

118TH CONGRESS
2D SESSION

H. R. 8601

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

IN THE HOUSE OF REPRESENTATIVES

JUNE 3, 2024

Ms. VELÁZQUEZ (for herself, Mr. BOWMAN, Ms. MENG, Ms. SCHAKOWSKY, Ms. BARRAGÁN, Ms. JACKSON LEE, Mr. GRIJALVA, and Mr. JOHNSON of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce

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 2024”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Liver cancer is among the leading causes of
9 cancer deaths globally.

1 (2) In 2023, approximately 41,630 people in
2 the United States were diagnosed with primary liver
3 cancer, and approximately 29,840 died from the dis-
4 ease.

5 (3) Liver cancer is a leading cause of cancer
6 death among the Asian-American, Pacific Islander,
7 and Hispanic communities.

8 (4) The most vulnerable Asian-Americans are
9 those who are foreign-born, low-income, and living in
10 ethnic enclaves.

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

14 (6) Among the Asian and Pacific Islander pop-
15 ulation, the higher incidence rate of liver cancer is
16 partially explained by higher incidence rates of Hep-
17 atitis B and diabetes, which are comorbidities shown
18 to increase an individual's risk of developing liver
19 cancer.

20 (7) The most common causes of liver cancer in-
21 clude Hepatitis B virus and Hepatitis C virus infec-
22 tion.

23 (8) Hepatitis B is a primary risk factor for de-
24 veloping liver cancer, and 1 in 4 of those chronically

1 infected with hepatitis B develop cirrhosis, liver fail-
2 ure, or liver cancer.

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

7 (10) Among African immigrants in the United
8 States, the prevalence of hepatitis B infection is ap-
9 proximately 1 in 10, and African immigrants make
10 up 30 percent of those with chronic hepatitis B in-
11 fection in the United States.

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

15 (12) Hispanics/Latinos are 60 percent more
16 likely to die from viral hepatitis than non-Hispanic
17 Whites.

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

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

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

23 “(a) EXPANSION AND COORDINATION OF ACTIVI-
24 TIES.—The Director of the Institute shall expand, inten-

1 sify, and coordinate the activities of the Institute with re-
2 spect to research on liver cancer and other liver diseases.

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

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

7 “(A) basic research concerning the etiology
8 and causes of liver cancer;

9 “(B) clinical research and related activities
10 concerning the causes, prevention, detection,
11 and treatment of liver cancer;

12 “(C) control programs with respect to liver
13 cancer, in accordance with section 412, includ-
14 ing community-based programs designed to as-
15 sist members of medically underserved popu-
16 lations (including women), low-income popu-
17 lations, or minority groups; and

18 “(D) information and education programs
19 with respect to liver cancer, in accordance with
20 section 413;

21 “(2) issue targeted calls for proposals from re-
22 search scientists for purposes of funding priority
23 areas of liver cancer research;

24 “(3) establish a special emphasis panel (as de-
25 fined by the National Institutes of Health) to review

1 any proposal submitted pursuant to paragraph (2);
2 and

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

6 “(c) INTER-INSTITUTE WORKING GROUP.—The Di-
7 rector of the Institute shall establish an inter-institute
8 working group to coordinate research agendas focused on
9 finding better outcomes and cures for liver cancer and
10 other liver diseases, including hepatitis B.

11 “(d) GRANTS AND COOPERATIVE AGREEMENTS.—

12 “(1) IN GENERAL.—The Secretary may award
13 grants and enter into cooperative agreements with
14 entities for the purpose of expanding and supporting
15 research on—

16 “(A) conditions known to increase an indi-
17 vidual’s risk of developing a major liver disease,
18 such as liver cancer, hepatitis B, hepatitis C,
19 nonalcoholic fatty liver disease, and cirrhosis of
20 the liver; and

21 “(B) opportunities for preventative and di-
22 agnostic measures for such a disease, including
23 the study of molecular pathology and biomark-
24 ers for early detection of such disease.

