

117TH CONGRESS  
1ST SESSION

# H. R. 5675

To amend the Public Health Service Act to provide for and support liver illness visibility, education, and research, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 21, 2021

Ms. VELÁZQUEZ (for herself, Mr. FITZPATRICK, Mr. ESPAILLAT, and Ms. NORTON) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to provide for and support liver illness visibility, education, and research, and for other purposes.

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 “Liver Illness Visibility,  
5 Education, and Research Act of 2021”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1           (1) Liver cancer is the fastest-growing cause of  
2 cancer death in the United States and among the  
3 leading causes of cancer deaths globally.

4           (2) The Division of Cancer Control and Popu-  
5 lation Sciences of the National Cancer Institute esti-  
6 mated that there will be 42,230 new liver cancer di-  
7 agnoses in the year 2021, and approximately 30,200  
8 will die from the disease.

9           (3) Liver cancer is a leading cause of cancer  
10 death among the Asian American and Pacific Is-  
11 lander community.

12           (4) The most vulnerable Asian Americans are  
13 those who are foreign-born, low-income, and living in  
14 ethnic enclaves.

15           (5) Asian and Pacific Islander men and women  
16 are more than twice as likely to develop liver cancer  
17 compared to the non-Hispanic White population.

18           (6) Among the Asian and Pacific Islander pop-  
19 ulation, the higher incidence rate of liver cancer is  
20 partially explained by higher incidence rates of hepa-  
21 titis B and diabetes, which are comorbidities shown  
22 to increase an individual's risk of developing liver  
23 cancer.

1           (7) The most common causes of liver cancer in-  
2           clude hepatitis B virus and hepatitis C virus infec-  
3           tion.

4           (8) Hepatitis B is a primary risk factor for de-  
5           veloping liver cancer, and 1 in 4 of those chronically  
6           infected with hepatitis B develop cirrhosis, liver fail-  
7           ure, or liver cancer.

8           (9) Half of all individuals with hepatitis B in  
9           the United States are Asian American or Pacific Is-  
10          lander, though this group accounts for only 5 per-  
11          cent of the population of the United States.

12          (10) Among African immigrants in the United  
13          States, the prevalence of hepatitis B infection is ap-  
14          proximately 1 in 10, and African immigrants make  
15          up 30 percent of those with chronic hepatitis B in-  
16          fection in the United States.

17          (11) Among Hispanic/Latino communities, liver  
18          cancer incidence and death rates are twice as high  
19          compared to the non-Hispanic White population.

20          (12) Hispanics/Latinos are 60 percent more  
21          likely to die from viral hepatitis than non-Hispanic  
22          Whites.

1 **SEC. 3. LIVER CANCER AND DISEASE RESEARCH.**

2 Subpart 1 of part C of title IV of the Public Health  
3 Service Act (42 U.S.C. 285 et seq.) is amended by adding  
4 at the end the following new section:

5 **“SEC. 417H. LIVER CANCER AND DISEASE RESEARCH.**

6 “(a) **EXPANSION AND COORDINATION OF ACTIVITIES.**—The Director of the Institute shall expand, inten-  
7 TIES.—The Director of the Institute shall expand, inten-  
8 sify, and coordinate the activities of the Institute with re-  
9 spect to research on liver cancer and other liver diseases.

10 “(b) **PROGRAMS FOR LIVER CANCER.**—In carrying  
11 out subsection (a), the Director of the Institute shall—

12 “(1) provide for an expansion and intensifica-  
13 tion of the conduct and support of—

14 “(A) basic research concerning the etiology  
15 and causes of liver cancer;

16 “(B) clinical research and related activities  
17 concerning the causes, prevention, detection,  
18 and treatment of liver cancer;

19 “(C) control programs with respect to liver  
20 cancer, in accordance with section 412, includ-  
21 ing community-based programs designed to as-  
22 sist members of medically underserved popu-  
23 lations (including women), low-income popu-  
24 lations, or minority groups; and

1           “(D) information and education programs  
2           with respect to liver cancer, in accordance with  
3           section 413;

4           “(2) issue targeted calls for proposals from re-  
5           search scientists for purposes of funding priority  
6           areas of liver cancer research;

7           “(3) establish a special emphasis panel (as de-  
8           fined by the National Institutes of Health) to review  
9           any proposal submitted pursuant to paragraph (2);  
10          and

11          “(4) based on reviews by the special emphasis  
12          panel under paragraph (3), select which proposals to  
13          fund or support.

