END NEGLLECTED TROPICAL DISEASES ACT

MARKUP
BEFORE THE
SUBCOMMITTEE ON AFRICA, GLOBAL HEALTH,
GLOBAL HUMAN RIGHTS, AND
INTERNATIONAL ORGANIZATIONS
OF THE
COMMITTEE ON FOREIGN AFFAIRS
HOUSE OF REPRESENTATIVES
ONE HUNDRED FIFTEENTH CONGRESS
FIRST SESSION
ON
H.R. 1415
JUNE 15, 2017
Serial No. 115–37
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(III)
END NEGLECTED TROPICAL DISEASES ACT

THURSDAY, JUNE 15, 2017

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON AFRICA, GLOBAL HEALTH,
GLOBAL HUMAN RIGHTS, AND INTERNATIONAL ORGANIZATIONS,
COMMITTEE ON FOREIGN AFFAIRS,
Washington, DC.

The subcommittee met, pursuant to notice, at 11:30 a.m., in room 2255 Rayburn House Office Building, Hon. Christopher H. Smith (chairman of the subcommittee) presiding.

Mr. SMITH. The subcommittee will come to order and good morning to everyone.

Pursuant to notice, we are here this morning to work up Title I of H.R. 1415, the End Tropical Diseases Act.

[The information referred to follows:]
To facilitate effective research on and treatment of neglected tropical diseases, including Ebola, through coordinated domestic and international efforts.

IN THE HOUSE OF REPRESENTATIVES

MARCH 7, 2017

Mr. SMITH of New Jersey (for himself and Mr. MEEKS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Foreign Affairs, and Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

A BILL

To facilitate effective research on and treatment of neglected tropical diseases, including Ebola, through coordinated domestic and international efforts.

1 Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the “End Neglected Tropical Diseases Act”.

6 SEC. 2. TABLE OF CONTENTS.

7 The table of contents of this Act is as follows:

Sec. 1. Short title.
Sec. 2. Table of contents.
Sec. 3. Statement of policy.
Sec. 4. Findings.
Sec. 5. Definition.
Sec. 6. Rule of construction.

TITLE I—FOREIGN AFFAIRS

Sec. 101. Expansion of United States Agency for International Development’s Neglected Tropical Diseases Program.
Sec. 102. Actions by Department of State.
Sec. 103. Multilateral development and health institutions.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

Sec. 201. Promoting efforts through interagency working groups and international forums.
Sec. 203. Centers of excellence.
Sec. 204. Panel on worm infection solutions.

SEC. 3. STATEMENT OF POLICY.

It is the policy of the United States to support a broad range of implementation and research and development activities that work toward the achievement of cost-effective and sustainable treatment, control and, where possible, elimination of neglected tropical diseases, including Ebola, for the economic and social well-being for all people.

SEC. 4. FINDINGS.

Congress finds the following:

(1) The World Health Organization (WHO) has identified 17 neglected tropical diseases (NTDs).

Approximately two billion people—almost one-third of the world’s population—are at risk of contracting an NTD, and more than 1.4 billion people are currently afflicted with one or more NTDs.
(2) In 2013, WHO adopted a comprehensive resolution on NTDs recognizing that increased national and international investments in prevention and control of neglected tropical diseases have succeeded in improving health and social well-being in many countries.

(3) NTDs have an enormous impact in terms of disease burden and quality of life. NTDs cause the loss of up to 534,000 lives and 57 million disability-adjusted life years each year. NTDs surpass both malaria and tuberculosis in causing greater loss of life-years to disability and premature death. Many NTDs cause disfigurement and disability, leading to stigma, social discrimination, and societal marginalization.

(4) NTDs create an economic burden of billions of dollars through the loss of productivity and high costs of health care required for treatment. People afflicted by NTDs are less productive than their healthy counterparts. NTDs jeopardize the ability of people to attend work and school, or to produce at full capacity. For example, controlling one NTD, hookworm, in children can result in a 43-percent increase in future wage earnings.
(5) The social, economic, and health burden of NTDs falls primarily on low- and middle-income countries, where access to safe water, sanitation, and health care is limited. At least 100 countries face two endemic NTD burdens, and 30 countries carry six or more endemic NTDs.

