ordered, or on which the vote incurs objection under clause 6 of rule XX.

Any record vote on the postponed question will be taken later.

FOOD AND DRUG ADMINISTRATION SAFETY AND INNOVATION ACT

Mr. UPTON. Mr. Speaker, I move to suspend the rules and pass the bill (S. 3187) to amend the Federal Food, Drug, and Cosmetic Act to revise and extend the user-fee programs for prescription drugs and medical devices, to establish user-fee programs for generic drugs and biosimilars, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the amendment is as follows:

Amendment:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Food and Drug Administration Safety and Innovation Act''.

SEC. 2. TABLE OF CONTENTS; REFERENCES IN ACT.

(a) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

(b) REFERENCES IN ACT.—Except as otherwise specified, amendments made by this Act to a section or other provision of law are amendments to such section or other provision of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.).

TITLE I—FEES RELATING TO DRUGS

SEC. 101. SHORT TITLE; FINDING.

(a) SHORT TITLE.—This title may be cited as the ''Prescription Drug User Fee Amendments of 2012''.

(b) FINDING.—The Congress finds that the fees authorized by the amendments made in this title will be dedicated toward expediting the drug development process and the process for the review of human drug applications, including postmarket drug safety activities, as set forth in the goals identified for purposes of part 2 of subchapter C of chapter VII of the Federal Food, Drug, and Cosmetic Act, in the letters from the Secretary of Health and Human Services to the Chairman of the Committee on Health, Education, Labor, and Pensions of the Senate and the Chairman of the Committee on Energy and Commerce of the House of Representatives, as set forth in the Congressional Record.

SEC. 102. DEFINITIONS.

Section 735(7) (21 U.S.C. 379g) is amended by striking ''expenses incurred in connection with'' and inserting ''expenses in connection with''.

SEC. 103. AUTHORITY TO ASSESS AND USE DRUG FEES.

Section 736 (21 U.S.C. 379h) is amended—

(1) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking ''fiscal year 2008'' and inserting ''fiscal year 2013'';

(B) in paragraph (1)(A)—

(i) in clause (i), by striking ''(c)(5)'' and inserting ''(c)(4)''; and

(ii) in clause (ii), by striking ''(c)(5)'' and inserting ''(c)(4)'';

(C) in the matter following clause (ii) in paragraph (2)(A)—

(i) by striking ''(c)(5)'' and inserting ''(c)(4)''; and

(ii) by striking ''payable on or before October 1 of each year'' and inserting ''due on the later of the first business day on or after October 1 of each fiscal year or the first business day after the enactment of an appropriations Act providing for the collection and obligation of fees for such fiscal year under this section'';

(D) in paragraph (3)—

(i) in subparagraph (A)—

(I) by striking ''subsection (c)(5)'' and inserting ''subsection (c)(4)''; and

(II) by striking ''payable on or before October 1 of each year.'' and inserting ''due on the later of the first business day on or after October 1 of each fiscal year or the first business day after the enactment of an appropriations Act providing for the collection and obligation of fees for such fiscal year under this section.''; and

(ii) by amending subparagraph (B) to read as follows:

''(B) EXCEPTION.—A prescription drug product shall not be assessed a fee under subparagraph (A) if such product is—

''(i) identified on the list compiled under section 505(j)(7) with a potency described in terms of per 100 mL;

''(ii) the same product as another product that—

''(I) was approved under an application filed under section 505(b) or 505(j); and

''(II) is not in the list of discontinued products compiled under section 505(j)(7);

''(iii) the same product as another product that was approved under an abbreviated application filed under section 507 (as in effect on the day before the date of enactment of the Food and Drug Administration Modernization Act of 1997); or

''(iv) the same product as another product that was approved under an abbreviated new drug application pursuant to regulations in effect prior to the implementation of the Drug Price Competition and Patent Term Restoration Act of 1984.'';

(2) in subsection (b)—

(A) in paragraph (1)—

(i) in the matter preceding subparagraph (A), by striking ''fiscal years 2008 through 2012'' and inserting ''fiscal years 2013 through 2017'';

(ii) in subparagraph (A), by striking ''$392,783,000; and'' and inserting ''$693,099,000;''; and

(iii) by striking subparagraph (B) and inserting the following:

''(B) the dollar amount equal to the inflation adjustment for fiscal year 2013 (as determined under paragraph (3)(A)); and

''(C) the dollar amount equal to the workload adjustment for fiscal year 2013 (as determined under paragraph (3)(B)).''; and

(B) by striking paragraphs (3) and (4) and inserting the following:

''(3) FISCAL YEAR 2013 INFLATION AND WORKLOAD ADJUSTMENTS.—For purposes of paragraph (1), the dollar amount of the inflation and workload adjustments for fiscal year 2013 shall be determined as follows:

''(A) INFLATION ADJUSTMENT.—The inflation adjustment for fiscal year 2013 shall be the sum of—

''(i) $652,709,000 multiplied by the result of an inflation adjustment calculation determined using the methodology described in subsection (c)(1)(B); and

''(ii) $652,709,000 multiplied by the result of an inflation adjustment calculation determined using the methodology described in subsection (c)(1)(C).

''(B) WORKLOAD ADJUSTMENT.—Subject to subparagraph (C), the workload adjustment for fiscal 2013 shall be—

''(i) $652,709,000 plus the amount of the inflation adjustment calculated under subparagraph (A); multiplied by

''(ii) the amount (if any) by which a percentage workload adjustment for fiscal year 2013, as determined using the methodology described in subsection (c)(2)(A), would exceed the percentage workload adjustment (as so determined) for fiscal year 2012, if both such adjustment percentages were calculated using the 5-year base period consisting of fiscal years 2003 through 2007.

''(C) LIMITATION.—Under no circumstances shall the adjustment under subparagraph (B) result in fee revenues for fiscal year 2013 that are less than the sum of the amount under paragraph (1)(A) and the amount under paragraph (1)(B).'';

(3) by striking subsection (c) and inserting the following:

''(c) ADJUSTMENTS.—

''(1) INFLATION ADJUSTMENT.—For fiscal year 2014 and subsequent fiscal years, the revenues established in subsection (b) shall be adjusted by the Secretary by notice, published in the Federal Register, for a fiscal year by the amount equal to the sum of—

''(A) one;

''(B) the average annual percent change in the cost, per full-time equivalent position of the Food and Drug Administration, of all personnel compensation and benefits paid with respect to such positions for the first 3 years of the preceding 4 fiscal years, multiplied by the proportion of personnel compensation and benefits costs to total costs of the process for the review of human drug applications (as defined in section 735(6)) for the first 3 years of the preceding 4 fiscal years, and

''(C) the average annual percent change that occurred in the Consumer Price Index for urban consumers (Washington-Baltimore, DC–MD–VA–WV; Not Seasonally Adjusted; All items; Annual Index) for the first 3 years of the preceding 4 years of available data multiplied by the proportion of all costs other than personnel compensation and benefits costs to total costs of the process for the review of human drug applications (as defined in section 735(6)) for the first 3 years of the preceding 4 fiscal years.

The adjustment made each fiscal year under this paragraph shall be added on a compounded basis to the sum of all adjustments made each fiscal year after fiscal year 2013 under this paragraph.

''(2) WORKLOAD ADJUSTMENT.—For fiscal year 2014 and subsequent fiscal years, after the fee revenues established in subsection (b) are adjusted for a fiscal year for inflation in accordance with paragraph (1), the fee revenues shall be adjusted further for such fiscal year to reflect changes in the workload of the Secretary for the process for the review of human drug applications. With respect to such adjustment:

''(A) The adjustment shall be determined by the Secretary based on a weighted average of the change in the total number of human drug applications (adjusted for changes in review activities, as described in the notice that the Secretary is required to publish in the Federal Register under this subparagraph), efficacy supplements, and manufacturing supplements submitted to the Secretary, and the change in the total number of active commercial investigational new drug applications (adjusted for changes in review activities, as so described) during the most recent 12-month period for which data on such submissions is available. The Secretary shall publish in the Federal Register the fee revenues and fees resulting from the adjustment and the supporting methodologies.

''(B) Under no circumstances shall the adjustment result in fee revenues for a fiscal year that are less than the sum of the amount under subsection (b)(1)(A) and the amount under subsection (b)(1)(B), as adjusted for inflation under paragraph (1).

''(C) The Secretary shall contract with an independent accounting or consulting firm to periodically review the adequacy of the adjustment and publish the results of those reviews. The first review shall be conducted and published by the end of fiscal year 2013 (to examine the performance of the adjustment since fiscal year 2009), and the second review shall be conducted and published by the end of fiscal year 2015 (to examine the continued performance of the adjustment). The reports shall evaluate whether the adjustment reasonably represents actual changes in workload volume and complexity and present options to discontinue, retain, or modify any elements of the adjustment. The reports shall be published for public comment. After review of the reports and receipt of public comments, the Secretary shall, if warranted, adopt appropriate changes to the methodology. If the Secretary adopts changes to the methodology based on the first report, the changes shall be effective for the first fiscal year for which fees are set after the Secretary adopts such changes and each subsequent fiscal year.

''(3) FINAL YEAR ADJUSTMENT.—For fiscal year 2017, the Secretary may, in addition to adjustments under this paragraph and paragraphs (1) and (2), further increase the fee revenues and fees established in subsection (b) if such an adjustment is necessary to provide for not more than 3 months of operating reserves of carryover user fees for the process for the review of human drug applications for the first 3 months of fiscal year 2018. If such an adjustment is necessary,

the rationale for the amount of the increase shall be contained in the annual notice establishing fee revenues and fees for fiscal year 2017. If the Secretary has carryover balances for such process in excess of 3 months of such operating reserves, the adjustment under this paragraph shall not be made.

''(4) ANNUAL FEE SETTING.—The Secretary shall, not later than 60 days before the start of each fiscal year that begins after September 30, 2012, establish, for the next fiscal year, application, product, and establishment fees under subsection (a), based on the revenue amounts established under subsection (b) and the adjustments provided under this subsection.

''(5) LIMIT.—The total amount of fees charged, as adjusted under this subsection, for a fiscal year may not exceed the total costs for such fiscal year for the resources allocated for the process for the review of human drug applications.''; and

(4) in subsection (g)—

(A) in paragraph (1), by striking ''Fees authorized'' and inserting ''Subject to paragraph (2)(C), fees authorized'';

(B) in paragraph (2)—

(i) in subparagraph (A)(i), by striking ''shall be retained'' and inserting ''subject to subparagraph (C), shall be collected and available'';

(ii) in subparagraph (A)(ii), by striking ''shall only be collected and available'' and inserting ''shall be available''; and

(iii) by adding at the end the following new subparagraph:

''(C) PROVISION FOR EARLY PAYMENTS.—Payment of fees authorized under this section for a fiscal year, prior to the due date for such fees, may be accepted by the Secretary in accordance with authority provided in advance in a prior year appropriations Act.'';

(C) in paragraph (3), by striking ''fiscal years 2008 through 2012'' and inserting ''fiscal years 2013 through 2017''; and

(D) in paragraph (4)—

(i) by striking ''fiscal years 2008 through 2010'' and inserting ''fiscal years 2013 through 2015'';

(ii) by striking ''fiscal year 2011'' and inserting ''fiscal year 2016'';

(iii) by striking ''fiscal years 2008 through 2011'' and inserting ''fiscal years 2013 through 2016''; and

(iv) by striking ''fiscal year 2012'' and inserting ''fiscal year 2017''.

SEC. 104. REAUTHORIZATION; REPORTING REQUIREMENTS.

Section 736B (21 U.S.C. 379h–2) is amended—

(1) by amending subsection (a) to read as follows:

''(a) PERFORMANCE REPORT.—

''(1) IN GENERAL.—Beginning with fiscal year 2013, not later than 120 days after the end of each fiscal year for which fees are collected under this part, the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report concerning—

''(A) the progress of the Food and Drug Administration in achieving the goals identified in the letters described in section 101(b) of the Prescription Drug User Fee Amendments of 2012 during such fiscal year and the future plans of the Food and Drug Administration for meeting the goals, including the status of the independent assessment described in such letters; and

''(B) the progress of the Center for Drug Evaluation and Research and the Center for Biologics Evaluation and Research in achieving the goals, and future plans for meeting the goals, including, for each review division—

''(i) the number of original standard new drug applications and biologics license applications filed per fiscal year for each review division;

''(ii) the number of original priority new drug applications and biologics license applications filed per fiscal year for each review division;

''(iii) the number of standard efficacy supplements filed per fiscal year for each review division;

''(iv) the number of priority efficacy supplements filed per fiscal year for each review division;

''(v) the number of applications filed for review under accelerated approval per fiscal year for each review division;

''(vi) the number of applications filed for review as fast track products per fiscal year for each review division;

''(vii) the number of applications filed for orphan-designated products per fiscal year for each review division; and

''(viii) the number of breakthrough designations for a fiscal year for each review division.

''(2) INCLUSION.—The report under this subsection for a fiscal year shall include information on all previous cohorts for which the Secretary has not given a complete response on all human drug applications and supplements in the cohort.''.