14          “(c) INTER-INSTITUTE WORKING GROUP.—The Di-  
15          rector of the Institute shall establish an inter-institute  
16          working group to coordinate research agendas focused on  
17          finding better outcomes and cures for liver cancer and  
18          other liver diseases, including hepatitis B and nonalcoholic  
19          steatohepatitis.

20          “(d) GRANTS AND COOPERATIVE AGREEMENTS.—

21                 “(1) IN GENERAL.—The Secretary may award  
22                 grants and enter into cooperative agreements with  
23                 entities for the purpose of expanding and supporting  
24                 research on—

1           “(A) conditions known to increase an indi-  
2           vidual’s risk of developing a major liver disease,  
3           such as liver cancer, hepatitis B, hepatitis C,  
4           nonalcoholic fatty liver disease, nonalcoholic  
5           steatohepatitis, and cirrhosis of the liver; and

6           “(B) opportunities for preventative and di-  
7           agnostic measures for such a disease, including  
8           the study of molecular pathology and biomark-  
9           ers for early detection of such disease.

10          “(2) EXPERIMENTAL TREATMENT AND PRE-  
11          VENTION.—In the case of an entity that is a hospital  
12          or a health care facility, the Secretary may award a  
13          grant or enter into a cooperative agreement with  
14          such an entity for the purpose of supporting an ex-  
15          perimental treatment or prevention program for liver  
16          cancer carried out by such entity.

17          “(3) AUTHORIZATION OF APPROPRIATIONS.—  
18          For purposes of carrying out this subsection, there  
19          is authorized to be appropriated \$45,000,000 for  
20          each of fiscal years 2022 through 2026. Any  
21          amounts appropriated under this paragraph shall re-  
22          main available until expended.”.

1 **SEC. 4. LIVER CANCER AND DISEASE PREVENTION, AWARE-**  
2 **NESS, AND PATIENT TRACKING GRANTS.**

3 Subpart I of part D of title III of the Public Health  
4 Service Act (42 U.S.C. 254b et seq.) is amended by adding  
5 at the end the following new section:

6 **“SEC. 3300. LIVER CANCER AND DISEASE PREVENTION,**  
7 **AWARENESS, AND PATIENT TRACKING**  
8 **GRANTS.**

9 “(a) PREVENTION INITIATIVE GRANT PROGRAM.—

10 “(1) IN GENERAL.—The Secretary, acting  
11 through the Director of the Centers for Disease  
12 Control and Prevention, may award grants and  
13 enter into cooperative agreements with entities for  
14 the purpose of expanding and supporting—

15 “(A) prevention activities (including pro-  
16 viding screenings, vaccinations, or other pre-  
17 ventative treatment) for conditions known to in-  
18 crease an individual’s risk of developing a major  
19 liver disease, such as liver cancer, hepatitis B,  
20 hepatitis C, nonalcoholic fatty liver disease,  
21 nonalcoholic steatohepatitis, and cirrhosis of the  
22 liver;

23 “(B) activities relating to surveillance,  
24 diagnostics, and provision of guidance for indi-  
25 viduals at high risk for contracting liver cancer  
26 and other liver diseases; and

1           “(C) a robust hepatitis surveillance infra-  
2           structure to provide for timely and accurate in-  
3           formation regarding progress to eliminate viral  
4           hepatitis.

