and chil-
25 dren completing such treatment,

1 disaggregated by sex and, if possible, in-
2 come or wealth quintile;

3 “(iv) the establishment of effective TB
4 infection control in all relevant congregant
5 settings, including hospitals, clinics, and
6 prisons;

7 “(v) a description of progress in im-
8 plementing measures to reduce TB inci-
9 dence, including actions—

10 “(I) to expand active case finding
11 and contact tracing to reach vulner-
12 able groups; and

13 “(II) to expand TB prophylaxis
14 treatment, engagement of the private
15 sector, and diagnostic capacity;

16 “(vi) a description of progress to ex-
17 pand diagnosis, prevention, and treatment
18 for all forms of TB, including in pregnant
19 women, children, and individuals and
20 groups at greater risk of TB, including mi-
21 grants, prisoners, miners, and individuals
22 exposed to silica, disaggregated by sex;

23 “(vii) the rate of successful comple-
24 tion of TB treatment for adults and chil-
25 dren, disaggregated by sex, and the num-

1 ber of individuals receiving support for
2 treatment completion;

3 “(viii) the number of individuals,
4 disaggregated by sex, receiving treatment
5 for MDR–TB, including the proportion of
6 those individuals who are being treated
7 with safer and more effective oral regi-
8 mens, and any factors impeding the scale
9 up of treatment, and a description of
10 progress to expand community-based
11 MDR–TB care;

12 “(ix) a description of TB commodity
13 procurement challenges, including short-
14 ages, stockouts, or failed tenders for TB
15 drugs or other TB commodities;

16 “(x) the proportion of health facilities
17 with specimen referral linkages to quality
18 diagnostic networks, including established
19 testing sites and reference labs, to ensure
20 maximum access and referral for second-
21 line drug resistance testing, and a descrip-
22 tion of the turnaround time for test re-
23 sults;

24 “(xi) the number of individuals
25 trained by the United States Government

1 and its implementing partners to deliver
2 high-quality TB diagnostic, preventative,
3 monitoring, treatment, and care;

4 “(xii) a description of how supported
5 activities are coordinated with—

6 “(I) country national TB plans
7 and strategies; and

8 “(II) TB control efforts sup-
9 ported by the Global Fund to Fight
10 AIDS, Tuberculosis, and Malaria, and
11 other international assistance pro-
12 grams and funds, including in the
13 areas of program development and im-
14 plementation;

15 “(xiii) for the first 3 years of the re-
16 port required under this paragraph, a de-
17 scription of the progress in recovering from
18 the negative impact of COVID–19 on TB,
19 including—

20 “(I) whether there has been the
21 development and implementation of a
22 comprehensive plan to recover TB ac-
23 tivities from diversion of resources;

24 “(II) the continued use of
25 bidirectional TB–COVID testing; and

1 “(III) progress on increased diag-
2 nosis and treatment of active TB; and
3 “(xiv) for each country receiving
4 United States bilateral assistance for the
5 purpose of TB prevention, treatment, and
6 control, the United States will track coun-
7 try government co-investment in TB pre-
8 vention, treatment, and control.

9 “(2) ANNUAL REPORT ON TUBERCULOSIS RE-
10 SEARCH AND DEVELOPMENT.—The President, act-
11 ing through the Secretary of State, and in coordina-
12 tion with the heads of other relevant Federal depart-
13 ments and agencies, shall, not later than 1 year
14 after the date of the enactment of the End Tubercu-
15 losis Now Act of 2026, and annually thereafter
16 until December 31, 2032, submit a report to the ap-
17 propriate congressional committees that—

18 “(A) describes the current progress and
19 challenges to the development of new tools for
20 TB prevention, treatment, and control;

21 “(B) identifies critical gaps and emerging
22 priorities for research and development, includ-
23 ing rapid and point-of-care diagnostics, short-
24 ened treatments and prevention methods, tele-

1 health solutions for prevention and treatment,
2 and vaccines; and

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

5 “(3) EVALUATION REPORT.—Not later than 4
6 years after the date of the enactment of the End
7 Tuberculosis Now Act of 2026, the Comptroller Gen-
8 eral of the United States shall submit a report to
9 the appropriate congressional committees that evalu-
10 ates the performance and impact of programs sup-
11 ported by United States bilateral assistance funding
12 on the prevention, diagnosis, treatment, and care of
13 TB, including recommendations for improving such
14 programs.

15 “(h) DEFINITIONS.—In this section:

16 “(1) APPROPRIATE CONGRESSIONAL COMMIT-
17 TEES.—The term ‘appropriate congressional com-
18 mittees’ means—

19 “(A) the Committee on Foreign Relations
20 of the Senate; and

21 “(B) the Committee on Foreign Affairs of
22 the House of Representatives.

23 “(2) MDR–TB.—The term ‘MDR–TB’ means
24 multi-drug-resistant tuberculosis.

1 “(3) XDR-TB.—The term ‘XDR-TB’ means
2 extensively drug-resistant tuberculosis.”.

3 (b) SUNSET.—The amendment made by subsection
4 (a) shall cease to have any force or effect beginning on
5 January 1, 2033.