(2) in subsection (b), by striking ''2008'' and inserting ''2013''; and

(3) in subsection (d), by striking ''2012'' each place it appears and inserting ''2017''.

SEC. 105. SUNSET DATES.

(a) AUTHORIZATION.—Sections 735 and 736 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379g; 379h) shall cease to be effective October 1, 2017.

(b) REPORTING REQUIREMENTS.—Section 736B of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379h–2) shall cease to be effective January 31, 2018.

(c) PREVIOUS SUNSET PROVISION.—

(1) IN GENERAL.—Section 106 of the Food and Drug Administration Amendments Act of 2007 (Public Law 110–85) is repealed.

(2) CONFORMING AMENDMENT.—The Food and Drug Administration Amendments Act of 2007 (Public Law 110–85) is amended in the table of contents in section 2, by striking the item relating to section 106.

(d) TECHNICAL CLARIFICATIONS.—

(1) Effective September 30, 2007—

(A) section 509 of the Prescription Drug User Fee Amendments Act of 2002 (Title V of Public Law 107–188) is repealed; and

(B) the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107–188) is amended in the table of contents in section 1(b), by striking the item relating to section 509.

(2) Effective September 30, 2002—

(A) section 107 of the Food and Drug Administration Modernization Act of 1997 (Public Law 105–115) is repealed; and

(B) the table of contents in section 1(c) of such Act is amended by striking the item related to section 107.

(3) Effective September 30, 1997, section 105 of the Prescription Drug User Fee Act of 1992 (Public Law 102–571) is repealed.

SEC. 106. EFFECTIVE DATE.

The amendments made by this title shall take effect on October 1, 2012, or the date of the enactment of this Act, whichever is later, except that fees under part 2 of subchapter C of chapter VII of the Federal Food, Drug, and Cosmetic Act shall be assessed for all human drug applications received on or after October 1, 2012, regardless of the date of the enactment of this Act.

SEC. 107. SAVINGS CLAUSE.

Notwithstanding the amendments made by this title, part 2 of subchapter C of chapter VII of the Federal Food, Drug, and Cosmetic Act, as in effect on the day before the date of the enactment of this title, shall continue to be in effect with respect to human drug applications and supplements (as defined in such part as of such day) that on or after October 1, 2007, but before October 1, 2012, were accepted by the Food and Drug Administration for filing with respect to assessing and collecting any fee required by such part for a fiscal year prior to fiscal year 2012.

TITLE II—FEES RELATING TO DEVICES

SEC. 201. SHORT TITLE; FINDINGS.

(a) SHORT TITLE.—This title may be cited as the ''Medical Device User Fee Amendments of 2012''.

(b) FINDINGS.—The Congress finds that the fees authorized under the amendments made by this title will be dedicated toward expediting the process for the review of device applications and for assuring the safety and effectiveness of devices, as set forth in the goals identified for purposes of part 3 of subchapter C of chapter VII of the Federal Food, Drug, and Cosmetic Act in the letters from the Secretary of Health and Human Services to the Chairman of the Committee on Health, Education, Labor, and Pensions of the Senate and the Chairman of the Committee on Energy and Commerce of the House of Representatives, as set forth in the Congressional Record.

SEC. 202. DEFINITIONS.

Section 737 (21 U.S.C. 379i) is amended—

(1) in paragraph (9), by striking ''incurred'' after ''expenses'';

(2) in paragraph (10), by striking ''October 2001'' and inserting ''October 2011''; and

(3) in paragraph (13), by striking ''is required to register'' and all that follows through the end of paragraph (13) and inserting the following: ''is registered (or is required to register) with the Secretary under section 510 because such establishment is engaged in the manufacture, preparation, propagation, compounding, or processing of a device.''.

SEC. 203. AUTHORITY TO ASSESS AND USE DEVICE FEES.

(a) TYPES OF FEES.—Section 738(a) (21 U.S.C. 379j(a)) is amended—

(1) in paragraph (1), by striking ''fiscal year 2008'' and inserting ''fiscal year 2013'';

(2) in paragraph (2)(A)—

(A) in the matter preceding clause (i)—

(i) by striking ''subsections (d) and (e)'' and inserting ''subsections (d), (e), and (f)'';

(ii) by striking ''October 1, 2002'' and inserting ''October 1, 2012''; and

(iii) by striking ''subsection (c)(1)'' and inserting ''subsection (c)''; and

(B) in clause (viii), by striking ''1.84'' and inserting ''2''; and

(3) in paragraph (3)—

(A) in subparagraph (A), by inserting ''and subsection (f)'' after ''subparagraph (B)''; and

(B) in subparagraph (C), by striking ''initial registration'' and all that follows through ''section 510.'' and inserting ''later of—

''(i) the initial or annual registration (as applicable) of the establishment under section 510; or

''(ii) the first business day after the date of enactment of an appropriations Act providing for the collection and obligation of fees for such year under this section.''.

(b) FEE AMOUNTS.—Section 738(b) (21 U.S.C. 379j(b)) is amended to read as follows:

''(b) FEE AMOUNTS.—

''(1) IN GENERAL.—Subject to subsections (c), (d), (e), (f), and (i), for each of fiscal years 2013 through 2017, fees under subsection (a) shall be derived from the base fee amounts specified in paragraph (2), to generate the total revenue amounts specified in paragraph (3).

''(2) BASE FEE AMOUNTS SPECIFIED.—For purposes of paragraph (1), the base fee amounts specified in this paragraph are as follows:

''Fee Type	Fiscal Year 2013	Fiscal Year 2014	Fiscal Year 2015	Fiscal Year 2016	Fiscal Year 2017
Premarket Application	$248,000	$252,960	$258,019	$263,180	$268,443
Establishment Registration	$2,575	$3,200	$3,750	$3,872	$3,872

''(3) TOTAL REVENUE AMOUNTS SPECIFIED.—For purposes of paragraph (1), the total revenue amounts specified in this paragraph are as follows:

''(A) $97,722,301 for fiscal year 2013.

''(B) $112,580,497 for fiscal year 2014.

''(C) $125,767,107 for fiscal year 2015.

''(D) $129,339,949 for fiscal year 2016.

''(E) $130,184,348 for fiscal year 2017.''.

(c) ANNUAL FEE SETTING; ADJUSTMENTS.—Section 738(c) (21 U.S.C. 379j(c)) is amended—

(1) in the subsection heading, by inserting ''; ADJUSTMENTS'' after ''SETTING'';

(2) by striking paragraphs (1) and (2);

(3) by redesignating paragraphs (3) and (4) as paragraphs (4) and (5), respectively; and

(4) by inserting before paragraph (4), as so redesignated, the following:

''(1) IN GENERAL.—The Secretary shall, 60 days before the start of each fiscal year after September 30, 2012, establish fees under subsection (a), based on amounts specified under subsection (b) and the adjustments provided under this subsection, and publish such fees, and the rationale for any adjustments to such fees, in the Federal Register.

''(2) INFLATION ADJUSTMENTS.—

''(A) ADJUSTMENT TO TOTAL REVENUE AMOUNTS.—For fiscal year 2014 and each subsequent fiscal year, the Secretary shall adjust the total revenue amount specified in subsection (b)(3) for such fiscal year by multiplying such amount by the applicable inflation adjustment under subparagraph (B) for such year.

''(B) APPLICABLE INFLATION ADJUSTMENT TO TOTAL REVENUE AMOUNTS.—The applicable inflation adjustment for a fiscal year is—

''(i) for fiscal year 2014, the base inflation adjustment under subparagraph (C) for such fiscal year; and

''(ii) for fiscal year 2015 and each subsequent fiscal year, the product of—

''(I) the base inflation adjustment under subparagraph (C) for such fiscal year; and

''(II) the product of the base inflation adjustment under subparagraph (C) for each of the fiscal years preceding such fiscal year, beginning with fiscal year 2014.

''(C) BASE INFLATION ADJUSTMENT TO TOTAL REVENUE AMOUNTS.—

''(i) IN GENERAL.—Subject to further adjustment under clause (ii), the base inflation adjustment for a fiscal year is the sum of one plus—

''(I) the average annual percent change in the cost, per full-time equivalent position of the Food and Drug Administration, of all personnel compensation and benefits paid with respect to such positions for the first 3 years of the preceding 4 fiscal years, multiplied by 0.60; and

''(II) the average annual percent change that occurred in the Consumer Price Index for urban consumers (Washington-Baltimore, DC–MD–VA–WV; Not Seasonally Adjusted; All items; Annual Index) for the first 3 years of the preceding 4 years of available data multiplied by 0.40.

''(ii) LIMITATIONS.—For purposes of subparagraph (B), if the base inflation adjustment for a fiscal year under clause (i)—

''(I) is less than 1, such adjustment shall be considered to be equal to 1; or

''(II) is greater than 1.04, such adjustment shall be considered to be equal to 1.04.

''(D) ADJUSTMENT TO BASE FEE AMOUNTS.—For each of fiscal years 2014 through 2017, the base fee amounts specified in subsection (b)(2) shall be adjusted as needed, on a uniform proportionate basis, to generate the total revenue amounts under subsection (b)(3), as adjusted for inflation under subparagraph (A).

''(3) VOLUME-BASED ADJUSTMENTS TO ESTABLISHMENT REGISTRATION BASE FEES.—For each of fiscal years 2014 through 2017, after the base fee amounts specified in subsection (b)(2) are adjusted under paragraph (2)(D), the base establishment registration fee amounts specified in such subsection shall be further adjusted, as the Secretary estimates is necessary in order for total fee collections for such fiscal year to generate the total revenue amounts, as adjusted under paragraph (2).''.

(d) FEE WAIVER OR REDUCTION.—Section 738 (21 U.S.C. 379j) is amended by—

(1) redesignating subsections (f) through (k) as subsections (g) through (l), respectively; and

(2) by inserting after subsection (e) the following new subsection:

''(f) FEE WAIVER OR REDUCTION.—

''(1) IN GENERAL.—The Secretary may, at the Secretary's sole discretion, grant a waiver or reduction of fees under subsection (a)(2) or (a)(3) if the Secretary finds that such waiver or reduction is in the interest of public health.

''(2) LIMITATION.—The sum of all fee waivers or reductions granted by the Secretary in any fiscal year under paragraph (1) shall not exceed 2 percent of the total fee revenue amounts established for such year under subsection (c).

''(3) DURATION.—The authority provided by this subsection terminates October 1, 2017.''.

(e) CONDITIONS.—Section 738(h)(1)(A) (21 U.S.C. 379j(h)(1)(A)), as redesignated by subsection (d)(1), is amended by striking ''$205,720,000'' and inserting ''$280,587,000''.

(f) CREDITING AND AVAILABILITY OF FEES.—Section 738(i) (21 U.S.C. 379j(i)), as redesignated by subsection (d)(1), is amended—

(1) in paragraph (1), by striking ''Fees authorized'' and inserting ''Subject to paragraph (2)(C), fees authorized'';

(2) in paragraph (2)—

(A) in subparagraph (A)—

(i) in clause (i), by striking ''shall be retained'' and inserting ''subject to subparagraph (C), shall be collected and available''; and

(ii) in clause (ii)—

(I) by striking ''collected and'' after ''shall only be''; and

(II) by striking ''fiscal year 2002'' and inserting ''fiscal year 2009''; and

(B) by adding at the end, the following:

''(C) PROVISION FOR EARLY PAYMENTS.—Payment of fees authorized under this section for a fiscal year, prior to the due date for such fees, may be accepted by the Secretary in accordance with authority provided in advance in a prior year appropriations Act.'';

(3) by amending paragraph (3) to read as follows:

''(3) AUTHORIZATIONS OF APPROPRIATIONS.—For each of the fiscal years 2013 through 2017, there is authorized to be appropriated for fees under this section an amount equal to the total revenue amount specified under subsection (b)(3) for the fiscal year, as adjusted under subsection (c) and, for fiscal year 2017 only, as further adjusted under paragraph (4).''; and

(4) in paragraph (4)—

(A) by striking ''fiscal years 2008, 2009, and 2010'' and inserting ''fiscal years 2013, 2014, and 2015'';

(B) by striking ''fiscal year 2011'' and inserting ''fiscal year 2016'';

(C) by striking ''June 30, 2011'' and inserting ''June 30, 2016'';

(D) by striking ''the amount of fees specified in aggregate in'' and inserting ''the cumulative amount appropriated pursuant to'';

(E) by striking ''aggregate amount in'' before ''excess shall be credited''; and

(F) by striking ''fiscal year 2012'' and inserting ''fiscal year 2017''.

(g) CONFORMING AMENDMENT.—Section 515(c)(4)(A) (21 U.S.C. 360e(c)(4)(A)) is amended by striking ''738(g)'' and inserting ''738(h)''.

SEC. 204. REAUTHORIZATION; REPORTING REQUIREMENTS.

(a) REAUTHORIZATION.—Section 738A(b) (21 U.S.C. 379j–1(b)) is amended—

(1) in paragraph (1), by striking ''2012'' and inserting ''2017''; and

(2) in paragraph (5), by striking ''2012'' and inserting ''2017''.

