I

111TH CONGRESS
1ST SESSION

H. R. 2400

To amend the Public Health Service Act to enhance efforts to address antimicrobial resistance.

IN THE HOUSE OF REPRESENTATIVES

MAY 13, 2009

Mr. MATHESON introduced the following bill; which was referred to the Committee on Energy and Commerce

---

A BILL

To amend the Public Health Service Act to enhance efforts to address antimicrobial resistance.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Strategies to Address Antimicrobial Resistance Act''.

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) The advent of the antibiotic era has saved millions of lives and allowed for incredible medical progress; however, the increased use and overuse of

antimicrobial drugs have correlated with increased rates of antimicrobial resistance.

(2) Through mutation as well as other mechanisms, bacteria and other infectious disease-causing organisms—viruses, fungi, and parasites—develop resistance to antimicrobial drugs over time. The more antimicrobial drugs are used, whether appropriately or inappropriately, the more this contributes to the development of antimicrobial resistance.

(3) The recent 2009 Influenza A: H1N1 virus (also known as ''Swine Flu Virus'') outbreak clearly illustrates why infectious diseases experts are concerned about drug resistance; although the H1N1 virus currently appears to be treatable by two classes of available antiviral drugs, it is resistant to other classes, and should the virus mutate and become resistant to all classes, which is possible, we would be left extremely vulnerable.

(4) Scientific evidence suggests that the development of antimicrobial resistance in humans is not due only to use of antimicrobial drugs in humans, but also may be caused by the use of antimicrobial drugs in food-producing animals.

(5) A study estimates that in 2005 more than 94,000 invasive methicillin-resistant Staphylococcus

aureus (MRSA) infections occurred in the United States and more than 18,500 of these infections resulted in death—7 times more than a decade earlier.

(6) The recent 2009 Influenza A: H1N1 virus outbreak exacerbates concerns about MRSA and other bacteria that cause respiratory diseases given that, during the 1918 influenza pandemic, many thousands of deaths were caused by complications due to secondary bacterial infections and not by the influenza virus itself.

(7) Each year, nearly 2,000,000 people contract bacterial infections in hospitals and approximately 90,000 of these people die from these infections.

(8) The current annual costs of antimicrobial-resistant bacterial diseases are hard to quantify, but a 1995 report by the Office of Technology Assessment, an agency of Congress, which looked at 6 different antimicrobial-resistant strains of bacteria, calculated that the minimum nationwide hospital costs of just these strains of bacteria accounted for $1,300,000,000 annually in 1992 dollars ($1,870,000,000 in 2006 dollars).

(9) A 1998 Institute of Medicine report estimated the societal cost of resistance as between $4,000,000,000 to $5,000,000,000; many experts

argue the cost in 2009 may be close to 10 times greater.

(10) The costs of antimicrobial-resistant infections in terms of lives lost and economically will only rise as antimicrobial resistance continues to spread.

SEC. 3. ANTIMICROBIAL RESISTANCE TASK FORCE.

(a) IN GENERAL.—Section 319E of the Public Health Service Act (42 U.S.C. 247d–5) is amended—

(1) in subsection (a)—

(A) in the subsection heading, by striking ''TASK FORCE'' and inserting the following: ''ANTIMICROBIAL RESISTANCE OFFICE, TASK FORCE, AND ADVISORY BOARD'';

(B) in paragraph (1)—

(i) by striking ''as of the date of the enactment of this section'' and inserting ''as of September 30, 2006''; and

(ii) by adding at the end the following: ''The Secretary shall, not later than 1 year after the date of enactment of the Strategies to Address Antimicrobial Resistance Act, establish an Antimicrobial Resistance Office in the Office of the Secretary and appoint a director to that Office. The Secretary shall, not later than 1

year after the date of enactment of such Act, establish the Public Health Antimicrobial Advisory Board as an advisory board to the Director of the Antimicrobial Resistance Office. The Director of the Antimicrobial Resistance Office shall serve as the Director of the task force. To avoid duplication and ensure that Federal resources are used efficiently and effectively, the Director shall work in conjunction with the Federal agencies represented on the Task Force to coordinate all antimicrobial resistance activities undertaken and supported by the Federal Government, including the activities and budgetary allocations of the Office, task force, and Public Health Antimicrobial Advisory Board.'';

(C) by amending paragraph (2) to read as follows:

''(2) MEMBERS.—

''(A) MEMBERS OF THE ANTIMICROBIAL RESISTANCE TASK FORCE.—The task force described in paragraph (1) shall be composed of representatives of such Federal agencies as the

Secretary determines necessary, including representation of the following:

''(i) The Antimicrobial Resistance Office.