1 “(2) EXPERIMENTAL TREATMENT AND PRE-
2 VENTION.—In the case of an entity that is a hospital
3 or a health care facility, the Secretary may award a
4 grant or enter into a cooperative agreement with
5 such an entity for the purpose of supporting an ex-
6 perimental treatment or prevention program for liver
7 cancer carried out by such entity.

8 “(3) AUTHORIZATION OF APPROPRIATIONS.—
9 For purposes of carrying out this subsection, there
10 is authorized to be appropriated \$45,000,000 for
11 each of fiscal years 2025 through 2029. Any
12 amounts appropriated under this paragraph shall re-
13 main available until expended.”.

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

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

19 **“SEC. 330Q. LIVER CANCER AND DISEASE PREVENTION,**
20 **AWARENESS, AND PATIENT TRACKING**
21 **GRANTS.**

22 “(a) PREVENTION INITIATIVE GRANT PROGRAM.—

23 “(1) IN GENERAL.—The Secretary, through the
24 Director of the Centers for Disease Control and Pre-
25 vention, may award grants and enter into coopera-

1 tive agreements with entities for the purpose of ex-
2 panding and supporting—

3 “(A) prevention activities (including pro-
4 viding screenings, vaccinations, or other pre-
5 ventative treatment) for conditions known to in-
6 crease an individual’s risk of developing a major
7 liver disease, such as liver cancer, hepatitis B,
8 hepatitis C, nonalcoholic fatty liver disease, and
9 cirrhosis of the liver;

10 “(B) activities relating to surveillance,
11 diagnostics, and provision of guidance for indi-
12 viduals at high risk for contracting liver cancer
13 and other liver diseases; and

14 “(C) a robust hepatitis surveillance infra-
15 structure to provide for timely and accurate in-
16 formation regarding progress to eliminate viral
17 hepatitis.

18 “(2) REPORT.—An entity that receives a grant
19 or cooperative agreement under paragraph (1) shall
20 submit to the Secretary, at a time specified by the
21 Secretary, a report describing each activity carried
22 out pursuant to such paragraph and evaluating the
23 effectiveness of such activity in promoting prevention
24 and treatment of liver cancer and other liver dis-
25 eases.

1 “(3) AUTHORIZATION OF APPROPRIATIONS.—

2 For purposes of carrying out this subsection, there
3 is authorized to be appropriated \$90,000,000 for
4 each of fiscal years 2025 through 2029. Any
5 amounts appropriated under this paragraph shall re-
6 main available until expended and shall be used to
7 supplement and not supplant other Federal funds
8 provided for activities under this subsection.

9 “(b) AWARENESS INITIATIVE GRANT PROGRAM.—

10 “(1) IN GENERAL.—The Secretary, through the
11 Director of the Centers for Disease Control and Pre-
12 vention, may award grants to eligible entities for the
13 purpose of raising awareness for liver cancer and
14 other liver diseases, which may include the produc-
15 tion, dissemination, and distribution of informational
16 materials targeted towards communities and popu-
17 lations with a higher risk for developing liver cancer
18 and other liver diseases.

19 “(2) ELIGIBLE ENTITIES.—To be eligible to re-
20 ceive a grant under paragraph (1), an entity shall
21 submit to the Secretary an application, at such time,
22 in such manner, and containing such information as
23 the Secretary may require, including a description of
24 how the entity, in disseminating information on liver

1 cancer and other liver diseases pursuant to para-
2 graph (1), will—

3 “(A) with respect to any community or
4 population, consult with members of such com-
5 munity or population and provide such informa-
6 tion in a manner that is culturally and linguis-
7 tically appropriate for such community or popu-
8 lation;

9 “(B) highlight the range of treatments
10 available for liver cancer and other liver dis-
11 eases;

12 “(C) integrate information on available
13 hepatitis B and hepatitis C testing programs
14 into any liver cancer presentations carried out
15 by the entity; and

16 “(D) target communities and populations
17 with a higher risk for contracting liver cancer
18 and other liver diseases.