(b) PERFORMANCE REPORTS.—Section 738A(a) (21 U.S.C. 379j–1(a)) is amended—

(1) by striking paragraph (1) and inserting the following:

''(1) PERFORMANCE REPORT.—

''(A) IN GENERAL.—Beginning with fiscal year 2013, for each fiscal year for which fees are collected under this part, the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives annual reports concerning the progress of the Food and Drug Administration in achieving the goals identified in the letters described in section 201(b) of the Medical Device User Fee Amendments of 2012 during such fiscal year and the future plans of the Food and Drug Administration for meeting the goals.

''(B) PUBLICATION.—With regard to information to be reported by the Food and Drug Administration to industry on a quarterly and annual basis pursuant to the letters described in section 201(b) of the Medical Device User Fee Amendments Act of 2012, the Secretary shall make such information publicly available on the Internet Web site of the Food and Drug Administration not later than 60 days after the end of each quarter or 120 days after the end of each fiscal year, respectively, to which such information applies. This information shall include the status of the independent assessment identified in the letters described in such section 201(b).

''(C) UPDATES.—The Secretary shall include in each report under subparagraph (A) information on all previous cohorts for which the Secretary has not given a complete response on all device premarket applications and reports, supplements, and premarket notifications in the cohort.''; and

(2) in paragraph (2), by striking ''2008 through 2012'' and inserting ''2013 through 2017''.

SEC. 205. SAVINGS CLAUSE.

Notwithstanding the amendments made by this title, part 3 of subchapter C of chapter VII of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379i et seq.), as in effect on the day before the date of the enactment of this title, shall continue to be in effect with respect to the submissions listed in section 738(a)(2)(A) of such Act (in effect as of such day) that on or after October 1, 2007, but before October 1, 2012, were accepted by the Food and Drug Administration for filing with respect to assessing and collecting any fee required by such part for a fiscal year prior to fiscal year 2013.

SEC. 206. EFFECTIVE DATE.

The amendments made by this title shall take effect on October 1, 2012, or the date of the enactment of this Act, whichever is later, except that fees under part 3 of subchapter C of chapter VII of the Federal Food, Drug, and Cosmetic Act shall be assessed for all submissions listed in section 738(a)(2)(A) of such Act received on or after October 1, 2012, regardless of the date of the enactment of this Act.

SEC. 207. SUNSET CLAUSE.

(a) IN GENERAL.—Sections 737 and 738 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 739i; 739j) shall cease to be effective October 1, 2017. Section 738A (21 U.S.C. 739j–1) of the Federal Food, Drug, and Cosmetic Act (regarding reauthorization and reporting requirements) shall cease to be effective January 31, 2018.

(b) PREVIOUS SUNSET PROVISION.—

(1) IN GENERAL.—Section 217 of the Food and Drug Administration Amendments Act of 2007 (Title II of Public Law 110–85) is repealed.

(2) CONFORMING AMENDMENT.—The Food and Drug Administration Amendments Act of 2007 (Public Law 110–85) is amended in the table of contents in section 2, by striking the item relating to section 217.

(c) TECHNICAL CLARIFICATION.—Effective September 30, 2007—

(1) section 107 of the Medical Device User Fee and Modernization Act of 2002 (Public Law 107–250) is repealed; and

(2) the table of contents in section 1(b) of such Act is amended by striking the item related to section 107.

SEC. 208. STREAMLINED HIRING AUTHORITY TO SUPPORT ACTIVITIES RELATED TO THE PROCESS FOR THE REVIEW OF DEVICE APPLICATIONS.

Subchapter A of chapter VII (21 U.S.C. 371 et seq.) is amended by inserting after section 713 the following new section:

''SEC. 714. STREAMLINED HIRING AUTHORITY.

''(a) IN GENERAL.—In addition to any other personnel authorities under other provisions of law, the Secretary may, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, appoint employees to positions in the Food and Drug Administration to perform, administer, or support activities described in subsection (b), if the Secretary determines that such appointments are needed to achieve the objectives specified in subsection (c).

''(b) ACTIVITIES DESCRIBED.—The activities described in this subsection are activities under this Act related to the process for the review of device applications (as defined in section 737(8)).

''(c) OBJECTIVES SPECIFIED.—The objectives specified in this subsection are with respect to the activities under subsection (b), the goals referred to in section 738A(a)(1).

''(d) INTERNAL CONTROLS.—The Secretary shall institute appropriate internal controls for appointments under this section.

''(e) SUNSET.—The authority to appoint employees under this section shall terminate on the date that is 3 years after the date of enactment of this section.''.

TITLE III—FEES RELATING TO GENERIC DRUGS

SEC. 301. SHORT TITLE.

(a) SHORT TITLE.—This title may be cited as the ''Generic Drug User Fee Amendments of 2012''.

(b) FINDING.—The Congress finds that the fees authorized by the amendments made in this title will be dedicated to human generic drug activities, as set forth in the goals identified for purposes of part 7 of subchapter C of chapter VII of the Federal Food, Drug, and Cosmetic Act, in the letters from the Secretary of Health and Human Services to the Chairman of the Committee on Health, Education, Labor, and Pensions of the Senate and the Chairman of the Committee on Energy and Commerce of the House of Representatives, as set forth in the Congressional Record.

SEC. 302. AUTHORITY TO ASSESS AND USE HUMAN GENERIC DRUG FEES.

Subchapter C of chapter VII (21 U.S.C. 379f et seq.) is amended by adding at the end the following:

''PART 7—FEES RELATING TO GENERIC DRUGS

''SEC. 744A. DEFINITIONS.

''For purposes of this part:

''(1) The term 'abbreviated new drug application'—

''(A) means an application submitted under section 505(j), an abbreviated application submitted under section 507 (as in effect on the day before the date of enactment of the Food and Drug Administration Modernization Act of 1997), or an abbreviated new drug application submitted pursuant to regulations in effect prior to the implementation of the Drug Price Competition and Patent Term Restoration Act of 1984; and

''(B) does not include an application for a positron emission tomography drug.

''(2) The term 'active pharmaceutical ingredient' means—

''(A) a substance, or a mixture when the substance is unstable or cannot be transported on its own, intended—

''(i) to be used as a component of a drug; and

''(ii) to furnish pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease, or to affect the structure or any function of the human body; or

''(B) a substance intended for final crystallization, purification, or salt formation, or any combination of those activities, to become a substance or mixture described in subparagraph (A).

''(3) The term 'adjustment factor' means a factor applicable to a fiscal year that is the Consumer Price Index for all urban consumers (all items; United States city average) for October of the preceding fiscal year divided by such Index for October 2011.

''(4) The term 'affiliate' means a business entity that has a relationship with a second business entity if, directly or indirectly—

''(A) one business entity controls, or has the power to control, the other business entity; or

''(B) a third party controls, or has power to control, both of the business entities.

''(5)(A) The term 'facility'—

''(i) means a business or other entity—

''(I) under one management, either direct or indirect; and

''(II) at one geographic location or address engaged in manufacturing or processing an active pharmaceutical ingredient or a finished dosage form; and

''(ii) does not include a business or other entity whose only manufacturing or processing activities are one or more of the following: repackaging, relabeling, or testing.

''(B) For purposes of subparagraph (A), separate buildings within close proximity are considered to be at one geographic location or address if the activities in them are—

''(i) closely related to the same business enterprise;

''(ii) under the supervision of the same local management; and

''(iii) capable of being inspected by the Food and Drug Administration during a single inspection.

''(C) If a business or other entity would meet the definition of a facility under this paragraph but for being under multiple management, the business or other entity is deemed to constitute multiple facilities, one per management entity, for purposes of this paragraph.

''(6) The term 'finished dosage form' means—

''(A) a drug product in the form in which it will be administered to a patient, such as a tablet, capsule, solution, or topical application;

''(B) a drug product in a form in which reconstitution is necessary prior to administration to a patient, such as oral suspensions or lyophilized powders; or

''(C) any combination of an active pharmaceutical ingredient with another component of a drug product for purposes of production of a drug product described in subparagraph (A) or (B).

''(7) The term 'generic drug submission' means an abbreviated new drug application, an amendment to an abbreviated new drug application, or a prior approval supplement to an abbreviated new drug application.

''(8) The term 'human generic drug activities' means the following activities of the Secretary associated with generic drugs and inspection of facilities associated with generic drugs:

''(A) The activities necessary for the review of generic drug submissions, including review of drug master files referenced in such submissions.

''(B) The issuance of—

''(i) approval letters which approve abbreviated new drug applications or supplements to such applications; or

''(ii) complete response letters which set forth in detail the specific deficiencies in such applications and, where appropriate, the actions necessary to place such applications in condition for approval.

''(C) The issuance of letters related to Type II active pharmaceutical drug master files which—

''(i) set forth in detail the specific deficiencies in such submissions, and where appropriate, the actions necessary to resolve those deficiencies; or

''(ii) document that no deficiencies need to be addressed.

''(D) Inspections related to generic drugs.

''(E) Monitoring of research conducted in connection with the review of generic drug submissions and drug master files.

''(F) Postmarket safety activities with respect to drugs approved under abbreviated new drug applications or supplements, including the following activities:

''(i) Collecting, developing, and reviewing safety information on approved drugs, including adverse event reports.

''(ii) Developing and using improved adverse-event data-collection systems, including information technology systems.

''(iii) Developing and using improved analytical tools to assess potential safety problems, including access to external data bases.

''(iv) Implementing and enforcing section 505(o) (relating to postapproval studies and clinical trials and labeling changes) and section 505(p) (relating to risk evaluation and mitigation strategies) insofar as those activities relate to abbreviated new drug applications.

''(v) Carrying out section 505(k)(5) (relating to adverse-event reports and postmarket safety activities).

''(G) Regulatory science activities related to generic drugs.

''(9) The term 'positron emission tomography drug' has the meaning given to the term 'compounded positron emission tomography drug' in section 201(ii), except that paragraph (1)(B) of such section shall not apply.

''(10) The term 'prior approval supplement' means a request to the Secretary to approve a change in the drug substance, drug product, production process, quality controls, equipment, or facilities covered by an approved abbreviated new drug application when that change has a substantial potential to have an adverse effect on the identity, strength, quality, purity, or potency of the drug product as these factors may relate to the safety or effectiveness of the drug product.

''(11) The term 'resources allocated for human generic drug activities' means the expenses for—

''(A) officers and employees of the Food and Drug Administration, contractors of the Food and Drug Administration, advisory committees, and costs related to such officers and employees and to contracts with such contractors;

''(B) management of information, and the acquisition, maintenance, and repair of computer resources;

''(C) leasing, maintenance, renovation, and repair of facilities and acquisition, maintenance, and repair of fixtures, furniture, scientific equipment, and other necessary materials and supplies; and

''(D) collecting fees under subsection (a) and accounting for resources allocated for the review of abbreviated new drug applications and supplements and inspection related to generic drugs.

''(12) The term 'Type II active pharmaceutical ingredient drug master file' means a submission of information to the Secretary by a person that intends to authorize the Food and Drug Administration to reference the information to support approval of a generic drug submission without the submitter having to disclose the information to the generic drug submission applicant.

"SEC. 744B. AUTHORITY TO ASSESS AND USE HUMAN GENERIC DRUG FEES.

''(a) TYPES OF FEES.—Beginning in fiscal year 2013, the Secretary shall assess and collect fees in accordance with this section as follows:

''(1) ONE-TIME BACKLOG FEE FOR ABBREVIATED NEW DRUG APPLICATIONS PENDING ON OCTOBER 1, 2012.—

''(A) IN GENERAL.—Each person that owns an abbreviated new drug application that is pending on October 1, 2012, and that has not received a tentative approval prior to that date, shall be subject to a fee for each such application, as calculated under subparagraph (B).

''(B) METHOD OF FEE AMOUNT CALCULATION.—The amount of each one-time backlog fee shall be calculated by dividing $50,000,000 by the total number of abbreviated new drug applications pending on October 1, 2012, that have not received a tentative approval as of that date.

''(C) NOTICE.—Not later than October 31, 2012, the Secretary shall publish in the Federal Register a notice announcing the amount of the fee required by subparagraph (A).

''(D) FEE DUE DATE.—The fee required by subparagraph (A) shall be due no later than 30 calendar days after the date of the publication of the notice specified in subparagraph (C).

''(2) DRUG MASTER FILE FEE.—

''(A) IN GENERAL.—Each person that owns a Type II active pharmaceutical ingredient drug master file that is referenced on or after October 1, 2012, in a generic drug submission by any initial letter of authorization shall be subject to a drug master file fee.

''(B) ONE-TIME PAYMENT.—If a person has paid a drug master file fee for a Type II active pharmaceutical ingredient drug master file, the person shall not be required to pay a subsequent drug master file fee when that Type II active pharmaceutical ingredient drug master file is subsequently referenced in generic drug submissions.

