

111TH CONGRESS  
1ST SESSION

# S. 1269

To provide for enhanced foodborne illness surveillance and food safety capacity, to establish regional food safety centers of excellence, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

JUNE 16, 2009

Ms. KLOBUCHAR (for herself, Mr. CHAMBLISS, and Mr. DURBIN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To provide for enhanced foodborne illness surveillance and food safety capacity, to establish regional food safety centers of excellence, 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 “Food Safety Rapid  
5 Response Act”.

### 6 **SEC. 2. ENHANCED FOODBORNE ILLNESS SURVEILLANCE.**

7 (a) IN GENERAL.—

8 (1) AUTHORITY.—The Secretary of Health and  
9 Human Services (referred to in this Act as the “Sec-

1       retary’’) shall strengthen and expand foodborne ill-  
 2       ness surveillance systems to—

3               (A) inform and evaluate efforts to prevent  
 4       foodborne illness; and

5               (B) enhance the identification and inves-  
 6       tigation of, and response to, foodborne illness  
 7       outbreaks.

8       (2)   FOODBORNE   ILLNESS   OUTBREAK.—For  
 9       purposes of this section, the term “foodborne illness  
 10      outbreak” means the occurrence of cases of human  
 11      illness caused by a specific pathogen with matching  
 12      subtype characteristics which are—

13              (A) found in 2 or more States; and

14              (B) temporally and geographically distrib-  
 15      uted in a manner to suggest contamination of  
 16      a commercially distributed food product or in-  
 17      gredient.

18      (b)   FOODBORNE   ILLNESS   SURVEILLANCE   SYS-  
 19      TEMS.—The Secretary, acting through the Director of the  
 20      Centers for Disease Control and Prevention, shall enhance  
 21      foodborne illness surveillance systems to improve the col-  
 22      lection, analysis, reporting, and usefulness of data on  
 23      foodborne illnesses by—

1           (1) coordinating foodborne illness surveillance  
2           and environmental assessment systems, including  
3           complaint systems, in order to—

4                 (A) produce better information on illnesses  
5                 associated with foods, including sources and  
6                 risk factors for infections by emerging patho-  
7                 gens; and

8                 (B) facilitate sharing of data acquisition  
9                 and findings on a more timely basis—

10                         (i) among governmental agencies, in-  
11                         cluding the Food and Drug Administra-  
12                         tion, the Food Safety and Inspection Serv-  
13                         ice, and State and local agencies;

14                         (ii) with relevant persons in the food  
15                         industry; and

16                         (iii) with the public;

17           (2) augmenting foodborne illness surveillance  
18           and environmental assessment systems to improve—

19                 (A) attribution of a foodborne illness out-  
20                 break to a specific food or food ingredient; and

21                 (B) identification and reporting of contrib-  
22                 uting factors and environmental antecedents in  
23                 foodborne illness outbreak investigations;

24           (3) developing improved epidemiological tools  
25           and methods for obtaining quality exposure data,

1       microbiological methods for classifying cases and de-  
2       tecting clusters;

3           (4) developing improved environmental assess-  
4       ment tools for obtaining data on contributing factors  
5       and environmental antecedents in foodborne illness  
6       outbreaks;

7           (5) expanding capacity of foodborne illness sur-  
8       veillance and environmental assessment systems, in-  
9       cluding those owned and controlled by persons in in-  
10      dustry, for implementation of fingerprinting strate-  
11      gies for foodborne infectious agents, including  
12      parasites and hepatitis A, in order to increase patho-  
13      gen discovery efforts to identify new or rarely docu-  
14      mented causes of foodborne illness;

15          (6) allowing timely industry and public access  
16      to de-identified, aggregate surveillance data;

17          (7) at least annually, publishing current reports  
18      on findings from foodborne illness surveillance and  
19      environmental assessment systems;

20          (8) exploring establishment of registries for  
21      long-term case follow-up to better characterize late  
22      complications of foodborne illness;

23          (9) increasing the participation of public health  
24      officials at the Federal, State, and local levels in na-

1 tional networks of public health and food regulatory  
2 agencies and laboratories to—

3 (A) share and accept laboratory analytic  
4 and environmental assessment findings; and

5 (B) identify foodborne illness outbreaks  
6 and attribute such outbreaks to specific foods  
7 through submission of standardized molecular  
8 subtypes (also known as “fingerprints”) of  
9 foodborne illness pathogens to a centralized  
10 database; and

11 (10) establishing a flexible mechanism for rap-  
12 idly supporting scientific research by academic cen-  
13 ters of excellence, which may include staff rep-  
14 resenting academic clinical researchers, food micro-  
15 biologists, animal and plant disease specialists,  
16 ecologists, and other allied disciplines.

17 (c) IMPROVING STATE SURVEILLANCE CAPACITY.—  
18 The Secretary, acting through the Director of the Centers  
19 for Disease Control and Prevention and the Commissioner  
20 of Food and Drugs, shall improve capacity for surveillance  
21 in the States by—

22 (1) supporting outbreak investigations with  
23 needed specialty expertise, including epidemiological,  
24 microbiological, and environmental expertise, to as-

1        sist identification of underlying common sources and  
2        contributing factors;

3            (2) identifying, disseminating, and supporting  
4        implementation of model practices at the State and  
5        local level for—

6            (A) facilitating rapid shipment of clinical  
7        isolates from clinical laboratories to State pub-  
8        lic health laboratories to avoid delays in testing;

9            (B) conducting rapid and standardized  
10       interviewing of individuals associated with  
11       major enteric pathogens, including prior to des-  
12       ignation of clusters as foodborne illness out-  
13       breaks;