19 “(3) PREFERENCE.—In awarding grants under
20 paragraph (1), the Secretary shall give preference to
21 entities that—

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

24 “(B) are community-based organizations.

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

8 “(5) AUTHORIZATION OF APPROPRIATIONS.—
9 For purposes of carrying out this subsection, there
10 is authorized to be appropriated \$10,000,000 for
11 each of fiscal years 2025 through 2029. Any
12 amounts appropriated under this paragraph shall re-
13 main available until expended and shall be used to
14 supplement and not supplant other Federal funds
15 provided for activities under this subsection.”.

16 **SEC. 5. HEPATITIS B RESEARCH.**

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

20 **“SEC. 434B. HEPATITIS B.**

21 “The Director of the Institute shall, in collaboration
22 with the Director of the National Institute of Allergy and
23 Infectious Diseases, issue targeted calls for hepatitis B re-
24 search proposals focused on key research questions identi-

1 fied by the research community and discussed in peer-re-
2 viewed research journal articles.”.

3 **SEC. 6. CHANGES RELATING TO NATIONAL INSTITUTE OF**
4 **DIABETES AND DIGESTIVE AND KIDNEY DIS-**
5 **EASES.**

6 (a) CHANGE OF NAME OF NATIONAL INSTITUTE OF
7 DIABETES AND DIGESTIVE AND KIDNEY DISEASES.—

8 (1) IN GENERAL.—Subpart 3 of part C of title
9 IV of the Public Health Service Act (42 U.S.C. 285c
10 et seq.) is amended in the subpart heading by strik-
11 ing “**National Institute of Diabetes and Di-**
12 **gestive and Kidney Diseases**” and inserting
13 “**National Institute of Diabetes and Diges-**
14 **tive, Kidney, and Liver Diseases**”.

15 (2) TREATMENT OF DIRECTOR OF NATIONAL
16 INSTITUTE OF DIABETES AND DIGESTIVE AND KID-
17 NEY DISEASES.—The individual serving as the Di-
18 rector of the National Institute of Diabetes and Di-
19 gestive and Kidney Diseases as of the date of enact-
20 ment of this Act may continue to serve as the Direc-
21 tor of the National Institute of Diabetes and Diges-
22 tive, Kidney, and Liver Diseases commencing as of
23 that date.

24 (3) REFERENCES.—Any reference to the Na-
25 tional Institute of Diabetes and Digestive and Kid-

1 ney Diseases, or the Director of the National Insti-
2 tute of Diabetes and Digestive and Kidney Diseases,
3 in any law, regulation, document, record, or other
4 paper of the United States shall be deemed to be a
5 reference to the National Institute of Diabetes and
6 Digestive, Kidney, and Liver Diseases, or the Direc-
7 tor of the National Institute of Diabetes and Diges-
8 tive, Kidney, and Liver Diseases, respectively.

9 (4) CONFORMING AMENDMENTS.—

10 (A) Section 401(b)(3) of the Public Health
11 Service Act (42 U.S.C. 281(b)(3)) is amended
12 by striking “The National Institute of Diabetes
13 and Digestive and Kidney Diseases.” and in-
14 serting “The National Institute of Diabetes and
15 Digestive, Kidney, and Liver Diseases.”.

16 (B) Section 409A(a) of the Public Health
17 Service Act (42 U.S.C. 284e(a)) is amended by
18 striking “the National Institute of Diabetes and
19 Digestive and Kidney Diseases” and inserting
20 “the National Institute of Diabetes and Diges-
21 tive, Kidney, and Liver Diseases”.

22 (b) PURPOSE OF THE INSTITUTE.—Section 426 of
23 the Public Health Service Act (42 U.S.C. 285e) is amend-
24 ed—

1 (1) by striking “National Institute of Diabetes
2 and Digestive and Kidney Diseases” and inserting
3 “National Institute of Diabetes and Digestive, Kid-
4 ney, and Liver Diseases”; and

5 (2) by striking “and kidney, urologic, and hem-
6 atologic diseases” and inserting “kidney, urologic,
7 and hematologic diseases, and liver diseases”.