(6) NTDs are not confined to the developing world, however. Several NTD outbreaks have been reported in the United States and other developed countries, especially among the poor. In the United States, NTDs disproportionately affect people living in poverty, and especially minorities, including up to 2.8 million African-Americans with toxocariasis and 300,000 or more people, mostly Hispanic-Americans, with Chagas disease.

(7) In 2014, an outbreak of Ebola Virus Diseases (Ebola) caused a pandemic that infected more than 20,000 people, including more than 8,000 deaths. Although not listed as an NTD by the World Health Organization, Ebola shares the same characteristics as other NTDs by affecting people living “under conditions of poverty” and is “concentrated almost exclusively in impoverished populations in the developing world”. Even when the disease had spread to the United States and other developed
countries, it was contained and controlled by the well-equipped health systems in those areas.

(8) Many NTDs can be controlled, prevented, and even eliminated using low-cost, effective, and feasible solutions. Understanding the economic burden of NTDs on productivity and health care costs can help to assure governments and donors that the resources directed toward NTDs represent a good investment.

(9) Research and development efforts are immediately needed for all NTDs, especially those for which limited or no treatment currently exists.

(10) Critical to developing robust NTD control strategies are epidemiological data that identify at-risk populations, ensure appropriate treatment frequency, and inform decisions about when treatment can be reduced or stopped.

(11) Of the 14 most common NTDs, roughly 80 percent of infections are caused by soil-transmitted helminths (STTH) and schistosomiasis. STTH are a group of three parasitic worms (roundworms, whipworms, and hookworms) that afflict more than one billion people worldwide, including 600 million school-age children, of whom more than 300 million suffer from severe morbidity. Schistosomiasis is an-
other helminth infection affecting at least 200 million people in developing countries, but some estimates indicate that the true number of people affected may be double or even triple that number.

(12) The main health problems caused by STH are related to their negative effect on childhood nutritional status, which can cause stunting and wasting. For example, STH infection may lead to anemia, malabsorption of nutrients, loss of appetite, nausea, abdominal pain, diarrhea, and reduced food intake. When such health problems are experienced in early childhood, a peak growth and development period, the mental and physical damage—and loss of future productivity and wage-earning potential—will likely be irreversible. Schistosomiasis causes end-organ damage to the urinary tract, female genital tract, liver and intestines. It also results in chronic health conditions in children.

(13) STH and schistosomiasis are also particularly detrimental to the health of women of reproductive age and pregnant women. Their underlying poor iron status makes these women most susceptible to developing anemia. Iron deficiency anemia resulting from hookworm infection during pregnancy has been linked to poor pregnancy outcomes such as
prematurity, low birth weight, and impaired lactation. Female genital schistosomiasis may be one of the most common gynecologic conditions in Africa leading to genital pain, itching, and bleeding and markedly increased susceptibility to HIV/AIDS.

(14) Fortunately, there is a simple, cost-effective solution to STH and schistosomiasis infections: single-dose deworming pills that can be safely administered once or twice annually to those at risk. Pharmaceutical companies have committed to donate the drugs needed to treat all at-risk, school-age children in developing countries. Regular administration of deworming pills reduces morbidity associated with STH and schistosomiasis infections by reducing prevalence and transmission rates.

(15) Improved access to water, sanitation, and hygiene (WASH) can also reduce the transmission of NTDs, particularly intestinal worms.

(16) The benefits of deworming are immediate and enduring. A rigorous randomized controlled trial has shown school-based deworming treatment to reduce school absenteeism by 25 percent. School-based deworming also benefits young siblings and other children who live nearby but are too young to be
treated, leading to large cognitive improvements equivalent to half a year of schooling.

SEC. 5. DEFINITION.

In this Act, the term “neglected tropical diseases” or “NTDs”—

(1) means infections caused by pathogens, including viruses, bacteria, protozoa, and helminths that disproportionately impact individuals living in extreme poverty, especially in developing countries; and

(2) includes—

(A) Buruli ulcer (Mycobacterium Ulcerans infection);

(B) Chagas disease;

(C) dengue or severe dengue fever;

(D) dracunculiasis (Guinea worm disease);

(E) echinococcosis;

(F) foodborne trematodiases;

(G) human African trypanosomiasis (sleeping sickness);

(H) leishmaniasis;

(I) leprosy;

(J) lymphatic filariasis (elephantiasis);

(K) onchocerciasis (river blindness);

(L) rabies;
SEC. 6. RULE OF CONSTRUCTION.