''(ii) The Assistant Secretary of Preparedness and Response.

''(iii) The Centers for Disease Control and Prevention.

''(iv) The Food and Drug Administration.

''(v) The National Institutes of Health.

''(vi) The Agency for Healthcare Research and Quality.

''(vii) The Centers for Medicare & Medicaid Services.

''(viii) The Health Resources and Services Administration.

''(ix) The Department of Agriculture.

''(x) The Department of Education.

''(xi) The Department of Defense.

''(xii) The Department of Veterans Affairs.

''(xiii) The Environmental Protection Agency.

"(xiv) The Department of Homeland Security.

"(xv) The United States Agency for International Development.

"(B) MEMBERS OF THE PUBLIC HEALTH ANTIMICROBIAL ADVISORY BOARD.—

"(i) IN GENERAL.—The Public Health Antimicrobial Advisory Board shall be composed of 19 voting members, appointed by the Secretary. Such members shall include experts from the medical professions (including hospital and community-based physicians), pharmacy, public health, veterinary, research, and international health communities, as well as one representative from a public interest group.

"(ii) TERMS.—Each member appointed under clause (i) shall be appointed for a term of 3 years, except that of the 19 members first appointed—

"(I) 6 shall be appointed for a term of 12 months; and

"(II) 6 shall be appointed for a term of 2 years.

''(iii) CHAIR.—The Secretary shall appoint a Chair of the Public Health Antimicrobial Advisory Board from among its members to lead and supervise the activities of the Advisory Board.

''(iv) DISCLOSURE OF FINANCIAL INTERESTS.—Prior to a meeting of the Public Health Antimicrobial Advisory Board, each member of the Advisory Board shall disclose to the Secretary any potential, relevant financial interests as defined under section 208(a) of title 18, United States Code.'';

(D) in paragraph (3)(B), by striking ''in consultation with the task force described in paragraph (1) and'' and inserting ''acting through the Director of the Antimicrobial Resistance Office and the Director of the Centers for Disease Control and Prevention, and in consultation with''; and

(E) by amending paragraph (4) to read as follows:

''(4) MEETINGS AND DUTIES.—

''(A) ANTIMICROBIAL RESISTANCE OFFICE RESISTANCE DUTIES.—The Director of the

Antimicrobial Resistance Office, working in conjunction with the Federal agencies that are represented on the task force described in paragraph (1), shall issue an update to the Public Health Action Plan to Combat Antimicrobial Resistance within 18 months of the establishment of the Office and biennial updates thereafter. The updates shall include enhanced plans for addressing antimicrobial resistance in the United States and internationally. The Director of the Office shall post on a website these updates as well as summaries of all non-proprietary data the Task Force makes available. The Director of the Antimicrobial Resistance Office shall work in conjunction with the Federal agencies that are represented on the task force described in paragraph (1), and in consultation with the Public Health Antimicrobial Advisory Board, to—

"(i) establish benchmarks for achieving the goals set forth in the action plan;

"(ii) assess the ongoing, observed patterns of emergence of antimicrobial resistance, and their impact on clinical outcomes

in terms of how patients feel, function, or survive;

''(iii) assess how antimicrobial products are being used in humans, animals, and plants, and the impact of such use in furthering the development of resistance and the implications thereof for patient safety and public health;

''(iv) establish a priority list of human infectious diseases with the greatest need for development of new point-of-care and other diagnostics, antimicrobial drugs, and vaccines, and in particular serious and life-threatening bacterial diseases, for which there are few or no diagnostic or treatment options;

''(v) recommend basic, clinical, epidemiological, prevention, and translational research where additional federally supported studies may be beneficial;

''(vi) recommend how to support antimicrobial development through Food and Drug Administration activities, including through the agency's Critical Path Initiative;

"(vii) recommend how best to strengthen and link antimicrobial resistance-related surveillance and prevention and control activities; and

"(viii) collaborate with the Assistant Secretary for Preparedness and Response to ensure that strategies to address antimicrobial-resistance are coordinated with initiatives aimed at pandemic influenza, including the 2009 Influenza A: H1N1 virus and H1N1 Avian Influenza virus, severe acute respiratory syndrome, bioterrorism, and other emerging health threats.