5           “(2) REPORT.—An entity that receives a grant  
6           or cooperative agreement under paragraph (1) shall  
7           submit to the Secretary, at a time specified by the  
8           Secretary, a report describing each activity carried  
9           out pursuant to such paragraph and evaluating the  
10          effectiveness of such activity in promoting prevention  
11          and treatment of liver cancer and other liver dis-  
12          eases.

13          “(3) AUTHORIZATION OF APPROPRIATIONS.—  
14          For purposes of carrying out this subsection, there  
15          is authorized to be appropriated \$90,000,000 for  
16          each of fiscal years 2022 through 2026. Any  
17          amounts appropriated under this paragraph shall re-  
18          main available until expended and shall be used to  
19          supplement and not supplant other Federal funds  
20          provided for activities under this subsection.

21          “(b) AWARENESS INITIATIVE GRANT PROGRAM.—

22                 “(1) IN GENERAL.—The Secretary, acting  
23                 through the Director of the Centers for Disease  
24                 Control and Prevention, may award grants to eligi-  
25                 ble entities for the purpose of raising awareness for



1 liver cancer and other liver diseases, which may in-  
2 clude the production, dissemination, and distribution  
3 of informational materials targeted towards commu-  
4 nities and populations with a higher risk for devel-  
5 oping liver cancer and other liver diseases.

6 “(2) ELIGIBLE ENTITIES.—To be eligible to re-  
7 ceive a grant under paragraph (1), an entity shall  
8 submit to the Secretary an application, at such time,  
9 in such manner, and containing such information as  
10 the Secretary may require, including a description of  
11 how the entity, in disseminating information on liver  
12 cancer and other liver diseases pursuant to para-  
13 graph (1), will—

14 “(A) with respect to any community or  
15 population, consult with members of such com-  
16 munity or population and provide such informa-  
17 tion in a manner that is culturally and linguis-  
18 tically appropriate for such community or popu-  
19 lation;

20 “(B) highlight the range of treatments  
21 available for liver cancer and other liver dis-  
22 eases;

23 “(C) integrate information on available  
24 hepatitis B and hepatitis C testing programs

1           into any liver cancer presentations carried out  
2           by the entity; and

3           “(D) target communities and populations  
4           with a higher risk for contracting liver cancer  
5           and other liver diseases.

6           “(3) PREFERENCE.—In awarding grants under  
7           paragraph (1), the Secretary shall give preference to  
8           entities that—

9           “(A) are, or work with, a Federally-quali-  
10          fied health center; or

11          “(B) are community-based organizations.

12          “(4) REPORT.—An entity that receives a grant  
13          under paragraph (1) shall submit to the Secretary,  
14          at a time specified by the Secretary, a report de-  
15          scribing each activity carried out pursuant to such  
16          paragraph and evaluating the effectiveness of such  
17          activity in raising awareness for liver cancer and  
18          other liver diseases.

19          “(5) AUTHORIZATION OF APPROPRIATIONS.—  
20          For purposes of carrying out this subsection, there  
21          is authorized to be appropriated \$10,000,000 for  
22          each of fiscal years 2022 through 2026. Any  
23          amounts appropriated under this paragraph shall re-  
24          main available until expended and shall be used to

1 supplement and not supplant other Federal funds  
2 provided for activities under this subsection.”.

3 **SEC. 5. HEPATITIS B RESEARCH.**

4 Subpart 3 of part C of title IV of the Public Health  
5 Service Act (42 U.S.C. 285c et seq.) is amended by adding  
6 at the end the following new section:

7 **“SEC. 434B. HEPATITIS B.**

8 “The Director of the Institute shall, in collaboration  
9 with the Director of the National Institute of Allergy and  
10 Infectious Diseases, issue targeted calls for hepatitis B re-  
11 search proposals focused on key research questions identi-  
12 fied by the research community and discussed in peer-re-  
13 viewed research journal articles.”.