Nothing in this Act shall be construed to increase authorizations of appropriations for the United States Agency for International Development or authorizations of appropriations for the Department of Health and Human Services.

TITLE I—FOREIGN AFFAIRS

SEC. 101. EXPANSION OF UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT’S NEGLECTED TROPICAL DISEASES PROGRAM.

(a) FINDINGS.—Congress finds the following:

(1) Since fiscal year 2006, the United States Government has been an essential leading partner in advancing control and elimination efforts for seven targeted neglected tropical diseases: lymphatic filariasis (elephantiasis), onchocerciasis (river blindness), schistosomiasis, soil-transmitted helminthiases (STH) (round worm, whip worm, and hook worm), and trachoma. Additional information suggests that
such efforts could also produce collateral benefits for at least three other NTDs: foodborne trematodiases, scabies, and yaws (endemic treponematoses).

(2) The United States Agency for International Development’s (USAID) Neglected Tropical Diseases Program has made important and substantial contributions to the global fight to control and eliminate the seven most common NTDs. Leveraging more than $6.7 billion in donated medicines, USAID has supported the distribution of more than one billion treatments in 25 countries across Africa, Asia, and Latin America and the Caribbean.

(3) United States Government leadership has been instrumental in maintaining the global fight against NTDs and is a partner in the London Declaration on Neglected Tropical Diseases (2012), which represents a new, coordinated international push to accelerate progress toward eliminating or controlling 10 neglected tropical diseases by 2020.

(4) USAID’s Neglected Tropical Diseases Program is a clear example of a successful public-private partnership between the Government and the private sector and should be judiciously expanded, as practicable and appropriate.
(5) While many of the most common NTDs have treatments that are safe, easy to use, and effective, treatment options for NTDs with the highest death rates, including human African trypanosomiasis, visceral leishmaniasis, and Chagas disease, are extremely limited.

(6) Since 2014, USAID’s Neglected Tropical Diseases Program has been investing in gathering research on treatment for certain NTDs to ensure that promising new breakthrough medicines can be rapidly evaluated, registered, and made available to patients.

(b) SENSE OF CONGRESS.—It is the sense of Congress that USAID’s Neglected Tropical Diseases Program should—

(1) provide integrated drug treatment packages to as many individuals suffering from NTDs or at risk of acquiring NTDs as logistically feasible;

(2) better integrate control and treatment tools and approaches for NTDs into complementary development and global health programs by coordinating across multiple sectors, including sectors relating to HIV/AIDS, malaria, and other infectious diseases and development sectors relating to education (including primary and pre-primary education), food
and nutrition security, maternal and child health, and water, sanitation, and hygiene (WASH), as practicable and appropriate;

(3) establish low-cost, high-impact community and school-based NTD programs to reach large at-risk populations, including school-age children who require treatments for NTDs, with integrated drug treatment packages as feasible;

(4) for other NTDs, such as human African trypanosomiasis (sleeping sickness), Chagas disease, leishmaniasis, and dengue fever, engage in research and development of new tools and approaches to reach the goals relating to the elimination of NTDs as set forth in the World Health Organization’s “Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation” (2012), as opportunities emerge and resources allow; and

(5) monitor the research on and developments in the prevention and treatment of other NTDs so they can be incorporated into the program, as practicable and appropriate.

(c) PROGRAM PRIORITIES.—The Administrator of USAID should incorporate the following priorities into USAID’s Neglected Tropical Diseases Program:
(1) Planning for and conducting robust monitoring and evaluation of program investments in order to accurately measure impact, identify and share lessons learned, and inform future NTD control and elimination strategies.

(2) Coordinating program activities with USAID development sectors, including development sectors relating to education (including primary and pre-primary education), food and nutrition security, and water, sanitation, and hygiene (WASH), in order to advance the goals of the London Declaration on Neglected Tropical Diseases (2012).

(3) Including morbidity management in treatment plans for high-burden NTDs.