14           (C) conducting and evaluating rapid and  
15       standardized interviews of healthy control per-  
16       sons;

17           (D) providing environmental assessment  
18       tools for obtaining data regarding contributing  
19       factors and environmental antecedents during  
20       foodborne illness outbreak investigations; and

21           (E) sharing information on a timely  
22       basis—

23                (i) within public health and food regu-  
24       latory agencies;

25                (ii) among such agencies;

- 1 (iii) with the food industry;
- 2 (iv) with healthcare providers; and
- 3 (v) with the public;

4 (3) conducting a systematic review of the bar-  
5 riers to sharing data among the entities described in  
6 paragraph (2)(E);

7 (4) developing, regularly updating, and dissemi-  
8 nating training curricula on foodborne illness sur-  
9 veillance investigations, including standard sampling  
10 methods and laboratory procedures and improved  
11 environmental assessment procedures;

12 (5) integrating new molecular diagnostic tools  
13 for parasites into Web-based consultation services  
14 for parasitic infections to accelerate the identifica-  
15 tion of foodborne infectious agents;

16 (6) supporting research to develop and deploy  
17 new subtyping methods for salmonella, E. coli,  
18 campylobacter, and other pathogens, to increase the  
19 speed and accuracy of diagnoses;

20 (7) determining minimum core competencies for  
21 public health laboratories, and developing self-eval-  
22 uation and proficiency-testing tools for such labora-  
23 tories;

24 (8) facilitating regional public health laboratory  
25 partnerships to leverage resources, including equip-

1       ment and physical space, and increase surge capac-  
2       ity;

3           (9) providing technical assistance, which may  
4       include the detailing of officers and employees of the  
5       Secretary, to State and local public health and food  
6       regulatory agencies;

7           (10) partnering with the Food and Drug Ad-  
8       ministration to increase communication, coordina-  
9       tion, and integration of foodborne illness surveillance  
10      and outbreak investigation activities; and

11          (11) developing and periodically updating re-  
12      sponse and interview procedures so that such proce-  
13      dures are standardized and tested.

14   **SEC. 3. FOOD SAFETY CENTERS OF EXCELLENCE.**

15      (a) ESTABLISHMENT.—Not later than 1 year after  
16   the date of enactment of this Act, the Secretary, in con-  
17   sultation with the working group described in subsection  
18   (b)(2), shall establish 5 regional Food Safety Centers of  
19   Excellence (referred to in this section as the “Centers of  
20   Excellence”) to serve as regional resources for State and  
21   local public health professionals. The Centers of Excel-  
22   lence shall be established at selected State health depart-  
23   ments.

24      (b) SELECTION OF THE CENTERS OF EXCEL-  
25   LENCE.—



1           (1) ELIGIBLE ENTITIES.—To be eligible to be  
2           designated as a Food Safety Center of Excellence  
3           under subsection (a), an entity shall—

4                   (A) be a State health department;

5                   (B) partner with 1 or more institutions of  
6           higher education that have demonstrated knowl-  
7           edge, expertise, and meaningful experience with  
8           regional or national food production, processing,  
9           and distribution, as well as leadership in the  
10          laboratory, epidemiological, and environmental  
11          detection and investigation of foodborne illness;  
12          and

13                  (C) provide to the Secretary such informa-  
14          tion, at such time, and in such manner, as the  
15          Secretary may require.

16          (2) WORKING GROUP.—Not later than 180 days  
17          after the date of enactment of this Act, the Sec-  
18          retary shall establish a diverse working group of ex-  
19          perts and stakeholders from Federal, State, and  
20          local food safety and health agencies, the food indus-  
21          try, including food retailers and food manufacturers,  
22          consumer organizations, and academia to make rec-  
23          ommendations to the Secretary regarding designa-  
24          tions of the Regional Centers of Excellence.

1           (3) ADDITIONAL CENTERS OF EXCELLENCE.—

2           The Secretary may designate eligible entities to be  
3           regional Food Safety Centers of Excellence, in addi-  
4           tion to the 5 designated under subsection (a).

5           (c) ACTIVITIES.—Under the leadership of the Direc-  
6           tor of the Centers for Disease Control and Prevention,  
7           each Center of Excellence shall be based out of a selected  
8           State health department, which shall provide assistance to  
9           other regional, State, and local departments of health  
10          through activities that include—

11           (1) providing resources for interviewing individ-  
12          uals as part of routine surveillance and outbreak in-  
13          vestigations;

14           (2) providing analysis of the timeliness and ef-  
15          fectiveness of foodborne disease surveillance and out-  
16          break response activities;

17           (3) providing training for epidemiological and  
18          environmental investigation of foodborne illness, in-  
19          cluding suggestions for streamlining and standard-  
20          izing the investigation process;

21           (4) establishing fellowships, stipends, and schol-  
22          arships to train future epidemiological and food-safe-  
23          ty leaders and to address critical workforce short-  
24          ages;

1           (5) training and coordinating State and local  
2       personnel;

3           (6) strengthening capacity to participate in ex-  
4       isting or new foodborne illness surveillance and envi-  
5       ronmental assessment information systems; and

6           (7) conducting research and outreach activities  
7       focused on increasing prevention, communication,  
8       and education regarding food safety.

9       (d) REPORT TO CONGRESS.—Not later than 2 years  
10   after the date of enactment of this Act, the Secretary shall  
11   submit to Congress a report that—

12           (1) describes the effectiveness of Centers of Ex-  
13       cellence; and

14           (2) provides legislative recommendations or de-  
15       scribes additional resources required by the Centers  
16       of Excellence.

17       (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
18   authorized to be appropriated to carry out this section  
19   \$20,000,000, which shall remain available until expended.

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