''(C) NOTICE.—

''(i) FISCAL YEAR 2013.—Not later than October 31, 2012, the Secretary shall publish in the Federal Register a notice announcing the amount of the drug master file fee for fiscal year 2013.

''(ii) FISCAL YEAR 2014 THROUGH 2017.—Not later than 60 days before the start of each of fiscal years 2014 through 2017, the Secretary shall publish in the Federal Register the amount of the drug master file fee established by this paragraph for such fiscal year.

''(D) AVAILABILITY FOR REFERENCE.—

''(i) IN GENERAL.—Subject to subsection (g)(2)(C), for a generic drug submission to reference a Type II active pharmaceutical ingredient drug master file, the drug master file must be deemed available for reference by the Secretary.

''(ii) CONDITIONS.—A drug master file shall be deemed available for reference by the Secretary if—

''(I) the person that owns a Type II active pharmaceutical ingredient drug master file has paid the fee required under subparagraph (A) within 20 calendar days after the applicable due date under subparagraph (E); and

''(II) the drug master file has not failed an initial completeness assessment by the Secretary, in accordance with criteria to be published by the Secretary.

''(iii) LIST.—The Secretary shall make publicly available on the Internet Web site of the Food and Drug Administration a list of the drug master file numbers that correspond to drug master files that have successfully undergone an initial completeness assessment, in accordance with criteria to be published by the Secretary, and are available for reference.

''(E) FEE DUE DATE.—

''(i) IN GENERAL.—Subject to clause (ii), a drug master file fee shall be due no later than the date on which the first generic drug submission is submitted that references the associated Type II active pharmaceutical ingredient drug master file.

''(ii) LIMITATION.—No fee shall be due under subparagraph (A) for a fiscal year until the later of—

''(I) 30 calendar days after publication of the notice provided for in clause (i) or (ii) of subparagraph (C), as applicable; or

''(II) 30 calendar days after the date of enactment of an appropriations Act providing for the collection and obligation of fees under this section.

''(3) ABBREVIATED NEW DRUG APPLICATION AND PRIOR APPROVAL SUPPLEMENT FILING FEE.—

''(A) IN GENERAL.—Each applicant that submits, on or after October 1, 2012, an abbreviated new drug application or a prior approval supplement to an abbreviated new drug application shall be subject to a fee for each such submission in the amount established under subsection (d).

''(B) NOTICE.—

''(i) FISCAL YEAR 2013.—Not later than October 31, 2012, the Secretary shall publish in the Federal Register a notice announcing the amount of the fees under subparagraph (A) for fiscal year 2013.

''(ii) FISCAL YEARS 2014 THROUGH 2017.—Not later than 60 days before the start of each of fiscal years 2014 through 2017, the Secretary shall publish in the Federal Register the amount of the fees under subparagraph (A) for such fiscal year.

''(C) FEE DUE DATE.—

''(i) IN GENERAL.—Except as provided in clause (ii), the fees required by subparagraphs (A) and (F) shall be due no later than the date of submission of the abbreviated new drug application or prior approval supplement for which such fee applies.

''(ii) SPECIAL RULE FOR 2013.—For fiscal year 2013, such fees shall be due on the later of—

''(I) the date on which the fee is due under clause (i);

''(II) 30 calendar days after publication of the notice referred to in subparagraph (B)(i); or

''(III) if an appropriations Act is not enacted providing for the collection and obligation of fees under this section by the date of submission of the application or prior approval supplement for which the fees under subparagraphs (A) and (F) apply, 30 calendar days after the date that such an appropriations Act is enacted.

''(D) REFUND OF FEE IF ABBREVIATED NEW DRUG APPLICATION IS NOT CONSIDERED TO HAVE BEEN RECEIVED.—The Secretary shall refund 75 percent of the fee paid under subparagraph (A) for any abbreviated new drug application or prior approval supplement to an abbreviated new drug application that the Secretary considers not to have been received within the meaning of section 505(j)(5)(A) for a cause other than failure to pay fees.

''(E) FEE FOR AN APPLICATION THE SECRETARY CONSIDERS NOT TO HAVE BEEN RECEIVED, OR THAT HAS BEEN WITHDRAWN.—An abbreviated new drug application or prior approval supplement that was submitted on or after October 1, 2012, and that the Secretary considers not to have been received, or that has been withdrawn, shall, upon resubmission of the application or a subsequent new submission following the applicant's withdrawal of the application, be subject to a full fee under subparagraph (A).

''(F) ADDITIONAL FEE FOR ACTIVE PHARMACEUTICAL INGREDIENT INFORMATION NOT INCLUDED BY REFERENCE TO TYPE II ACTIVE PHARMACEUTICAL INGREDIENT DRUG MASTER FILE.—An applicant that submits a generic drug submission on or after October 1, 2012, shall pay a fee, in the amount determined under subsection (d)(3), in addition to the fee required under subparagraph (A), if—

''(i) such submission contains information concerning the manufacture of an active pharmaceutical ingredient at a facility by means other than reference by a letter of authorization to a Type II active pharmaceutical drug master file; and

''(ii) a fee in the amount equal to the drug master file fee established in paragraph (2) has not been previously paid with respect to such information.

''(4) GENERIC DRUG FACILITY FEE AND ACTIVE PHARMACEUTICAL INGREDIENT FACILITY FEE.—

''(A) IN GENERAL.—Facilities identified, or intended to be identified, in at least one generic drug submission that is pending or approved to produce a finished dosage form of a human generic drug or an active pharmaceutical ingredient contained in a human generic drug shall be subject to fees as follows:

''(i) GENERIC DRUG FACILITY.—Each person that owns a facility which is identified or intended to be identified in at least one generic drug submission that is pending or approved to produce one or more finished dosage forms of a human generic drug shall be assessed an annual fee for each such facility.

''(ii) ACTIVE PHARMACEUTICAL INGREDIENT FACILITY.—Each person that owns a facility which produces, or which is pending review to produce, one or more active pharmaceutical ingredients identified, or intended to be identified, in at least one generic drug submission that is pending or approved or in a Type II active pharmaceutical ingredient drug master file referenced in such a generic drug submission, shall be assessed an annual fee for each such facility.

''(iii) FACILITIES PRODUCING BOTH ACTIVE PHARMACEUTICAL INGREDIENTS AND FINISHED DOSAGE FORMS.—Each person that owns a facility identified, or intended to be identified, in at least one generic drug submission that is pending or approved to produce both one or more finished dosage forms subject to clause (i) and one or more active pharmaceutical ingredients subject to clause (ii) shall be subject to fees under both such clauses for that facility.

''(B) AMOUNT.—The amount of fees established under subparagraph (A) shall be established under subsection (d).

''(C) NOTICE.—

''(i) FISCAL YEAR 2013.—For fiscal year 2013, the Secretary shall publish in the Federal Register a notice announcing the amount of the fees provided for in subparagraph (A) within the timeframe specified in subsection (d)(1)(B).

''(ii) FISCAL YEARS 2014 THROUGH 2017.—Within the timeframe specified in subsection (d)(2), the Secretary shall publish in the Federal Register the amount of the fees under subparagraph (A) for such fiscal year.

''(D) FEE DUE DATE.—

''(i) FISCAL YEAR 2013.—For fiscal year 2013, the fees under subparagraph (A) shall be due on the later of—

''(I) not later than 45 days after the publication of the notice under subparagraph (B); or

''(II) if an appropriations Act is not enacted providing for the collection and obligation of fees under this section by the date of the publication of such notice, 30 days after the date that such an appropriations Act is enacted.

''(ii) FISCAL YEARS 2014 THROUGH 2017.—For each of fiscal years 2014 through 2017, the fees under subparagraph (A) for such fiscal year shall be due on the later of—

''(I) the first business day on or after October 1 of each such year; or

''(II) the first business day after the enactment of an appropriations Act providing for the collection and obligation of fees under this section for such year.

''(5) DATE OF SUBMISSION.—For purposes of this Act, a generic drug submission or Type II pharmaceutical master file is deemed to be 'submitted' to the Food and Drug Administration—

''(A) if it is submitted via a Food and Drug Administration electronic gateway, on the day when transmission to that electronic gateway is

completed, except that a submission or master file that arrives on a weekend, Federal holiday, or day when the Food and Drug Administration office that will review that submission is not otherwise open for business shall be deemed to be submitted on the next day when that office is open for business; or

''(B) if it is submitted in physical media form, on the day it arrives at the appropriate designated document room of the Food and Drug Administration.

''(b) FEE REVENUE AMOUNTS.—

''(1) IN GENERAL.—

''(A) FISCAL YEAR 2013.—For fiscal year 2013, fees under subsection (a) shall be established to generate a total estimated revenue amount under such subsection of $299,000,000. Of that amount—

''(i) $50,000,000 shall be generated by the one-time backlog fee for generic drug applications pending on October 1, 2012, established in subsection (a)(1); and

''(ii) $249,000,000 shall be generated by the fees under paragraphs (2) through (4) of subsection (a).

''(B) FISCAL YEARS 2014 THROUGH 2017.—For each of the fiscal years 2014 through 2017, fees under paragraphs (2) through (4) of subsection (a) shall be established to generate a total estimated revenue amount under such subsection that is equal to $299,000,000, as adjusted pursuant to subsection (c).

''(2) TYPES OF FEES.—In establishing fees under paragraph (1) to generate the revenue amounts specified in paragraph (1)(A)(ii) for fiscal year 2013 and paragraph (1)(B) for each of fiscal years 2014 through 2017, such fees shall be derived from the fees under paragraphs (2) through (4) of subsection (a) as follows:

''(A) Six percent shall be derived from fees under subsection (a)(2) (relating to drug master files).

''(B) Twenty-four percent shall be derived from fees under subsection (a)(3) (relating to abbreviated new drug applications and supplements). The amount of a fee for a prior approval supplement shall be half the amount of the fee for an abbreviated new drug application.

''(C) Fifty-six percent shall be derived from fees under subsection (a)(4)(A)(i) (relating to generic drug facilities). The amount of the fee for a facility located outside the United States and its territories and possessions shall be not less than $15,000 and not more than $30,000 higher than the amount of the fee for a facility located in the United States and its territories and possessions, as determined by the Secretary on the basis of data concerning the difference in cost between inspections of facilities located in the United States, including its territories and possessions, and those located outside of the United States and its territories and possessions.

''(D) Fourteen percent shall be derived from fees under subsection (a)(4)(A)(ii) (relating to active pharmaceutical ingredient facilities). The amount of the fee for a facility located outside the United States and its territories and possessions shall be not less than $15,000 and not more than $30,000 higher than the amount of the fee for a facility located in the United States, including its territories and possessions, as determined by the Secretary on the basis of data concerning the difference in cost between inspections of facilities located in the United States and its territories and possessions and those located outside of the United States and its territories and possessions.

''(c) ADJUSTMENTS.—

''(1) INFLATION ADJUSTMENT.—For fiscal year 2014 and subsequent fiscal years, the revenues established in subsection (b) shall be adjusted by the Secretary by notice, published in the Federal Register, for a fiscal year, by an amount equal to the sum of—

''(A) one;

''(B) the average annual percent change in the cost, per full-time equivalent position of the Food and Drug Administration, of all personnel compensation and benefits paid with respect to such positions for the first 3 years of the preceding 4 fiscal years multiplied by the proportion of personnel compensation and benefits costs to total costs of human generic drug activities for the first 3 years of the preceding 4 fiscal years; and

''(C) the average annual percent change that occurred in the Consumer Price Index for urban consumers (Washington-Baltimore, DC–MD–VA–WV; Not Seasonally Adjusted; All items; Annual Index) for the first 3 years of the preceding 4 years of available data multiplied by the proportion of all costs other than personnel compensation and benefits costs to total costs of human generic drug activities for the first 3 years of the preceding 4 fiscal years.

The adjustment made each fiscal year under this subsection shall be added on a compounded basis to the sum of all adjustments made each fiscal year after fiscal year 2013 under this subsection.

''(2) FINAL YEAR ADJUSTMENT.—For fiscal year 2017, the Secretary may, in addition to adjustments under paragraph (1), further increase the fee revenues and fees established in subsection (b) if such an adjustment is necessary to provide for not more than 3 months of operating reserves of carryover user fees for human generic drug activities for the first 3 months of fiscal year 2018. Such fees may only be used in fiscal year 2018. If such an adjustment is necessary, the rationale for the amount of the increase shall be contained in the annual notice establishing fee revenues and fees for fiscal year 2017. If the Secretary has carryover balances for such activities in excess of 3 months of such operating reserves, the adjustment under this subparagraph shall not be made.

''(d) ANNUAL FEE SETTING.—

''(1) FISCAL YEAR 2013.—For fiscal year 2013—

''(A) the Secretary shall establish, by October 31, 2012, the one-time generic drug backlog fee for generic drug applications pending on October 1, 2012, the drug master file fee, the abbreviated new drug application fee, and the prior approval supplement fee under subsection (a), based on the revenue amounts established under subsection (b); and

''(B) the Secretary shall establish, not later than 45 days after the date to comply with the requirement for identification of facilities in subsection (f)(2), the generic drug facility fee and active pharmaceutical ingredient facility fee under subsection (a) based on the revenue amounts established under subsection (b).