(4) Incorporating NTDs that are recognized as high-burden diseases in the Global Burden of Disease Study 2010 into the program as opportunities emerge, to the extent practicable and appropriate.

(5) Continuing investments in research and development for new tools, including diagnostics, drugs, and vaccines, for NTDs to ensure that new discoveries make it through the pipeline and become available to individuals who need them most.
SEC. 102. ACTIONS BY DEPARTMENT OF STATE.

(a) Office of the Global AIDS Coordinator.—It is the sense of Congress that the Coordinator of United States Government Activities to Combat HIV/AIDS Globally should fully consider evolving research on the impact of neglected tropical diseases on efforts to control HIV/AIDS when making future programming decisions, as necessary and appropriate.

(b) Global Programming.—

(1) In general.—The Secretary of State should encourage the Global Fund to take into consideration evolving research on the impact of NTDs on efforts to control HIV/AIDS when making programming decisions, particularly with regard to female genital schistosomiasis, which has been revealed as one of the most significant co-factors in the AIDS epidemic in Africa, as necessary and appropriate.

(2) Global Fund.—In this subsection, the term "Global Fund" means the public-private partnership known as the Global Fund to Fight AIDS, Tuberculosis and Malaria established pursuant to Article 80 of the Swiss Civil Code.

(c) G–20 countries.—The Secretary of State, acting through the Office of Global Health Diplomacy, should encourage G–20 countries, particularly Argentina, Brazil,
China, India, Indonesia, Mexico, the Republic of Korea, Saudi Arabia, and South Africa, to significantly increase their role in the control and elimination of NTDs.

SEC. 103. MULTILATERAL DEVELOPMENT AND HEALTH INSTITUTIONS.

(a) CONGRESSIONAL FINDING.—Congress finds that the treatment of high burden neglected tropical diseases, including community and school-based deworming programs, can be a highly cost-effective education intervention and schools can serve as an effective delivery mechanism for reaching large numbers of children with safe treatment for soil-transmitted helminthiases (STH) (round worm, whip worm, and hook worm) in particular.

(b) UNITED NATIONS.—The President should direct the United States permanent representative to the United Nations to use the voice, vote, and influence of the United States to urge the World Health Organization and the United Nations Development Programme to take the actions described in subsection (d).

(c) WORLD BANK INSTITUTE.—The President shall direct the United States Executive Director at the International Bank for Reconstruction and Development to use the voice, vote, and influence of the United States to urge the World Bank Institute to take the actions described in subsection (d).
(d) ACTIONS DESCRIBED.—The actions described in this subsection are the following:

1. Ensure the dissemination of best practices and programming on NTDs to governments and make data accessible to practitioners in an open and timely fashion.

2. Highlight impacts of community and school-based deworming programs on children’s health and education, emphasizing the cost-effectiveness of such programs.

3. Encourage governments to implement deworming campaigns at the national level.

4. Designate a portion of grant funds of the institutions to deworming initiatives and cross-sectoral collaboration with water and sanitation and hygiene efforts and nutrition or education programming.

5. Encourage accurate monitoring and evaluation of NTD programs, including deworming programs.

6. Engage governments in cross-border initiatives for the treatment, control, prevention, and elimination of NTDs, and assist in developing transnational agreements, when necessary.
Mr. Smith. Title I is in jurisdiction of the Committee on Foreign Affairs; whereas, Title II is in the Energy and Commerce Committee, so that will have to be done by them and we are pushing hard for that to happen.

I know that the measure is unopposed and no amendments have been put forward.

I also note that the subcommittee will reconvene following this markup for a hearing. With other events that have been scheduled and upon consultation with Ranking Member Bass and pursuant to yesterday’s notice, we intend to consider this bill in an expedited manner.

All members have a copy of H.R. 1415 before them. After we have concluded our expedited consideration, I would be glad to recognize any member, including myself and the ranking member, or Dr. Bera, since he is serving in that position right now, for any statements they might have on the issue.

All members are given leave to assert written remarks into the record, if they so choose.

Seeing again that we have a reporting quorum present, without objection, H.R. 1415, the End Tropical Diseases Act, Title I only, is considered as read.

The Chair moves that it be adopted.

All those in favor, say aye.