14 **SEC. 6. CHANGES RELATING TO NATIONAL INSTITUTE OF**  
15 **DIABETES AND DIGESTIVE AND KIDNEY DIS-**  
16 **EASES.**

17 (a) CHANGE OF NAME OF NATIONAL INSTITUTE OF  
18 DIABETES AND DIGESTIVE AND KIDNEY DISEASES.—

19 (1) IN GENERAL.—Subpart 3 of part C of title  
20 IV of the Public Health Service Act (42 U.S.C. 285c  
21 et seq.) is amended in the subpart heading by strik-  
22 ing “**National Institute of Diabetes and Di-**  
23 **gestive and Kidney Diseases**” and inserting  
24 “**National Institute of Diabetes and Diges-**  
25 **tive, Kidney, and Liver Diseases**”.

1           (2) TREATMENT OF DIRECTOR OF NATIONAL  
2           INSTITUTE OF DIABETES AND DIGESTIVE AND KID-  
3           NEY DISEASES.—The individual serving as the Di-  
4           rector of the National Institute of Diabetes and Di-  
5           gestive and Kidney Diseases as of the date of enact-  
6           ment of this Act may continue to serve as the Direc-  
7           tor of the National Institute of Diabetes and Diges-  
8           tive, Kidney, and Liver Diseases commencing as of  
9           that date.

10           (3) REFERENCES.—Any reference to the Na-  
11           tional Institute of Diabetes and Digestive and Kid-  
12           ney Diseases, or the Director of the National Insti-  
13           tute of Diabetes and Digestive and Kidney Diseases,  
14           in any law, regulation, document, record, or other  
15           paper of the United States shall be deemed to be a  
16           reference to the National Institute of Diabetes and  
17           Digestive, Kidney, and Liver Diseases, or the Direc-  
18           tor of the National Institute of Diabetes and Diges-  
19           tive, Kidney, and Liver Diseases, respectively.

20           (4) CONFORMING AMENDMENTS.—

21           (A) Section 401(b)(3) of the Public Health  
22           Service Act (42 U.S.C. 281(b)(3)) is amended  
23           by striking “The National Institute of Diabetes  
24           and Digestive and Kidney Diseases.” and in-

1           serting “The National Institute of Diabetes and  
2           Digestive, Kidney, and Liver Diseases.”.

3           (B) Section 409A(a) of the Public Health  
4           Service Act (42 U.S.C. 284e(a)) is amended by  
5           striking “the National Institute of Diabetes and  
6           Digestive and Kidney Diseases” and inserting  
7           “the National Institute of Diabetes and Diges-  
8           tive, Kidney, and Liver Diseases”.

9           (b) PURPOSE OF THE INSTITUTE.—Section 426 of  
10          the Public Health Service Act (42 U.S.C. 285c) is amend-  
11          ed—

12           (1) by striking “National Institute of Diabetes  
13           and Digestive and Kidney Diseases” and inserting  
14           “National Institute of Diabetes and Digestive, Kid-  
15           ney, and Liver Diseases”; and

16           (2) by striking “and kidney, urologic, and hem-  
17           atologic diseases” and inserting “kidney, urologic,  
18           and hematologic diseases, and liver diseases”.

19           (c) DATA SYSTEMS AND INFORMATION CLEARING-  
20          HOUSES.—Section 427 of the Public Health Service Act  
21          (42 U.S.C. 285c–1) is amended by adding at the end the  
22          following new subsection:

23           “(d) The Director of the Institute shall (1) establish  
24          the National Liver Diseases Data System for the collec-  
25          tion, storage, analysis, retrieval, and dissemination of data

1 derived from patient populations with liver diseases, in-  
2 cluding, where possible, data involving general populations  
3 for the purpose of detection of individuals with a risk of  
4 developing liver diseases, and (2) establish the National  
5 Liver Diseases Information Clearinghouse to facilitate and  
6 enhance knowledge and understanding of liver diseases on  
7 the part of health professionals, patients, and the public  
8 through the effective dissemination of information.”.

