

119<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# S. 4751

To prevent, treat, and cure tuberculosis globally.

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IN THE SENATE OF THE UNITED STATES

JUNE 11, 2026

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

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## 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.

○