All those opposed, say no.

The ayes have it, in the opinion of the Chair. The item is adopted.

Without objection, the measure is reported favorably to the full committee and the staff is directed to make any technical and conforming changes.

I will just say a few opening comments on this legislation.

Neglected tropical diseases—and let me just say, too, this is the second Congress that we were trying to get this legislation passed. We got it out of our full committee last year. Regrettably, it stalled in the Energy and Commerce Committee but my hope is that that will not be the case this year.

Neglected tropical diseases are a group of 17 parasitic and bacterial diseases which blind, disable, disfigure, and sometimes kill victims from among the more than 1 billion of the world’s poorest people, trapping the most marginalized communities into a cycle of poverty. These diseases can keep children from attending school and their parents from working, and cause excessive bleeding by mothers during birth and results often in low birth weight babies. NTDs, therefore, constitute a significant hurdle to achieving economic growth and dilute the impact of foreign assistance programs.

While tropical diseases primarily affect communities in developing countries, outbreaks have been reported in the United States and developing countries in recent years, such as the West Nile virus, Dengue fever, and most recently Zika.

The most common NTDs can be controlled and eliminated; however, there is still much work to be done to prepare for currently unknown diseases that may appear on the international scene and to reach the World Health Organization’s control and elimination goals by 2020.
To achieve these goals, heightened support is needed now from both new and longstanding partners. H.R. 1415 supports the control and elimination of NTDs in the United States by, among other things, supporting USAID’s NTD program to better integrate NTD control and elimination efforts with other development issues such as HIV/AIDS, malaria, water and sanitation, and education; conduct research and development for improved drugs, diagnostics, and vaccines to control or to eliminate NTDs; directing the U.S. Government to advocate for increased efforts to address NTDs among international institutions, such as the U.N., WHO, and the World Bank; calling for the Department of Health and Human Services to submit a report on NTDs in the U.S. to better understand the epidemiology, impact, and appropriate funding needed to address NTDs domestically; encouraging the creation of one or more NTD Centers of Excellence.

I would note parenthetically that in the year 2000, I authored legislation on the issue of autism and the mainstay of the legislation was a series of those Centers of Excellence. And those Centers of Excellence and the work that now CDC and NIH do on autism has resulted in a major push to try to help those with autism, discover root causes, and to promote early childhood intervention and it came out of those Centers of Excellence. So this could be a game changer, we think, in a game that has to be changed for the sake of the poor and marginalized communities.

It also would establish a panel on intestinal worm infections to evaluate and make recommendations regarding potential solutions to worm infections, which impact more than 1 billion people worldwide, including 600 million school-aged children.

Secretary of State Rex Tillerson told the Foreign Affairs Committee, full committee, yesterday that the administration was committed to remaining a leader in areas including global health. They can demonstrate that commitment by continuing to support the work done by CDC and the National Institutes of Health, and the U.S. Agency for International Development. And I do believe that as we move forward on this budget, those gaping cuts will not materialize. And I know I and others will work hard to ensure that we do more, in some cases, rather than less.

It is long past time for Congress to affirm this work, particularly in the area of NTDs. And I want to thank Ranking Member Bass, Congressmen Dan Donovan, Gregory Meeks, Sanford Bishop, and Eleanor Holmes Norton for joining us as early cosponsors of this legislation.

And I would like to yield to Dr. Bera, if he has any comments he would like to make.

Mr. BERA. Great. Thank you, Mr. Chairman. I will keep my comments brief but I think this is an important piece of legislation. I look at this as a physician who has worked overseas.

And you know we don’t always think about neglected tropical diseases. The folks sitting around the table at home may not be talking about schistosomiasis or trachoma but the truth is, these are diseases that affect millions around the world. And the reason why investing in this research and looking for cures are so important, it is a reflection of not only our values, as a nation, to engage with our allies and other like-valued countries around the world to
relieve suffering, we also know that the world is much more interconnected today.

You know diseases that emerge much like Ebola a few years ago or Zika in one part of the world certainly move and spread. So, we can't just think about how we address health and disease here in the United States. We have also got to go where those diseases are and look for those discoveries.