"(B) ANTIMICROBIAL RESISTANCE TASK FORCE MEETINGS AND DUTIES.—

"(i) MEETINGS.—The Antimicrobial Resistance Task Force shall convene periodically as the Director of the Antimicrobial Resistance Task Force determines to be appropriate, but not fewer than twice a year, to consider issues relating to antimicrobial resistance.

"(ii) PUBLIC HEALTH ACTION PLAN.—At least twice a year, the task force described in paragraph (1) shall have

a meeting to review, discuss, and further develop the Public Health Action Plan to Combat Antimicrobial Resistance issued by the interagency task force on antimicrobial resistance in 2001. Among other issues, the task force may discuss and review, based on current need or concern—

''(I) antimicrobial clinical susceptibility concentrations proposed, established, or updated by the Food and Drug Administration;

''(II) data obtained by government agencies and, as possible, by private sources on emerging antimicrobial resistance related to clinical outcomes in terms of how patients function, feel, or survive as well as data related to how antimicrobial drugs may have been used inappropriately;

''(III) surveillance data and prevention and control activities regarding emerging antimicrobial resistance from reliable sources including the Centers for Disease Control and Pre-

vention, the Food and Drug Administration, the Department of Defense, the Department of Veterans Affairs, the Department of Agriculture, the Environmental Protection Agency, and as feasible from private sources and international bodies;

''(IV) data on the amount of antimicrobial products used in humans, animals, and plants from reliable sources including data from the Centers for Disease Control and Prevention, the Food and Drug Administration, the Environmental Protection Agency, the Department of Veterans Affairs, the Centers for Medicare & Medicaid Services, the Department of Homeland Security, and the Department of Agriculture, and as feasible from private sources and international bodies;

''(V) the impact of antimicrobial resistance on human health resulting from the approval of antimicrobial drugs for use in humans or animals

(including consideration of and recommendations on potential management plans to limit and reduce the negative impacts of such resistance on human health);

''(VI) reports of federally supported antimicrobial resistance research and antimicrobial drug development research activities (including clinical, epidemiological, prevention, and translational research) obtained from Federal agencies, as well as reports of research sponsored by other countries, industry, and non-governmental organizations;

''(VII) reports on efforts by the Food and Drug Administration to develop policies and guidances which encourage antimicrobial drug development and appropriate use while maintaining high standards for safety and effectiveness;

''(VIII) health plan employer data and information set (HEDIS)

measures pertaining to appropriate use of antimicrobial drugs; and

"(IX) other data and issues the task force described in paragraph (1) identifies as relevant to the issue of antimicrobial resistance.

"(iii) PENDING APPLICATIONS.—The Food and Drug Administration may consult with the Director of the Antimicrobial Resistance Office concerning the pending application of any antimicrobial drug application submitted to the Secretary under section 505 or 512 of the Federal Food, Drug, and Cosmetic Act or the Public Health Service Act.

"(C) PUBLIC HEALTH ANTIMICROBIAL ADVISORY BOARD MEETINGS AND DUTIES.—

"(i) MEETINGS.—The Public Health Antimicrobial Advisory Board shall meet as the Chair of the Public Health Antimicrobial Advisory Board determines to be appropriate, preferably in conjunction with meetings of the Antimicrobial Resistance Task Force, but not fewer than 2 times each year.

''(ii) RECOMMENDATIONS.—The Public Health Antimicrobial Advisory Board shall make recommendations to the Secretary, and the Antimicrobial Resistance Office, regarding—

''(I) ways to encourage the availability of an adequate supply of safe and effective antimicrobial products;

''(II) research priorities and other measures (such as antimicrobial drug resistance management plans) to enhance the safety and efficacy of antimicrobial products;

''(III) how best to implement and update the goals of the Public Health Action Plan to Combat Antimicrobial Resistance;

''(IV) incentives necessary to establish uniform mechanisms and data sets for State and local reporting of resistance data;

''(V) the adequacy of existing surveillance systems to collect antimicrobial resistance data and how

best to improve the collection, reporting, and analysis of such data;

''(VI) the development of a national plan for the collection and analysis of isolates of resistant pathogens, including establishing priorities as to which isolates should be collected;

''(VII) the implementation and evaluation of interventions to promote appropriate antimicrobial drug use in both inpatient and outpatient settings; and

''(VIII) areas for government, nongovernment, and international cooperation to strengthen implementation of the Public Health Action Plan to Combat Antimicrobial Resistance.