9 (d) REESTABLISHMENT OF LIVER DISEASE RE-  
10 SEARCH BRANCH WITHIN DIVISION OF DIGESTIVE DIS-  
11 EASES AND NUTRITION AS DIVISION OF LIVER DIS-  
12 EASES.—

13 (1) IN GENERAL.—The Liver Disease Research  
14 Branch within the Division of Digestive Diseases  
15 and Nutrition of the National Institute of Diabetes  
16 and Digestive and Kidney Diseases (referred to in  
17 this subsection as the “Liver Disease Research  
18 Branch”) is hereby redesignated and promoted as  
19 the Division of Liver Diseases, which shall be within  
20 the National Institute of Diabetes and Digestive,  
21 Kidney, and Liver Diseases, as redesignated by sub-  
22 section (a), as a separate division from the other di-  
23 visions within such Institute.

1           (2) DIVISION DIRECTOR.—Section 428 of the  
2 Public Health Service Act (42 U.S.C. 285e-2) is  
3 amended—

4           (A) in the section heading, by striking  
5           “**DIVISION DIRECTORS FOR DIABETES, EN-**  
6           **DOCRINOLOGY, AND METABOLIC DIS-**  
7           **EASES, DIGESTIVE DISEASES AND NUTRI-**  
8           **TION, AND KIDNEY, UROLOGIC, AND HEM-**  
9           **ATOLOGIC DISEASES”** and inserting “**DIVI-**  
10           **SION DIRECTORS FOR DIABETES, ENDO-**  
11           **CRINOLOGY, AND METABOLIC DISEASES,**  
12           **DIGESTIVE DISEASES AND NUTRITION,**  
13           **KIDNEY, UROLOGIC, AND HEMATOLOGIC**  
14           **DISEASES, AND LIVER DISEASES”**;

15           (B) in subsection (a)(1)—

16           (i) in the matter preceding subpara-  
17           graph (A), by striking “and a Division Di-  
18           rector for Kidney, Urologic, and Hemato-  
19           logic Diseases” and inserting “a Division  
20           Director for Kidney, Urologic, and Hem-  
21           atologic Diseases, and a Division Director  
22           for Liver Diseases”; and

23           (ii) in subparagraph (A), by striking  
24           “and kidney, urologic, and hematologic dis-  
25           eases” and inserting “kidney, urologic, and

1           hematologic diseases, and liver diseases”;

2           and

3           (C) in subsection (b)—

4                 (i) in the matter preceding paragraph

5                 (1), by striking “and the Division Director

6                 for Kidney, Urologic, and Hematologic

7                 Diseases” and inserting “the Division Di-

8                 rector for Kidney, Urologic, and Hemato-

9                 logic Diseases, and the Division Director

10                for Liver Diseases”; and

11               (ii) in paragraph (1), by striking “and

12               kidney, urologic, and hematologic diseases”

13               and inserting “kidney, urologic, and hem-

14               atologic diseases, and liver diseases”.

15           (3) TREATMENT OF DIRECTOR OF LIVER DIS-

16           EASE RESEARCH BRANCH.—The individual serving

17           as the Director of the Liver Disease Research

18           Branch as of the date of enactment of this Act may

19           continue to serve as the Division Director for Liver

20           Diseases commencing as of that date.

21           (4) TRANSFER OF AUTHORITIES.—The Sec-

22           retary of Health and Human Services shall delegate

23           to the Division Director for Liver Diseases all duties

24           and authorities that were vested in the Director of



1 the Liver Disease Research Branch as of the day be-  
2 fore the date of enactment of this Act.

3 (5) REFERENCES.—Any reference to the Liver  
4 Disease Research Branch, or the Director of the  
5 Liver Disease Research Branch, in any law, regula-  
6 tion, document, record, or other paper of the United  
7 States shall be deemed to be a reference to the Divi-  
8 sion of Liver Diseases, or the Division Director for  
9 Liver Diseases, respectively.