''(2) FISCAL YEARS 2014 THROUGH 2017.—Not more than 60 days before the first day of each of fiscal years 2014 through 2017, the Secretary shall establish the drug master file fee, the abbreviated new drug application fee, the prior approval supplement fee, the generic drug facility fee, and the active pharmaceutical ingredient facility fee under subsection (a) for such fiscal year, based on the revenue amounts established under subsection (b) and the adjustments provided under subsection (c).

''(3) FEE FOR ACTIVE PHARMACEUTICAL INGREDIENT INFORMATION NOT INCLUDED BY REFERENCE TO TYPE II ACTIVE PHARMACEUTICAL INGREDIENT DRUG MASTER FILE.—In establishing the fees under paragraphs (1) and (2), the amount of the fee under subsection (a)(3)(F) shall be determined by multiplying—

''(A) the sum of—

''(i) the total number of such active pharmaceutical ingredients in such submission; and

''(ii) for each such ingredient that is manufactured at more than one such facility, the total number of such additional facilities; and

''(B) the amount equal to the drug master file fee established in subsection (a)(2) for such submission.

''(e) LIMIT.—The total amount of fees charged, as adjusted under subsection (c), for a fiscal year may not exceed the total costs for such fiscal year for the resources allocated for human generic drug activities.

''(f) IDENTIFICATION OF FACILITIES.—

''(1) PUBLICATION OF NOTICE; DEADLINE FOR COMPLIANCE.—Not later than October 1, 2012, the Secretary shall publish in the Federal Register a notice requiring each person that owns a facility described in subsection (a)(4)(A), or a site or organization required to be identified by paragraph (4), to submit to the Secretary information on the identity of each such facility, site, or organization. The notice required by this paragraph shall specify the type of information to be submitted and the means and format for submission of such information.

''(2) REQUIRED SUBMISSION OF FACILITY IDENTIFICATION.—Each person that owns a facility described in subsection (a)(4)(A) or a site or organization required to be identified by paragraph (4) shall submit to the Secretary the information required under this subsection each year. Such information shall—

''(A) for fiscal year 2013, be submitted not later than 60 days after the publication of the notice under paragraph (1); and

''(B) for each subsequent fiscal year, be submitted, updated, or reconfirmed on or before June 1 of the previous year.

''(3) CONTENTS OF NOTICE.—At a minimum, the submission required by paragraph (2) shall include for each such facility—

''(A) identification of a facility identified or intended to be identified in an approved or pending generic drug submission;

''(B) whether the facility manufactures active pharmaceutical ingredients or finished dosage forms, or both;

''(C) whether or not the facility is located within the United States and its territories and possessions;

''(D) whether the facility manufactures positron emission tomography drugs solely, or in addition to other drugs; and

''(E) whether the facility manufactures drugs that are not generic drugs.

''(4) CERTAIN SITES AND ORGANIZATIONS.—

''(A) IN GENERAL.—Any person that owns or operates a site or organization described in subparagraph (B) shall submit to the Secretary information concerning the ownership, name, and address of the site or organization.

''(B) SITES AND ORGANIZATIONS.—A site or organization is described in this subparagraph if it is identified in a generic drug submission and is—

''(i) a site in which a bioanalytical study is conducted;

''(ii) a clinical research organization;

''(iii) a contract analytical testing site; or

''(iv) a contract repackager site.

''(C) NOTICE.—The Secretary may, by notice published in the Federal Register, specify the means and format for submission of the information under subparagraph (A) and may specify, as necessary for purposes of this section, any additional information to be submitted.

''(D) INSPECTION AUTHORITY.—The Secretary's inspection authority under section 704(a)(1) shall extend to all such sites and organizations.

''(g) EFFECT OF FAILURE TO PAY FEES.—

''(1) GENERIC DRUG BACKLOG FEE.—Failure to pay the fee under subsection (a)(1) shall result in the Secretary placing the person that owns the abbreviated new drug application subject to that fee on a publicly available arrears list, such that no new abbreviated new drug applications or supplement submitted on or after October 1, 2012, from that person, or any affiliate of that person, will be received within the meaning of section 505(j)(5)(A) until such outstanding fee is paid.

''(2) DRUG MASTER FILE FEE.—

''(A) Failure to pay the fee under subsection (a)(2) within 20 calendar days after the applicable due date under subparagraph (E) of such subsection (as described in subsection (a)(2)(D)(ii)(I)) shall result in the Type II active pharmaceutical ingredient drug master file not being deemed available for reference.

''(B)(i) Any generic drug submission submitted on or after October 1, 2012, that references, by

a letter of authorization, a Type II active pharmaceutical ingredient drug master file that has not been deemed available for reference shall not be received within the meaning of section 505(j)(5)(A) unless the condition specified in clause (ii) is met.

''(ii) The condition specified in this clause is that the fee established under subsection (a)(2) has been paid within 20 calendar days of the Secretary providing the notification to the sponsor of the abbreviated new drug application or supplement of the failure of the owner of the Type II active pharmaceutical ingredient drug master file to pay the drug master file fee as specified in subparagraph (C).

''(C)(i) If an abbreviated new drug application or supplement to an abbreviated new drug application references a Type II active pharmaceutical ingredient drug master file for which a fee under subsection (a)(2)(A) has not been paid by the applicable date under subsection (a)(2)(E), the Secretary shall notify the sponsor of the abbreviated new drug application or supplement of the failure of the owner of the Type II active pharmaceutical ingredient drug master file to pay the applicable fee.

''(ii) If such fee is not paid within 20 calendar days of the Secretary providing the notification, the abbreviated new drug application or supplement to an abbreviated new drug application shall not be received within the meaning of 505(j)(5)(A).

''(3) ABBREVIATED NEW DRUG APPLICATION FEE AND PRIOR APPROVAL SUPPLEMENT FEE.—Failure to pay a fee under subparagraph (A) or (F) of subsection (a)(3) within 20 calendar days of the applicable due date under subparagraph (C) of such subsection shall result in the abbreviated new drug application or the prior approval supplement to an abbreviated new drug application not being received within the meaning of section 505(j)(5)(A) until such outstanding fee is paid.

''(4) GENERIC DRUG FACILITY FEE AND ACTIVE PHARMACEUTICAL INGREDIENT FACILITY FEE.—

''(A) IN GENERAL.—Failure to pay the fee under subsection (a)(4) within 20 calendar days of the due date as specified in subparagraph (D) of such subsection shall result in the following:

''(i) The Secretary shall place the facility on a publicly available arrears list, such that no new abbreviated new drug application or supplement submitted on or after October 1, 2012, from the person that is responsible for paying such fee, or any affiliate of that person, will be received within the meaning of section 505(j)(5)(A).

''(ii) Any new generic drug submission submitted on or after October 1, 2012, that references such a facility shall not be received, within the meaning of section 505(j)(5)(A) if the outstanding facility fee is not paid within 20 calendar days of the Secretary providing the notification to the sponsor of the failure of the owner of the facility to pay the facility fee under subsection (a)(4)(C).

''(iii) All drugs or active pharmaceutical ingredients manufactured in such a facility or containing an ingredient manufactured in such a facility shall be deemed misbranded under section 502(aa).

''(B) APPLICATION OF PENALTIES.—The penalties under this paragraph shall apply until the fee established by subsection (a)(4) is paid or the facility is removed from all generic drug submissions that refer to the facility.

''(C) NONRECEIVAL FOR NONPAYMENT.—

''(i) NOTICE.—If an abbreviated new drug application or supplement to an abbreviated new drug application submitted on or after October 1, 2012, references a facility for which a facility fee has not been paid by the applicable date under subsection (a)(4)(C), the Secretary shall notify the sponsor of the generic drug submission of the failure of the owner of the facility to pay the facility fee.

''(ii) NONRECEIVAL.—If the facility fee is not paid within 20 calendar days of the Secretary providing the notification under clause (i), the abbreviated new drug application or supplement to an abbreviated new drug application shall not be received within the meaning of section 505(j)(5)(A).

''(h) LIMITATIONS.—

''(1) IN GENERAL.—Fees under subsection (a) shall be refunded for a fiscal year beginning after fiscal year 2012, unless appropriations for salaries and expenses of the Food and Drug Administration for such fiscal year (excluding the amount of fees appropriated for such fiscal year) are equal to or greater than the amount of appropriations for the salaries and expenses of the Food and Drug Administration for fiscal year 2009 (excluding the amount of fees appropriated for such fiscal year) multiplied by the adjustment factor (as defined in section 744A) applicable to the fiscal year involved.

''(2) AUTHORITY.—If the Secretary does not assess fees under subsection (a) during any portion of a fiscal year and if at a later date in such fiscal year the Secretary may assess such fees, the Secretary may assess and collect such fees, without any modification in the rate, for Type II active pharmaceutical ingredient drug master files, abbreviated new drug applications and prior approval supplements, and generic drug facilities and active pharmaceutical ingredient facilities at any time in such fiscal year notwithstanding the provisions of subsection (a) relating to the date fees are to be paid.

''(i) CREDITING AND AVAILABILITY OF FEES.—

''(1) IN GENERAL.—Fees authorized under subsection (a) shall be collected and available for obligation only to the extent and in the amount provided in advance in appropriations Acts, subject to paragraph (2). Such fees are authorized to remain available until expended. Such sums as may be necessary may be transferred from the Food and Drug Administration salaries and expenses appropriation account without fiscal year limitation to such appropriation account for salaries and expenses with such fiscal year limitation. The sums transferred shall be available solely for human generic drug activities.

''(2) COLLECTIONS AND APPROPRIATION ACTS.—

''(A) IN GENERAL.—The fees authorized by this section—

''(i) subject to subparagraphs (C) and (D), shall be collected and available in each fiscal year in an amount not to exceed the amount specified in appropriation Acts, or otherwise made available for obligation for such fiscal year; and

''(ii) shall be available for a fiscal year beginning after fiscal year 2012 to defray the costs of human generic drug activities (including such costs for an additional number of full-time equivalent positions in the Department of Health and Human Services to be engaged in such activities), only if the Secretary allocates for such purpose an amount for such fiscal year (excluding amounts from fees collected under this section) no less than $97,000,000 multiplied by the adjustment factor defined in section 744A(3) applicable to the fiscal year involved.

''(B) COMPLIANCE.—The Secretary shall be considered to have met the requirements of subparagraph (A)(ii) in any fiscal year if the costs funded by appropriations and allocated for human generic activities are not more than 10 percent below the level specified in such subparagraph.

''(C) FEE COLLECTION DURING FIRST PROGRAM YEAR.—Until the date of enactment of an Act making appropriations through September 30, 2013 for the salaries and expenses account of the Food and Drug Administration, fees authorized by this section for fiscal year 2013, may be collected and shall be credited to such account and remain available until expended.

''(D) PROVISION FOR EARLY PAYMENTS IN SUBSEQUENT YEARS.—Payment of fees authorized under this section for a fiscal year (after fiscal year 2013), prior to the due date for such fees, may be accepted by the Secretary in accordance with authority provided in advance in a prior year appropriations Act.

''(3) AUTHORIZATION OF APPROPRIATIONS.—For each of the fiscal years 2013 through 2017, there is authorized to be appropriated for fees under this section an amount equivalent to the total revenue amount determined under subsection (b) for the fiscal year, as adjusted under subsection (c), if applicable, or as otherwise affected under paragraph (2) of this subsection.

''(j) COLLECTION OF UNPAID FEES.—In any case where the Secretary does not receive payment of a fee assessed under subsection (a) within 30 calendar days after it is due, such fee shall be treated as a claim of the United States Government subject to subchapter II of chapter 37 of title 31, United States Code.

''(k) CONSTRUCTION.—This section may not be construed to require that the number of full-time equivalent positions in the Department of Health and Human Services, for officers, employees, and advisory committees not engaged in human generic drug activities, be reduced to offset the number of officers, employees, and advisory committees so engaged.

''(l) POSITRON EMISSION TOMOGRAPHY DRUGS.—

''(1) EXEMPTION FROM FEES.—Submission of an application for a positron emission tomography drug or active pharmaceutical ingredient for a positron emission tomography drug shall not require the payment of any fee under this section. Facilities that solely produce positron emission tomography drugs shall not be required to pay a facility fee as established in subsection (a)(4).

''(2) IDENTIFICATION REQUIREMENT.—Facilities that produce positron emission tomography drugs or active pharmaceutical ingredients of such drugs are required to be identified pursuant to subsection (f).

''(m) DISPUTES CONCERNING FEES.—To qualify for the return of a fee claimed to have been paid in error under this section, a person shall submit to the Secretary a written request justifying such return within 180 calendar days after such fee was paid.