''(D) AVAILABILITY OF INFORMATION.—The Antimicrobial Resistance Office shall ensure that all information shall be made available to the public on the website described in subparagraph (A) consistent with section 8 of the Strategies to Address Antimicrobial Resistance Act.'';

(2) by amending subsection (b) to read as follows:

''(b) ANTIMICROBIAL RESISTANCE STRATEGIC RESEARCH PLAN.—The Secretary, acting through the Director of the Antimicrobial Resistance Office, the Director of the Centers for Disease Control and Prevention, and the Director of the National Institutes of Health, and in consultation with other Federal agencies and the Public Health Antimicrobial Advisory Board, shall develop an antimicrobial resistance strategic research plan that strengthens existing epidemiological, interventional, clinical, behavioral, translational, and basic research efforts to advance the understanding of—

''(1) the development, implementation, and efficacy of interventions to prevent and control the emergence and transmission of antimicrobial resistance;

''(2) how best to optimize antimicrobial effectiveness while limiting the emergence of resistance, including addressing issues related to duration of therapy, effectiveness of therapy in self-resolving diseases, and determining populations most likely to benefit from antimicrobial drugs;

''(3) the extent to which the use of antimicrobial products in humans, animals, plants, and

other uses accelerates development and transmission of antimicrobial resistance;

''(4) the natural histories of infectious diseases (including defining the disease, diagnosis, severity, and the time course of illness);

''(5) the development of new therapeutics, including antimicrobial drugs, biologics, and devices against resistant pathogens, and in particular diseases for which few or no therapeutics are in development;

''(6) the development and testing of medical diagnostics to identify patients with infectious disease and identify the exact cause of infectious diseases syndromes, particularly with respect to the detection of pathogens resistant to antimicrobial drugs;

''(7) the epidemiology, pathogenesis, mechanisms, and genetics of antimicrobial resistance; and

''(8) the sequencing of the genomes, or other DNA analysis, or other comparative analysis of priority pathogens (as determined by the Public Health Antimicrobial Advisory Board), in collaboration with the Department of Defense and the Joint Genome Institute of the Department of Energy.'';

(3) in subsection (c)—

(A) by inserting ''acting through the Director of the Antimicrobial Resistance Office,'' after ''The Secretary,''; and

(B) by striking ''members of the task force described in subsection (a),'';

(4) in subsection (d)(1), by inserting '', through the Antimicrobial Resistance Office,'' after ''The Secretary''; and

(5) in subsection (e)—

(A) in paragraph (1), by inserting '', acting through the Director of the Antimicrobial Resistance Office,'' after ''The Secretary'';

(B) in paragraph (3), by inserting '', acting through the Antimicrobial Resistance Office,'' after ''The Secretary''; and

(C) by adding at the end the following:

''(4) PREFERENCE IN MAKING AWARDS.—In making awards under paragraph (1), the Secretary shall give preference to eligible entities that will use grant funds to establish demonstration projects to assess the scope of the antimicrobial resistance problem and the level of appropriate and inappropriate use of antimicrobial drugs especially related to self-resolving infections, including the validation of models that may lead to the development of quality

measures for health care providers prescribing antimicrobial drugs.''.

(b) ENSURE ACCESS TO ANTIMICROBIAL DATA AND RESEARCH.—The Director of the Antimicrobial Resistance Office shall work with the agencies represented on the Antimicrobial Resistance Task Force to identify relevant data and formats, and mechanisms for communicating such data to the Antimicrobial Resistance Office and Antimicrobial Resistance Task Force and, in a manner consistent with section 8 of this Act, with the Public Health Antimicrobial Advisory Board and the public, including relevant data obtained by the agencies through contracts with other organizations, including—

(1) use and clinical outcomes data on patients receiving antimicrobial drugs for the treatment, prevention, or diagnosis of infection or infectious diseases;

(2) surveillance data regarding emerging antimicrobial drug resistance;

(3) susceptibility data related to antimicrobial drug use;

(4) data related to the amount of antimicrobial products used in humans, animals, and plants;

(5) data from federally funded research intended to support antimicrobial drug development;

(6) data demonstrating the impact of research, surveillance, and prevention and control initiatives in understanding and controlling antimicrobial resistance; and

(7) data regarding implementation and evaluation of interventions to improve antimicrobial drug prescribing practices.