8 (c) DATA SYSTEMS AND INFORMATION CLEARING-
9 HOUSES.—Section 427 of the Public Health Service Act
10 (42 U.S.C. 285c–1) is amended by adding at the end the
11 following new subsection:

12 “(d) The Director of the Institute shall (1) establish
13 the National Liver Diseases Data System for the collec-
14 tion, storage, analysis, retrieval, and dissemination of data
15 derived from patient populations with liver diseases, in-
16 cluding, where possible, data involving general populations
17 for the purpose of detection of individuals with a risk of
18 developing liver diseases, and (2) establish the National
19 Liver Diseases Information Clearinghouse to facilitate and
20 enhance knowledge and understanding of liver diseases on
21 the part of health professionals, patients, and the public
22 through the effective dissemination of information.”.

23 (d) REESTABLISHMENT OF LIVER DISEASE RE-
24 SEARCH BRANCH WITHIN DIVISION OF DIGESTIVE DIS-

1 EASES AND NUTRITION AS DIVISION OF LIVER DIS-
2 EASES.—

3 (1) IN GENERAL.—The Liver Disease Research
4 Branch within the Division of Digestive Diseases
5 and Nutrition of the National Institute of Diabetes
6 and Digestive and Kidney Diseases (referred to in
7 this subsection as the “Liver Disease Research
8 Branch”) is hereby redesignated and promoted as
9 the Division of Liver Diseases, which shall be within
10 the National Institute of Diabetes and Digestive,
11 Kidney, and Liver Diseases, as redesignated by sub-
12 section (a), as a separate division from the other di-
13 visions within such Institute.

14 (2) DIVISION DIRECTOR.—Section 428 of the
15 Public Health Service Act (42 U.S.C. 285c–2) is
16 amended—

17 (A) in the section heading, by striking
18 **“DIVISION DIRECTORS FOR DIABETES, EN-**
19 **DOCRINOLOGY, AND METABOLIC DIS-**
20 **EASES, DIGESTIVE DISEASES AND NUTRI-**
21 **TION, AND KIDNEY, UROLOGIC, AND HEM-**
22 **ATOLOGIC DISEASES”** and inserting **“DIVI-**
23 **SION DIRECTORS FOR DIABETES, ENDO-**
24 **CRINOLOGY, AND METABOLIC DISEASES,**
25 **DIGESTIVE DISEASES AND NUTRITION,**

1 **KIDNEY, UROLOGIC, AND HEMATOLOGIC**
2 **DISEASES, AND LIVER DISEASES”;**

3 (B) in subsection (a)(1)—

4 (i) in the matter preceding subpara-
5 graph (A), by striking “and a Division Di-
6 rector for Kidney, Urologic, and Hemato-
7 logic Diseases” and inserting “a Division
8 Director for Kidney, Urologic, and Hem-
9 atologic Diseases, and a Division Director
10 for Liver Diseases”; and

11 (ii) in subparagraph (A), by striking
12 “and kidney, urologic, and hematologic dis-
13 eases” and inserting “kidney, urologic, and
14 hematologic diseases, and liver diseases”;
15 and

16 (C) in subsection (b)—

17 (i) in the matter preceding paragraph
18 (1), by striking “and the Division Director
19 for Kidney, Urologic, and Hematologic
20 Diseases” and inserting “the Division Di-
21 rector for Kidney, Urologic, and Hemato-
22 logic Diseases, and the Division Director
23 for Liver Diseases”; and

24 (ii) in paragraph (1), by striking “and
25 kidney, urologic, and hematologic diseases”

1 and inserting “kidney, urologic, and hem-
2 atologic diseases, and liver diseases”.