''(n) SUBSTANTIALLY COMPLETE APPLICATIONS.—An abbreviated new drug application that is not considered to be received within the meaning of section 505(j)(5)(A) because of failure to pay an applicable fee under this provision within the time period specified in subsection (g) shall be deemed not to have been 'substantially complete' on the date of its submission within the meaning of section 505(j)(5)(B)(iv)(II)(cc). An abbreviated new drug application that is not substantially complete on the date of its submission solely because of failure to pay an applicable fee under the preceding sentence shall be deemed substantially complete and received within the meaning of section 505(j)(5)(A) as of the date such applicable fee is received.''.

SEC. 303. REAUTHORIZATION; REPORTING REQUIREMENTS.

Part 7 of subchapter C of chapter VII, as added by section 302 of this Act, is amended by inserting after section 744B the following:

''SEC. 744C. REAUTHORIZATION; REPORTING REQUIREMENTS.

''(a) PERFORMANCE REPORT.—Beginning with fiscal year 2013, not later than 120 days after the end of each fiscal year for which fees are collected under this part, the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report concerning the progress of the Food and Drug Administration in achieving the goals identified in the letters described in section 301(b) of the Generic Drug User Fee Amendments of 2012 during such fiscal year and the future plans of the Food and Drug Administration for meeting the goals.

''(b) FISCAL REPORT.—Beginning with fiscal year 2013, not later than 120 days after the end of each fiscal year for which fees are collected

under this part, the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on the implementation of the authority for such fees during such fiscal year and the use, by the Food and Drug Administration, of the fees collected for such fiscal year.

''(c) PUBLIC AVAILABILITY.—The Secretary shall make the reports required under subsections (a) and (b) available to the public on the Internet Web site of the Food and Drug Administration.

''(d) REAUTHORIZATION.—

''(1) CONSULTATION.—In developing recommendations to present to the Congress with respect to the goals, and plans for meeting the goals, for human generic drug activities for the first 5 fiscal years after fiscal year 2017, and for the reauthorization of this part for such fiscal years, the Secretary shall consult with—

''(A) the Committee on Energy and Commerce of the House of Representatives;

''(B) the Committee on Health, Education, Labor, and Pensions of the Senate;

''(C) scientific and academic experts;

''(D) health care professionals;

''(E) representatives of patient and consumer advocacy groups; and

''(F) the generic drug industry.

''(2) PRIOR PUBLIC INPUT.—Prior to beginning negotiations with the generic drug industry on the reauthorization of this part, the Secretary shall—

''(A) publish a notice in the Federal Register requesting public input on the reauthorization;

''(B) hold a public meeting at which the public may present its views on the reauthorization, including specific suggestions for changes to the goals referred to in subsection (a);

''(C) provide a period of 30 days after the public meeting to obtain written comments from the public suggesting changes to this part; and

''(D) publish the comments on the Food and Drug Administration's Internet Web site.

''(3) PERIODIC CONSULTATION.—Not less frequently than once every month during negotiations with the generic drug industry, the Secretary shall hold discussions with representatives of patient and consumer advocacy groups to continue discussions of their views on the reauthorization and their suggestions for changes to this part as expressed under paragraph (2).

''(4) PUBLIC REVIEW OF RECOMMENDATIONS.—After negotiations with the generic drug industry, the Secretary shall—

''(A) present the recommendations developed under paragraph (1) to the congressional committees specified in such paragraph;

''(B) publish such recommendations in the Federal Register;

''(C) provide for a period of 30 days for the public to provide written comments on such recommendations;

''(D) hold a meeting at which the public may present its views on such recommendations; and

''(E) after consideration of such public views and comments, revise such recommendations as necessary.

''(5) TRANSMITTAL OF RECOMMENDATIONS.—Not later than January 15, 2017, the Secretary shall transmit to the Congress the revised recommendations under paragraph (4), a summary of the views and comments received under such paragraph, and any changes made to the recommendations in response to such views and comments.

''(6) MINUTES OF NEGOTIATION MEETINGS.—

''(A) PUBLIC AVAILABILITY.—Before presenting the recommendations developed under paragraphs (1) through (5) to the Congress, the Secretary shall make publicly available, on the Internet Web site of the Food and Drug Administration, minutes of all negotiation meetings conducted under this subsection between the Food and Drug Administration and the generic drug industry.

''(B) CONTENT.—The minutes described under subparagraph (A) shall summarize any substantive proposal made by any party to the negotiations as well as significant controversies or differences of opinion during the negotiations and their resolution.''.

SEC. 304. SUNSET DATES.

(a) AUTHORIZATION.—Sections 744A and 744B of the Federal Food, Drug, and Cosmetic Act, as added by section 302 of this Act, shall cease to be effective October 1, 2017.

(b) REPORTING REQUIREMENTS.—Section 744C of the Federal Food, Drug, and Cosmetic Act, as added by section 303 of this Act, shall cease to be effective January 31, 2018.

SEC. 305. EFFECTIVE DATE.

The amendments made by this title shall take effect on October 1, 2012, or the date of the enactment of this title, whichever is later, except that fees under section 302 shall be assessed for all human generic drug submissions and Type II active pharmaceutical drug master files received on or after October 1, 2012, regardless of the date of enactment of this title.

SEC. 306. AMENDMENT WITH RESPECT TO MISBRANDING.

Section 502 (21 U.S.C. 352) is amended by adding at the end the following:

''(aa) If it is a drug, or an active pharmaceutical ingredient, and it was manufactured, prepared, propagated, compounded, or processed in a facility for which fees have not been paid as required by section 744A(a)(4) or for which identifying information required by section 744B(f) has not been submitted, or it contains an active pharmaceutical ingredient that was manufactured, prepared, propagated, compounded, or processed in such a facility.''.

SEC. 307. STREAMLINED HIRING AUTHORITY TO SUPPORT ACTIVITIES RELATED TO HUMAN GENERIC DRUGS.

Section 714, as added by section 208 of this Act, is amended—

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

''(b) ACTIVITIES DESCRIBED.—The activities described in this subsection are—

''(1) activities under this Act related to the process for the review of device applications (as defined in section 737(8)); and

''(2) activities under this Act related to human generic drug activities (as defined in section 744A).''; and

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

''(c) OBJECTIVES SPECIFIED.—The objectives specified in this subsection are—

''(1) with respect to the activities under subsection (b)(1), the goals referred to in section 738A(a)(1); and

''(2) with respect to the activities under subsection (b)(2), the goals referred to in section 744C(a).''.

SEC. 308. ADDITIONAL REPORTING REQUIREMENTS.

Subchapter A of chapter VII (21 U.S.C. 371 et seq.), as amended by section 208, is further amended by adding at the end the following:

''SEC. 715. REPORTING REQUIREMENTS.

''(a) GENERIC DRUGS.—Beginning with fiscal year 2013 and ending after fiscal year 2017, not later than 120 days after the end of each fiscal year for which fees are collected under part 7 of subchapter C, the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report concerning, for all applications for approval of a generic drug under section 505(j), amendments to such applications, and prior approval supplements with respect to such applications filed in the previous fiscal year—

''(1) the number of such applications that met the goals identified for purposes of part 7 of subchapter C, in the letters from the Secretary of Health and Human Services to the Chairman of the Committee on Health, Education, Labor, and Pensions of the Senate and the Chairman of the Committee on Energy and Commerce of the House of Representatives, as set forth in the Congressional Record;

''(2) the average total time to decision by the Secretary for applications for approval of a generic drug under section 505(j), amendments to such applications, and prior approval supplements with respect to such applications filed in the previous fiscal year, including the number of calendar days spent during the review by the Food and Drug Administration and the number of calendar days spent by the sponsor responding to a complete response letter;

''(3) the total number of applications under section 505(j), amendments to such applications, and prior approval supplements with respect to such applications that were pending with the Secretary for more than 10 months on the date of enactment of the Food and Drug Administration Safety and Innovation Act; and

''(4) the number of applications described in paragraph (3) on which the Food and Drug Administration took final regulatory action in the previous fiscal year.''.

TITLE IV—FEES RELATING TO BIOSIMILAR BIOLOGICAL PRODUCTS

SEC. 401. SHORT TITLE; FINDING.

(a) SHORT TITLE.—This title may be cited as the ''Biosimilar User Fee Act of 2012''.

(b) FINDING.—The Congress finds that the fees authorized by the amendments made in this title will be dedicated to expediting the process for the review of biosimilar biological product applications, including postmarket safety activities, as set forth in the goals identified for purposes of part 8 of subchapter C of chapter VII of the Federal Food, Drug, and Cosmetic Act, in the letters from the Secretary of Health and Human Services to the Chairman of the Committee on Health, Education, Labor, and Pensions of the Senate and the Chairman of the Committee on Energy and Commerce of the House of Representatives, as set forth in the Congressional Record.

SEC. 402. FEES RELATING TO BIOSIMILAR BIOLOGICAL PRODUCTS.

Subchapter C of chapter VII (21 U.S.C. 379f et seq.) is amended by inserting after part 7, as added by title III of this Act, the following:

''PART 8—FEES RELATING TO BIOSIMILAR BIOLOGICAL PRODUCTS

''SEC. 744G. DEFINITIONS.

''For purposes of this part:

''(1) The term 'adjustment factor' applicable to a fiscal year that is the Consumer Price Index for all urban consumers (Washington-Baltimore, DC–MD–VA–WV; Not Seasonally Adjusted; All items) of the preceding fiscal year divided by such Index for September 2011.

''(2) The term 'affiliate' means a business entity that has a relationship with a second business entity if, directly or indirectly—

''(A) one business entity controls, or has the power to control, the other business entity; or

''(B) a third party controls, or has power to control, both of the business entities.

''(3) The term 'biosimilar biological product' means a product for which a biosimilar biological product application has been approved.

''(4)(A) Subject to subparagraph (B), the term 'biosimilar biological product application' means an application for licensure of a biological product under section 351(k) of the Public Health Service Act.

''(B) Such term does not include—

''(i) a supplement to such an application;

''(ii) an application filed under section 351(k) of the Public Health Service Act that cites as the reference product a bovine blood product for topical application licensed before September 1, 1992, or a large volume parenteral drug product approved before such date;

''(iii) an application filed under section 351(k) of the Public Health Service Act with respect to—

''(I) whole blood or a blood component for transfusion;

''(II) an allergenic extract product;

''(III) an in vitro diagnostic biological product; or

''(IV) a biological product for further manufacturing use only; or

''(iv) an application for licensure under section 351(k) of the Public Health Service Act that is submitted by a State or Federal Government entity for a product that is not distributed commercially.

''(5) The term 'biosimilar biological product development meeting' means any meeting, other than a biosimilar initial advisory meeting, regarding the content of a development program, including a proposed design for, or data from, a study intended to support a biosimilar biological product application.

''(6) The term 'biosimilar biological product development program' means the program under this part for expediting the process for the review of submissions in connection with biosimilar biological product development.

''(7)(A) The term 'biosimilar biological product establishment' means a foreign or domestic place of business—

''(i) that is at one general physical location consisting of one or more buildings, all of which are within 5 miles of each other; and

''(ii) at which one or more biosimilar biological products are manufactured in final dosage form.

''(B) For purposes of subparagraph (A)(ii), the term 'manufactured' does not include packaging.

''(8) The term 'biosimilar initial advisory meeting'—

''(A) means a meeting, if requested, that is limited to—

''(i) a general discussion regarding whether licensure under section 351(k) of the Public Health Service Act may be feasible for a particular product; and

''(ii) if so, general advice on the expected content of the development program; and

''(B) does not include any meeting that involves substantive review of summary data or full study reports.

''(9) The term 'costs of resources allocated for the process for the review of biosimilar biological product applications' means the expenses in connection with the process for the review of biosimilar biological product applications for—

''(A) officers and employees of the Food and Drug Administration, contractors of the Food and Drug Administration, advisory committees, and costs related to such officers employees and committees and to contracts with such contractors;

''(B) management of information, and the acquisition, maintenance, and repair of computer resources;

''(C) leasing, maintenance, renovation, and repair of facilities and acquisition, maintenance, and repair of fixtures, furniture, scientific equipment, and other necessary materials and supplies; and

''(D) collecting fees under section 744H and accounting for resources allocated for the review of submissions in connection with biosimilar biological product development, biosimilar biological product applications, and supplements.

''(10) The term 'final dosage form' means, with respect to a biosimilar biological product, a finished dosage form which is approved for administration to a patient without substantial further manufacturing (such as lyophilized products before reconstitution).

''(11) The term 'financial hold'—

''(A) means an order issued by the Secretary to prohibit the sponsor of a clinical investigation from continuing the investigation if the Secretary determines that the investigation is intended to support a biosimilar biological product application and the sponsor has failed to pay any fee for the product required under subparagraph (A), (B), or (D) of section 744H(a)(1); and

''(B) does not mean that any of the bases for a 'clinical hold' under section 505(i)(3) have been determined by the Secretary to exist concerning the investigation.

''(12) The term 'person' includes an affiliate of such person.

''(13) The term 'process for the review of biosimilar biological product applications' means the following activities of the Secretary with respect to the review of submissions in connection with biosimilar biological product development, biosimilar biological product applications, and supplements:

''(A) The activities necessary for the review of submissions in connection with biosimilar biological product development, biosimilar biological product applications, and supplements.