SEC. 4. COLLECTION OF ANTIMICROBIAL DRUG DATA.

(a) SUBMISSION OF HUMAN AND ANIMAL DRUG DISTRIBUTION DATA.—Chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by inserting after section 512 the following:

"SEC. 512A. SUBMISSION OF HUMAN AND ANIMAL DRUG DISTRIBUTION DATA.

''(a) IN GENERAL.—Notwithstanding any other provision of law, the Secretary shall require that each sponsor of a human antimicrobial drug product which is approved under section 505 (including section 505(j)) and sold or distributed in the United States, submit antimicrobial drug sales and distribution data. Such data shall be—

''(1) submitted not later than 60 days after the beginning of the subsequent calendar year;

''(2) reported on the calendar year and segregated by month;

''(3) in such format, and utilize any such unit of measure, as the Secretary by regulation deems necessary and appropriate to ensure the reported data is comparable and reliable; and

''(4) made available to the Antimicrobial Resistance Office and the Antimicrobial Resistance Task Force.

''(b) CONFIDENTIALITY.—To protect proprietary commercial information, officials who serve in the Antimicrobial Resistance Office and on the Antimicrobial Resistance Task Force shall sign a confidentiality agreement prior to reviewing any such data to which access is granted under subsection (a)(4).''.

(b) SUBMISSION OF ANIMAL SALES AND DISTRIBUTION DATA.—Section 512(l)(3) (21 U.S.C. 360b(l)(3)) is amended—

(1) in subparagraph (C)—

(A) in clause (ii), by deleting ''and'' at the end;

(B) in clause (iii), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following:

''(iv) contain any such additional information, be in such format, and utilize any such unit of measure as the Secretary

by regulation deems necessary and appropriate to ensure the reported data is comparable and reliable.''; and

(2) in subparagraph (D), by striking ''may'' and inserting ''shall''.

(c) DATA FROM ADDITIONAL SOURCES.—

(1) IN GENERAL.—The Secretary, acting through the Director of the Antimicrobial Resistance Office, shall explore opportunities to secure from private vendors and health care organizations reliable and comparable animal and human antimicrobial drug consumption data (volume antimicrobial distribution data and antimicrobial use, including prescription data) by State or metropolitan area, as necessary, to supplement the antimicrobial drug consumption data to be collected under this section for the purpose of demonstrating how the consumption of antimicrobial drugs for human and animal uses may affect the development of resistance over time and within geographic locations and to institute preventive interventions.

(2) NEGOTIATIONS.—The Director of the Antimicrobial Resistance Office may enter into negotiations with private vendors and health care organizations to determine acceptable scope and parameters

for summaries of antimicrobial drug consumption data that is collected under this section publicly available for research purposes.

(3) OTHER MEANS TO SECURE DATA.—If the Director of the Antimicrobial Resistance Office is not able to secure sufficient supplemental antimicrobial drug consumption data for human and animal uses through private vendors and health care organizations as provided for in this section, the Secretary shall consider other means to secure such consumption data, including through the conduct of surveys about how antimicrobial drugs are used in various settings.

(d) COLLECTION OF ANTIMICROBIAL PRESCRIPTION DATA.—

(1) CLINICAL OUTCOMES DATA.—The Director of the Antimicrobial Resistance Office, the Under Secretary for Health of the Department of Veterans Affairs, and the Administrator of the Centers for Medicare & Medicaid Services shall work together to collect and analyze relevant drug utilization data and clinical outcomes data, as determined relevant by the Director of the Antimicrobial Resistance Office, on patients who receive services funded by such agencies and who are receiving prescription anti-

microbial agents for the treatment or prevention of infection or infectious diseases.

(2) ORGANIZATION.—Any data collected under paragraph (1) shall be organized by—

(A) indication (including results of diagnostic studies when available);

(B) dosage;

(C) route of administration;

(D) duration;

(E) age of the patient; and

(F) geographic region.

(3) INTERVENTIONS AND ANALYSIS.—The Under Secretary for Health of the Department of Veterans Affairs, the Administrator of the Centers for Medicare & Medicaid Services, and the Director of the Antimicrobial Resistance Office shall work together to identify and report upon interventions that prevent and control the development of antimicrobial resistance and to include within such reports, where appropriate, an analysis of the following—

(A) intra- and extra-label antimicrobial use;

(B) where challenges to appropriate use remain;

(C) trends and variations in antimicrobial resistance rates; and

(D) the relationship between drug use and resistance.