So you know it is my hope that this moves quickly through the full committee and to the floor of the House. And, again, it is a reflection of who we are as a nation, our values to be concerned and focus on that suffering around the world.

So, thank you, Mr. Chairman. I will yield back.

Mr. SMITH. Thank you, Dr. Bera.

Mr. Donovan.

Mr. DONOVAN. Thank you, Mr. Chairman. I just want to take a moment to thank you for your leadership in this area. I mean global health has become a great interest of mine since I got here 2 years ago. We deal daily with the preventable diseases throughout the world.

As Dr. Bera says, we are a compassionate, leading Nation. We outsource our abilities to help others. As he also mentioned, because of the ability for people to travel, many diseases that may not affect our Nation now because people traveling to our country affect us as well but, through our compassion and leadership, this Nation should do everything it can to relieve other countries of diseases that are preventable and nonexistent in our own country.

You have been a leader in this area for so many, many years, I just wanted to thank you, Mr. Chairman, and I thank my colleague for supporting this legislation.

Mr. SMITH. Thank you very much. Mr. Suozzi.

Mr. SUOZZI. I will associate my remarks with everything that has been said already and thank you for your leadership. Thank you.

Mr. SMITH. Well, thank you. Mr. Garrett.

Mr. GARRETT. Thank you, Mr. Chairman. Very briefly, I think budget hawks might look at this and wonder what the purview was of this organization as it relates to this action. I would answer them by saying it is difficult, if not impossible, to separate global health from American health; that in a world with intercontinental travel, in a world that shrinks by the day conceptually, the idea to combat these NTDs abroad, rather than at home, might parallel the hawkish line that some take on the War on Terror.

I would associate myself with the gamut of individuals on this committee and submit that, while it is not just being a good neighbor, it is also being a good tenant in our home and this is good policy at every level. Thank you.

Mr. SMITH. Mr. Garrett, thank you so very much.

Thanks to all the members of the subcommittee for their support and their excellent remarks. Without further ado, the markup is concluded.

[Whereupon, at 11:53 a.m., the subcommittee was adjourned.]
APPENDIX

Material Submitted for the Record
TO: MEMBERS OF THE COMMITTEE ON FOREIGN AFFAIRS

You are respectfully requested to attend an OPEN meeting of the Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations, to be held in Room 2255 of the Rayburn House Office Building (and available live on the Committee website at http://www.ForeignAffairs.house.gov)

DATE: Thursday, June 15, 2017

TIME: 11:30 a.m.


By Direction of the Chairman
COMMITTEE ON FOREIGN AFFAIRS
MINUTES OF SUBCOMMITTEE MARKUP

MINUTES OF SUBCOMMITTEE ON Africa, Global Health, Global Human Rights, and Interstate Relations MARKUP

Day: Thursday Date: June 15, 2017 Room: 2255 Rayburn HOB

Starting Time: 11:43 a.m. Ending Time: 11:53 a.m.

Recesses: ( ) ( ) ( ) ( )

Presiding Member(s)
Rep. Chris Smith

Check all of the following that apply:
Open Session [X] Executive (closed) Session [X]
Televised [X] Electromechanically Recorded (tape) [X]
Stenographic Record [X]

BILLS FOR MARKUP: (Include bill number(s) and title(s) of legislation)
H.R. 1415, END Neglected Tropical Diseases Act

COMMITTEE MEMBERS PRESENT:

NON-COMMITTEE MEMBERS PRESENT:

STATEMENTS FOR THE RECORD: (List any statements submitted for the record)

ACTIONS TAKEN DURING THE MARKUP: (Attach copies of legislation and amendments)
H.R. 1415 passed by voice vote was referred to the full committee without amendment.

RECORDED VOTES TAKEN (FOR MARKUP): (Attach final vote tally sheet listing each member)

Subject

Yes
No
Present
Not Voting

TIME SCHEDULED TO RECONVENE
or
TIME ADJOURNED 11:53 a.m.

Subcommittee Staff Associate:

[Signature]
6/15/17 Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations Markup Summary

1) H.R. 1415 (Smith, NJ), “End Neglected Tropical Diseases Act.”

H.R. 1415 was agreed to by voice vote and the Chairman ordered the measure favorably reported to the Full Committee by unanimous consent.

The subcommittee adjourned.