10 (e) INTERAGENCY COORDINATING COMMITTEES.—  
11 Section 429(a) of the Public Health Service Act (42  
12 U.S.C. 285c–3(a)) is amended—

13 (1) in paragraph (1), by striking “and kidney,  
14 urologic, and hematologic diseases” and inserting  
15 “kidney, urologic, and hematologic diseases, and  
16 liver diseases”; and

17 (2) in the matter following paragraph (2), by  
18 striking “and a Kidney, Urologic, and Hematologic  
19 Diseases Coordinating Committee” and inserting “a  
20 Kidney, Urologic, and Hematologic Diseases Coordi-  
21 nating Committee, and a Liver Diseases Coordi-  
22 nating Committee”.

23 (f) ADVISORY BOARDS.—Section 430 of the Public  
24 Health Service Act (42 U.S.C. 285c–4) is amended—

1           (1) in subsection (a), by striking “and the Na-  
2           tional Kidney and Urologic Diseases Advisory  
3           Board” and inserting “the National Kidney and  
4           Urologic Diseases Advisory Board, and the Liver  
5           Diseases Advisory Board”; and

6           (2) in subsection (b)(2)(A)(i)—

7                   (A) by striking “the Director of the Na-  
8                   tional Institute of Diabetes and Digestive and  
9                   Kidney Diseases” and inserting “the Director  
10                  of the National Institute of Diabetes and Diges-  
11                  tive, Kidney, and Liver Diseases”; and

12                  (B) by striking “and the Division Director  
13                  of the National Institute of Diabetes and Diges-  
14                  tive and Kidney Diseases” and inserting “and  
15                  the Division Director of the National Institute  
16                  of Diabetes and Digestive, Kidney, and Liver  
17                  Diseases”.

18           (g) RESEARCH AND TRAINING CENTERS.—Section  
19 431 of the Public Health Service Act (42 U.S.C. 285c-  
20 5) is amended—

21                   (1) by redesignating subsection (e) as sub-  
22                   section (f); and

23                   (2) by inserting after subsection (d) the fol-  
24                   lowing new subsection:

1       “(e) The Director of the Institute shall provide for  
2 the development or substantial expansion of centers for  
3 research in liver diseases. Each center developed or ex-  
4 panded under this subsection—

5           “(1) shall utilize the facilities of a single insti-  
6 tution, or be formed from a consortium of cooper-  
7 ating institutions, meeting such research qualifica-  
8 tions as may be prescribed by the Secretary;

9           “(2) shall develop and conduct basic and clin-  
10 ical research into the cause, diagnosis, early detec-  
11 tion, prevention, control, and treatment of liver dis-  
12 eases and related functional, congenital, metabolic,  
13 or other complications resulting from such diseases;

14           “(3) shall encourage research into and pro-  
15 grams for—

16           “(A) providing information for patients  
17 with such diseases and complications and the  
18 families of such patients, physicians and others  
19 who care for such patients, and the general  
20 public;

21           “(B) model programs for cost effective and  
22 preventive patient care; and

23           “(C) training physicians and scientists in  
24 research on such diseases and complications;  
25 and

1           “(4) may perform research and participate in  
2           epidemiological studies and data collection relevant  
3           to liver diseases in order to disseminate such re-  
4           search, studies, and data to the health care profes-  
5           sion and to the public.”.

6           (h) ADVISORY COUNCIL SUBCOMMITTEES.—Section  
7           432 of the Public Health Service Act (42 U.S.C. 285c-  
8           6) is amended—

9           (1) by striking “and a subcommittee on kidney,  
10          urologic, and hematologic diseases” and inserting “a  
11          subcommittee on kidney, urologic, and hematologic  
12          diseases, and a subcommittee on liver diseases”; and

13          (2) by striking “and kidney, urologic, and hem-  
14          atologic diseases” and inserting “kidney, urologic,  
15          and hematologic diseases, and liver diseases”.

○