3 (3) TREATMENT OF DIRECTOR OF LIVER DIS-
4 EASE RESEARCH BRANCH.—The individual serving
5 as the Director of the Liver Disease Research
6 Branch as of the date of enactment of this Act may
7 continue to serve as the Division Director for Liver
8 Diseases commencing as of that date.

9 (4) TRANSFER OF AUTHORITIES.—The Sec-
10 retary of Health and Human Services shall delegate
11 to the Division Director for Liver Diseases all duties
12 and authorities that were vested in the Director of
13 the Liver Disease Research Branch as of the day be-
14 fore the date of enactment of this Act.

15 (5) REFERENCES.—Any reference to the Liver
16 Disease Research Branch, or the Director of the
17 Liver Disease Research Branch, in any law, regula-
18 tion, document, record, or other paper of the United
19 States shall be deemed to be a reference to the Divi-
20 sion of Liver Diseases, or the Division Director for
21 Liver Diseases, respectively.

22 (e) INTERAGENCY COORDINATING COMMITTEES.—
23 Section 429(a) of the Public Health Service Act (42
24 U.S.C. 285c-3(a)) is amended—

1 (1) in paragraph (1), by striking “and kidney,
2 urologic, and hematologic diseases” and inserting
3 “kidney, urologic, and hematologic diseases, and
4 liver diseases”; and

5 (2) in the matter following paragraph (2), by
6 striking “and a Kidney, Urologic, and Hematologic
7 Diseases Coordinating Committee” and inserting “a
8 Kidney, Urologic, and Hematologic Diseases Coordi-
9 nating Committee, and a Liver Diseases Coordi-
10 nating Committee”.

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

13 (1) in subsection (a), by striking “and the Na-
14 tional Kidney and Urologic Diseases Advisory
15 Board” and inserting “the National Kidney and
16 Urologic Diseases Advisory Board, and the Liver
17 Diseases Advisory Board”; and

18 (2) in subsection (b)(2)(A)(i)—

19 (A) by striking “the Director of the Na-
20 tional Institute of Diabetes and Digestive and
21 Kidney Diseases” and inserting “the Director
22 of the National Institute of Diabetes and Diges-
23 tive, Kidney, and Liver Diseases”; and

24 (B) by striking “and the Division Director
25 of the National Institute of Diabetes and Diges-

1 tive and Kidney Diseases” and inserting “and
2 the Division Director of the National Institute
3 of Diabetes and Digestive, Kidney, and Liver
4 Diseases”.

5 (g) RESEARCH AND TRAINING CENTERS.—Section
6 431 of the Public Health Service Act (42 U.S.C. 285c–
7 5) is amended—

8 (1) by redesignating subsection (e) as sub-
9 section (f); and

10 (2) by inserting after subsection (d) the fol-
11 lowing new subsection:

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

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

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

1 “(3) shall encourage research into and pro-
2 grams for—

3 “(A) providing information for patients
4 with such diseases and complications and the
5 families of such patients, physicians and others
6 who care for such patients, and the general
7 public;

8 “(B) model programs for cost effective and
9 preventive patient care; and

10 “(C) training physicians and scientists in
11 research on such diseases and complications;
12 and

13 “(4) may perform research and participate in
14 epidemiological studies and data collection relevant
15 to liver diseases in order to disseminate such re-
16 search, studies, and data to the health care profes-
17 sion and to the public.”.

18 (h) ADVISORY COUNCIL SUBCOMMITTEES.—Section
19 432 of the Public Health Service Act (42 U.S.C. 285c-
20 6) is amended—

21 (1) by striking “and a subcommittee on kidney,
22 urologic, and hematologic diseases” and inserting “a
23 subcommittee on kidney, urologic, and hematologic
24 diseases, and a subcommittee on liver diseases”; and

1 (2) by striking “and kidney, urologic, and hem-
2 atologic diseases” and inserting “kidney, urologic,
3 and hematologic diseases, and liver diseases”.

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