(e) PUBLIC AVAILABILITY OF DATA.—The Director of the Antimicrobial Resistance Office shall make summaries of the data received under this section publicly available and ensure that such summaries are updated and published, in a manner consistent with section 8, at least once annually on the website described in section 319E(a)(4)(A) of the Public Health Service Act (42 U.S.C. 247d–5(a)(4)(A)) in order to support epidemiologic and microbiologic research.

SEC. 5. ANTIMICROBIAL RESISTANCE SURVEILLANCE AND RESEARCH NETWORK.

(a) IN GENERAL.—The Secretary, through the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health, shall establish at least 10 Antimicrobial Resistance Surveillance and Research Network sites to strengthen the national capacity to—

(1) describe and confirm regional outbreaks through surveillance of locally available clinical specimens;

(2) assess, integrate, and address local and national antimicrobial resistance patterns;

(3) facilitate research on prevention, control, and treatment of resistant organisms; and

(4) serve as a clinical trials network for optimizing antimicrobial drug effectiveness.

(b) GEOGRAPHIC DISTRIBUTION.—The sites established under subsection (a) shall be geographically distributed across the United States.

(c) NONDUPLICATION OF CURRENT NATIONAL CAPACITY.—The sites established under subsection (a) may be based in academic centers, health departments, and existing surveillance sites.

(d) RESPONSIBILITIES.—The Network of sites established under subsection (a) shall—

(1) monitor the emergence and changes in the patterns of antimicrobial resistant pathogens in individuals;

(2) study the molecular epidemiology of such pathogens;

(3) evaluate the efficacy of new and existing interventions to prevent or limit the emergence of antimicrobial resistance throughout the geographic region of the site;

(4) provide to the Centers for Disease Control and Prevention isolates of resistant pathogens, and in particular, pathogens that show new or atypical patterns of resistance adversely affecting public health;

(5) conduct clinical research to develop natural histories of infectious disease and to study duration of antimicrobial use related to resistance development, among other things;

(6) assess the feasibility, cost-effectiveness, and appropriateness of surveillance and screening programs in differing health care and institutional settings, such as schools; and

(7) evaluate current treatment protocols and make appropriate recommendations on best practices for treating drug resistant infections.

(e) COORDINATION.—The sites established under subsection (a) shall share data and cooperate with the Centers for Disease Control and Prevention and the National Institutes of Health.

(f) DATA ACCESS.—The Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health shall ensure that summary reports of data obtained by the Antimicrobial Resistance Surveillance and Research Network sites are made avail-

able to the Antimicrobial Resistance Task Force and, in a manner consistent with section 8 of this Act, with the Public Health Antimicrobial Advisory Board and the public, for review on an ongoing basis .

SEC. 6. SUPPLEMENT NOT SUPPLANT.

Section 319E(f) of the Public Health Service Act (42 U.S.C. 247d–5(f)) is amended to read as follows:

''(f) SUPPLEMENT NOT SUPPLANT.—Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section, including funds appropriated for the Centers for Disease Control and Prevention and the National Institutes of Health.''.

SEC. 7. AUTHORIZATION OF APPROPRIATIONS.

Section 319E(g) of the Public Health Service Act (42 U.S.C. 247d–5(g)) is amended to read as follows:

''(g) AUTHORIZATION OF APPROPRIATIONS.—

''(1) AUTHORIZATION.—There are authorized to be appropriated to carry out this section (other than subsection (b)) $45,000,000 for fiscal year 2010, $65,000,000 for fiscal year 2011, and $120,000,000 for fiscal years 2012 through 2014.

''(2) ALLOCATION.—Of the amount appropriated to carry out this section for a fiscal year, not less than one-third of such amount shall be made

available for activities of the Centers for Disease Control and Prevention under subsections (a)(3)(B) and (c), of which an appropriate amount shall be allocated to educational programs under subsection (c) dedicated to the reduction of inappropriate antimicrobial use.''.

SEC. 8. PROTECTION OF CONFIDENTIAL AND NATIONAL SECURITY INFORMATION.

Except as otherwise required by law, this Act (and the amendments made by this Act) shall not permit public disclosure of trade secrets, confidential commercial information, or material inconsistent with national security that is obtained by any person under this Act.

○