''(B) Actions related to submissions in connection with biosimilar biological product development, the issuance of action letters which approve biosimilar biological product applications or which set forth in detail the specific deficiencies in such applications, and where appropriate, the actions necessary to place such applications in condition for approval.

''(C) The inspection of biosimilar biological product establishments and other facilities undertaken as part of the Secretary's review of pending biosimilar biological product applications and supplements.

''(D) Activities necessary for the release of lots of biosimilar biological products under section 351(k) of the Public Health Service Act.

''(E) Monitoring of research conducted in connection with the review of biosimilar biological product applications.

''(F) Postmarket safety activities with respect to biologics approved under biosimilar biological product applications or supplements, including the following activities:

''(i) Collecting, developing, and reviewing safety information on biosimilar biological products, including adverse-event reports.

''(ii) Developing and using improved adverse-event data-collection systems, including information technology systems.

''(iii) Developing and using improved analytical tools to assess potential safety problems, including access to external data bases.

''(iv) Implementing and enforcing section 505(o) (relating to postapproval studies and clinical trials and labeling changes) and section 505(p) (relating to risk evaluation and mitigation strategies).

''(v) Carrying out section 505(k)(5) (relating to adverse-event reports and postmarket safety activities).

''(14) The term 'supplement' means a request to the Secretary to approve a change in a biosimilar biological product application which has been approved, including a supplement requesting that the Secretary determine that the biosimilar biological product meets the standards for interchangeability described in section 351(k)(4) of the Public Health Service Act.

''SEC. 744H. AUTHORITY TO ASSESS AND USE BIOSIMILAR BIOLOGICAL PRODUCT FEES.

''(a) TYPES OF FEES.—Beginning in fiscal year 2013, the Secretary shall assess and collect fees in accordance with this section as follows:

''(1) BIOSIMILAR DEVELOPMENT PROGRAM FEES.—

''(A) INITIAL BIOSIMILAR BIOLOGICAL PRODUCT DEVELOPMENT FEE.—

''(i) IN GENERAL.—Each person that submits to the Secretary a meeting request described under clause (ii) or a clinical protocol for an investigational new drug protocol described under clause (iii) shall pay for the product named in the meeting request or the investigational new drug application the initial biosimilar biological product development fee established under subsection (b)(1)(A).

''(ii) MEETING REQUEST.—The meeting request described in this clause is a request for a biosimilar biological product development meeting for a product.

''(iii) CLINICAL PROTOCOL FOR IND.—A clinical protocol for an investigational new drug protocol described in this clause is a clinical protocol consistent with the provisions of section 505(i), including any regulations promulgated under section 505(i), (referred to in this section as 'investigational new drug application') describing an investigation that the Secretary determines is intended to support a biosimilar biological product application for a product.

''(iv) DUE DATE.—The initial biosimilar biological product development fee shall be due by the earlier of the following:

''(I) Not later than 5 days after the Secretary grants a request for a biosimilar biological product development meeting.

''(II) The date of submission of an investigational new drug application describing an investigation that the Secretary determines is intended to support a biosimilar biological product application.

''(v) TRANSITION RULE.—Each person that has submitted an investigational new drug application prior to the date of enactment of the Biosimilars User Fee Act of 2012 shall pay the initial biosimilar biological product development fee by the earlier of the following:

''(I) Not later than 60 days after the date of the enactment of the Biosimilars User Fee Act of 2012, if the Secretary determines that the investigational new drug application describes an investigation that is intended to support a biosimilar biological product application.

''(II) Not later than 5 days after the Secretary grants a request for a biosimilar biological product development meeting.

''(B) ANNUAL BIOSIMILAR BIOLOGICAL PRODUCT DEVELOPMENT FEE.—

''(i) IN GENERAL.—A person that pays an initial biosimilar biological product development fee for a product shall pay for such product, beginning in the fiscal year following the fiscal year in which the initial biosimilar biological product development fee was paid, an annual fee established under subsection (b)(1)(B) for biosimilar biological product development (referred to in this section as 'annual biosimilar biological product development fee').

''(ii) DUE DATE.—The annual biosimilar biological product development program fee for each fiscal year will be due on the later of—

''(I) the first business day on or after October 1 of each such year; or

''(II) the first business day after the enactment of an appropriations Act providing for the collection and obligation of fees for such year under this section.

''(iii) EXCEPTION.—The annual biosimilar development program fee for each fiscal year will be due on the date specified in clause (ii), unless the person has—

''(I) submitted a marketing application for the biological product that was accepted for filing; or

''(II) discontinued participation in the biosimilar biological product development program for the product under subparagraph (C).

''(C) DISCONTINUATION OF FEE OBLIGATION.—A person may discontinue participation in the biosimilar biological product development program for a product effective October 1 of a fiscal year by, not later than August 1 of the preceding fiscal year—

''(i) if no investigational new drug application concerning the product has been submitted, submitting to the Secretary a written declaration that the person has no present intention of further developing the product as a biosimilar biological product; or

''(ii) if an investigational new drug application concerning the product has been submitted, withdrawing the investigational new drug application in accordance with part 312 of title 21, Code of Federal Regulations (or any successor regulations).

''(D) REACTIVATION FEE.—

''(i) IN GENERAL.—A person that has discontinued participation in the biosimilar biological

product development program for a product under subparagraph (C) shall pay a fee (referred to in this section as 'reactivation fee') by the earlier of the following:

''(I) Not later than 5 days after the Secretary grants a request for a biosimilar biological product development meeting for the product (after the date on which such participation was discontinued).

''(II) Upon the date of submission (after the date on which such participation was discontinued) of an investigational new drug application describing an investigation that the Secretary determines is intended to support a biosimilar biological product application for that product.

''(ii) APPLICATION OF ANNUAL FEE.—A person that pays a reactivation fee for a product shall pay for such product, beginning in the next fiscal year, the annual biosimilar biological product development fee under subparagraph (B).

''(E) EFFECT OF FAILURE TO PAY BIOSIMILAR DEVELOPMENT PROGRAM FEES.—

''(i) NO BIOSIMILAR BIOLOGICAL PRODUCT DEVELOPMENT MEETINGS.—If a person has failed to pay an initial or annual biosimilar biological product development fee as required under subparagraph (A) or (B), or a reactivation fee as required under subparagraph (D), the Secretary shall not provide a biosimilar biological product development meeting relating to the product for which fees are owed.

''(ii) NO RECEIPT OF INVESTIGATIONAL NEW DRUG APPLICATIONS.—Except in extraordinary circumstances, the Secretary shall not consider an investigational new drug application to have been received under section 505(i)(2) if—

''(I) the Secretary determines that the investigation is intended to support a biosimilar biological product application; and

''(II) the sponsor has failed to pay an initial or annual biosimilar biological product development fee for the product as required under subparagraph (A) or (B), or a reactivation fee as required under subparagraph (D).

''(iii) FINANCIAL HOLD.—Notwithstanding section 505(i)(2), except in extraordinary circumstances, the Secretary shall prohibit the sponsor of a clinical investigation from continuing the investigation if—

''(I) the Secretary determines that the investigation is intended to support a biosimilar biological product application; and

''(II) the sponsor has failed to pay an initial or annual biosimilar biological product development fee for the product as required under subparagraph (A) or (B), or a reactivation fee for the product as required under subparagraph (D).

''(iv) NO ACCEPTANCE OF BIOSIMILAR BIOLOGICAL PRODUCT APPLICATIONS OR SUPPLEMENTS.—If a person has failed to pay an initial or annual biosimilar biological product development fee as required under subparagraph (A) or (B), or a reactivation fee as required under subparagraph (D), any biosimilar biological product application or supplement submitted by that person shall be considered incomplete and shall not be accepted for filing by the Secretary until all such fees owed by such person have been paid.

''(F) LIMITS REGARDING BIOSIMILAR DEVELOPMENT PROGRAM FEES.—

''(i) NO REFUNDS.—The Secretary shall not refund any initial or annual biosimilar biological product development fee paid under subparagraph (A) or (B), or any reactivation fee paid under subparagraph (D).

''(ii) NO WAIVERS, EXEMPTIONS, OR REDUCTIONS.—The Secretary shall not grant a waiver, exemption, or reduction of any initial or annual biosimilar biological product development fee due or payable under subparagraph (A) or (B), or any reactivation fee due or payable under subparagraph (D).

''(2) BIOSIMILAR BIOLOGICAL PRODUCT APPLICATION AND SUPPLEMENT FEE.—

''(A) IN GENERAL.—Each person that submits, on or after October 1, 2012, a biosimilar biological product application or a supplement shall be subject to the following fees:

''(i) A fee for a biosimilar biological product application that is equal to—

''(I) the amount of the fee established under subsection (b)(1)(D) for a biosimilar biological product application for which clinical data (other than comparative bioavailability studies) with respect to safety or effectiveness are required for approval; minus

''(II) the cumulative amount of fees paid, if any, under subparagraphs (A), (B), and (D) of paragraph (1) for the product that is the subject of the application.

''(ii) A fee for a biosimilar biological product application for which clinical data (other than comparative bioavailability studies) with respect to safety or effectiveness are not required, that is equal to—

''(I) half of the amount of the fee established under subsection (b)(1)(D) for a biosimilar biological product application; minus

''(II) the cumulative amount of fees paid, if any, under subparagraphs (A), (B), and (D) of paragraph (1) for that product.

''(iii) A fee for a supplement for which clinical data (other than comparative bioavailability studies) with respect to safety or effectiveness are required, that is equal to half of the amount of the fee established under subsection (b)(1)(D) for a biosimilar biological product application.

''(B) REDUCTION IN FEES.—Notwithstanding section 404 of the Biosimilars User Fee Act of 2012, any person who pays a fee under subparagraph (A), (B), or (D) of paragraph (1) for a product before October 1, 2017, but submits a biosimilar biological product application for that product after such date, shall be entitled to the reduction of any biosimilar biological product application fees that may be assessed at the time when such biosimilar biological product application is submitted, by the cumulative amount of fees paid under subparagraphs (A), (B), and (D) of paragraph (1) for that product.

''(C) PAYMENT DUE DATE.—Any fee required by subparagraph (A) shall be due upon submission of the application or supplement for which such fee applies.

''(D) EXCEPTION FOR PREVIOUSLY FILED APPLICATION OR SUPPLEMENT.—If a biosimilar biological product application or supplement was submitted by a person that paid the fee for such application or supplement, was accepted for filing, and was not approved or was withdrawn (without a waiver), the submission of a biosimilar biological product application or a supplement for the same product by the same person (or the person's licensee, assignee, or successor) shall not be subject to a fee under subparagraph (A).

''(E) REFUND OF APPLICATION FEE IF APPLICATION REFUSED FOR FILING OR WITHDRAWN BEFORE FILING.—The Secretary shall refund 75 percent of the fee paid under this paragraph for any application or supplement which is refused for filing or withdrawn without a waiver before filing.

''(F) FEES FOR APPLICATIONS PREVIOUSLY REFUSED FOR FILING OR WITHDRAWN BEFORE FILING.—A biosimilar biological product application or supplement that was submitted but was refused for filing, or was withdrawn before being accepted or refused for filing, shall be subject to the full fee under subparagraph (A) upon being resubmitted or filed over protest, unless the fee is waived under subsection (c).

''(3) BIOSIMILAR BIOLOGICAL PRODUCT ESTABLISHMENT FEE.—

''(A) IN GENERAL.—Except as provided in subparagraph (E), each person that is named as the applicant in a biosimilar biological product application shall be assessed an annual fee established under subsection (b)(1)(E) for each biosimilar biological product establishment that is listed in the approved biosimilar biological product application as an establishment that manufactures the biosimilar biological product named in such application.

''(B) ASSESSMENT IN FISCAL YEARS.—The establishment fee shall be assessed in each fiscal year for which the biosimilar biological product named in the application is assessed a fee under paragraph (4) unless the biosimilar biological product establishment listed in the application does not engage in the manufacture of the biosimilar biological product during such fiscal year.

''(C) DUE DATE.—The establishment fee for a fiscal year shall be due on the later of—

''(i) the first business day on or after October 1 of such fiscal year; or

''(ii) the first business day after the enactment of an appropriations Act providing for the collection and obligation of fees for such fiscal year under this section.

''(D) APPLICATION TO ESTABLISHMENT.—

''(i) Each biosimilar biological product establishment shall be assessed only one fee per biosimilar biological product establishment, notwithstanding the number of biosimilar biological products manufactured at the establishment, subject to clause (ii).

''(ii) In the event an establishment is listed in a biosimilar biological product application by more than one applicant, the establishment fee for the fiscal year shall be divided equally and assessed among the applicants whose biosimilar biological products are manufactured by the establishment during the fiscal year and assessed biosimilar biological product fees under paragraph (4).

''(E) EXCEPTION FOR NEW PRODUCTS.—If, during the fiscal year, an applicant initiates or causes to be initiated the manufacture of a biosimilar biological product at an establishment listed in its biosimilar biological product application—

''(i) that did not manufacture the biosimilar biological product in the previous fiscal year; and

''(ii) for which the full biosimilar biological product establishment fee has been assessed in the fiscal year at a time before manufacture of the biosimilar biological product was begun,

the applicant shall not be assessed a share of the biosimilar biological product establishment fee for the fiscal year in which the manufacture of the product began.

''(4) BIOSIMILAR BIOLOGICAL PRODUCT FEE.—

''(A) IN GENERAL.—Each person who is named as the applicant in a biosimilar biological product application shall pay for each such biosimilar biological product the annual fee established under subsection (b)(1)(F).

''(B) DUE DATE.—The biosimilar biological product fee for a fiscal year shall be due on the later of—

''(i) the first business day on or after October 1 of each such year; or

''(ii) the first business day after the enactment of an appropriations Act providing for the collection and obligation of fees for such year under this section.

''(C) ONE FEE PER PRODUCT PER YEAR.—The biosimilar biological product fee shall be paid only once for each product for each fiscal year.

''(b) FEE SETTING AND AMOUNTS.—

''(1) IN GENERAL.—Subject to paragraph (2), the Secretary shall, 60 days before the start of each fiscal year that begins after September 30, 2012, establish, for the next fiscal year, the fees under subsection (a). Except as provided in subsection (c), such fees shall be in the following amounts:

''(A) INITIAL BIOSIMILAR BIOLOGICAL PRODUCT DEVELOPMENT FEE.—The initial biosimilar biological product development fee under subsection (a)(1)(A) for a fiscal year shall be equal to 10 percent of the amount established under section 736(c)(4) for a human drug application described in section 736(a)(1)(A)(i) for that fiscal year.

''(B) ANNUAL BIOSIMILAR BIOLOGICAL PRODUCT DEVELOPMENT FEE.—The annual biosimilar biological product development fee under subsection (a)(1)(B) for a fiscal year shall be equal to 10 percent of the amount established under section 736(c)(4) for a human drug application

described in section 736(a)(1)(A)(i) for that fiscal year.

''(C) REACTIVATION FEE.—The reactivation fee under subsection (a)(1)(D) for a fiscal year shall be equal to 20 percent of the amount of the fee established under section 736(c)(4) for a human drug application described in section 736(a)(1)(A)(i) for that fiscal year.

''(D) BIOSIMILAR BIOLOGICAL PRODUCT APPLICATION FEE.—The biosimilar biological product application fee under subsection (a)(2) for a fiscal year shall be equal to the amount established under section 736(c)(4) for a human drug application described in section 736(a)(1)(A)(i) for that fiscal year.

''(E) BIOSIMILAR BIOLOGICAL PRODUCT ESTABLISHMENT FEE.—The biosimilar biological product establishment fee under subsection (a)(3) for a fiscal year shall be equal to the amount established under section 736(c)(4) for a prescription drug establishment for that fiscal year.

''(F) BIOSIMILAR BIOLOGICAL PRODUCT FEE.—The biosimilar biological product fee under subsection (a)(4) for a fiscal year shall be equal to the amount established under section 736(c)(4) for a prescription drug product for that fiscal year.

''(2) LIMIT.—The total amount of fees charged for a fiscal year under this section may not exceed the total amount for such fiscal year of the costs of resources allocated for the process for the review of biosimilar biological product applications.

''(c) APPLICATION FEE WAIVER FOR SMALL BUSINESS.—

''(1) WAIVER OF APPLICATION FEE.—The Secretary shall grant to a person who is named in a biosimilar biological product application a waiver from the application fee assessed to that person under subsection (a)(2)(A) for the first biosimilar biological product application that a small business or its affiliate submits to the Secretary for review. After a small business or its affiliate is granted such a waiver, the small business or its affiliate shall pay—

''(A) application fees for all subsequent biosimilar biological product applications submitted to the Secretary for review in the same manner as an entity that is not a small business; and

''(B) all supplement fees for all supplements to biosimilar biological product applications submitted to the Secretary for review in the same manner as an entity that is not a small business.

''(2) CONSIDERATIONS.—In determining whether to grant a waiver of a fee under paragraph (1), the Secretary shall consider only the circumstances and assets of the applicant involved and any affiliate of the applicant.

''(3) SMALL BUSINESS DEFINED.—In this subsection, the term 'small business' means an entity that has fewer than 500 employees, including employees of affiliates, and does not have a drug product that has been approved under a human drug application (as defined in section 735) or a biosimilar biological product application (as defined in section 744G(4)) and introduced or delivered for introduction into interstate commerce.

''(d) EFFECT OF FAILURE TO PAY FEES.—A biosimilar biological product application or supplement submitted by a person subject to fees under subsection (a) shall be considered incomplete and shall not be accepted for filing by the Secretary until all fees owed by such person have been paid.

''(e) CREDITING AND AVAILABILITY OF FEES.—

''(1) IN GENERAL.—Subject to paragraph (2), fees authorized under subsection (a) shall be collected and available for obligation only to the extent and in the amount provided in advance in appropriations Acts. Such fees are authorized to remain available until expended. Such sums as may be necessary may be transferred from the Food and Drug Administration salaries and expenses appropriation account without fiscal year limitation to such appropriation account for salaries and expenses with such fiscal year limitation. The sums transferred shall be available solely for the process for the review of biosimilar biological product applications.

''(2) COLLECTIONS AND APPROPRIATION ACTS.—

''(A) IN GENERAL.—Subject to subparagraphs (C) and (D), the fees authorized by this section shall be collected and available in each fiscal year in an amount not to exceed the amount specified in appropriation Acts, or otherwise made available for obligation for such fiscal year.

''(B) USE OF FEES AND LIMITATION.—The fees authorized by this section shall be available for a fiscal year beginning after fiscal year 2012 to defray the costs of the process for the review of biosimilar biological product applications (including such costs for an additional number of full-time equivalent positions in the Department of Health and Human Services to be engaged in such process), only if the Secretary allocates for such purpose an amount for such fiscal year (excluding amounts from fees collected under this section) no less than $20,000,000, multiplied by the adjustment factor applicable to the fiscal year involved.

''(C) FEE COLLECTION DURING FIRST PROGRAM YEAR.—Until the date of enactment of an Act making appropriations through September 30, 2013, for the salaries and expenses account of the Food and Drug Administration, fees authorized by this section for fiscal year 2013 may be collected and shall be credited to such account and remain available until expended.

''(D) PROVISION FOR EARLY PAYMENTS IN SUBSEQUENT YEARS.—Payment of fees authorized under this section for a fiscal year (after fiscal year 2013), prior to the due date for such fees, may be accepted by the Secretary in accordance with authority provided in advance in a prior year appropriations Act.

''(3) AUTHORIZATION OF APPROPRIATIONS.—For each of fiscal years 2013 through 2017, there is authorized to be appropriated for fees under this section an amount equivalent to the total amount of fees assessed for such fiscal year under this section.

''(f) COLLECTION OF UNPAID FEES.—In any case where the Secretary does not receive payment of a fee assessed under subsection (a) within 30 days after it is due, such fee shall be treated as a claim of the United States Government subject to subchapter II of chapter 37 of title 31, United States Code.

''(g) WRITTEN REQUESTS FOR WAIVERS AND REFUNDS.—To qualify for consideration for a waiver under subsection (c), or for a refund of any fee collected in accordance with subsection (a)(2)(A), a person shall submit to the Secretary a written request for such waiver or refund not later than 180 days after such fee is due.

''(h) CONSTRUCTION.—This section may not be construed to require that the number of full-time equivalent positions in the Department of Health and Human Services, for officers, employers, and advisory committees not engaged in the process of the review of biosimilar biological product applications, be reduced to offset the number of officers, employees, and advisory committees so engaged.''.

SEC. 403. REAUTHORIZATION; REPORTING REQUIREMENTS.

Part 8 of subchapter C of chapter VII, as added by section 402, is further amended by inserting after section 744H the following:

''SEC. 744I. REAUTHORIZATION; REPORTING REQUIREMENTS.

''(a) PERFORMANCE REPORT.—Beginning with fiscal year 2013, not later than 120 days after the end of each fiscal year for which fees are collected under this part, the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report concerning the progress of the Food and Drug Administration in achieving the goals identified in the letters described in section 401(b) of the Biosimilar User Fee Act of 2012 during such fiscal year and the future plans of the Food and Drug Administration for meeting such goals. The report for a fiscal year shall include information on all previous cohorts for which the Secretary has not given a complete response on all biosimilar biological product applications and supplements in the cohort.

''(b) FISCAL REPORT.—Not later than 120 days after the end of fiscal year 2013 and each subsequent fiscal year for which fees are collected under this part, the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on the implementation of the authority for such fees during such fiscal year and the use, by the Food and Drug Administration, of the fees collected for such fiscal year.

''(c) PUBLIC AVAILABILITY.—The Secretary shall make the reports required under subsections (a) and (b) available to the public on the Internet Web site of the Food and Drug Administration.

''(d) STUDY.—

''(1) IN GENERAL.—The Secretary shall contract with an independent accounting or consulting firm to study the workload volume and full costs associated with the process for the review of biosimilar biological product applications.

''(2) INTERIM RESULTS.—Not later than June 1, 2015, the Secretary shall publish, for public comment, interim results of the study described under paragraph (1).

''(3) FINAL RESULTS.—Not later than September 30, 2016, the Secretary shall publish, for public comment, the final results of the study described under paragraph (1).

''(e) REAUTHORIZATION.—

''(1) CONSULTATION.—In developing recommendations to present to the Congress with respect to the goals described in subsection (a), and plans for meeting the goals, for the process for the review of biosimilar biological product applications for the first 5 fiscal years after fiscal year 2017, and for the reauthorization of this part for such fiscal years, the Secretary shall consult with—

''(A) the Committee on Energy and Commerce of the House of Representatives;

''(B) the Committee on Health, Education, Labor, and Pensions of the Senate;

''(C) scientific and academic experts;

''(D) health care professionals;

''(E) representatives of patient and consumer advocacy groups; and

''(F) the regulated industry.

''(2) PUBLIC REVIEW OF RECOMMENDATIONS.—After negotiations with the regulated industry, the Secretary shall—

''(A) present the recommendations developed under paragraph (1) to the congressional committees specified in such paragraph;

''(B) publish such recommendations in the Federal Register;

''(C) provide for a period of 30 days for the public to provide written comments on such recommendations;

''(D) hold a meeting at which the public may present its views on such recommendations; and

''(E) after consideration of such public views and comments, revise such recommendations as necessary.

''(3) TRANSMITTAL OF RECOMMENDATIONS.—Not later than January 15, 2017, the Secretary shall transmit to the Congress the revised recommendations under paragraph (2), a summary of the views and comments received under such paragraph, and any changes made to the recommendations in response to such views and comments.''.

SEC. 404. SUNSET DATES.

(a) AUTHORIZATION.—Sections 744G and 744H of the Federal Food, Drug, and Cosmetic Act, as added by section 402 of this Act, shall cease to be effective October 1, 2017.

(b) REPORTING REQUIREMENTS.—Section 744I of the Federal Food, Drug, and Cosmetic Act, as added by section 403 of this Act, shall cease to be effective January 31, 2018.

SEC. 405. EFFECTIVE DATE.

(a) IN GENERAL.—Except as provided under subsection (b), the amendments made by this title shall take effect on the later of—

(1) October 1, 2012; or

(2) the date of the enactment of this title.

(b) EXCEPTION.—Fees under part 8 of subchapter C of chapter VII of the Federal Food, Drug, and Cosmetic Act, as added by this title, shall be assessed for all biosimilar biological product applications received on or after October 1, 2012, regardless of the date of the enactment of this title.

SEC. 406. SAVINGS CLAUSE.

Notwithstanding the amendments made by this title, part 2 of subchapter C of chapter VII of the Federal Food, Drug, and Cosmetic Act, as in effect on the day before the date of the enactment of this title, shall continue to be in effect with respect to human drug applications and supplements (as defined in such part as of such day) that were accepted by the Food and Drug Administration for filing on or after October 1, 2007, but before October 1, 2012, with respect to assessing and collecting any fee required by such part for a fiscal year prior to fiscal year 2013.

SEC. 407. CONFORMING AMENDMENT.

Section 735(1)(B) (21 U.S.C. 379g(1)(B)) is amended by striking ''or (k)''.

SEC. 408. ADDITIONAL REPORTING REQUIREMENTS.

Section 715, as added by section 308 of this Act, is amended by adding at the end the following:

''(b) BIOSIMILAR BIOLOGICAL PRODUCTS.—

''(1) IN GENERAL.—Beginning with fiscal year 2014, not later than 120 days after the end of each fiscal year for which fees are collected under part 8 of subchapter C, the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report concerning—

''(A) the number of applications for approval filed under section 351(k) of the Public Health Service Act; and

''(B) the percentage of applications described in subparagraph (A) that were approved by the Secretary.

''(2) ADDITIONAL INFORMATION.—As part of the performance report described in paragraph (1), the Secretary shall include an explanation of how the Food and Drug Administration is managing the biological product review program to ensure that the user fees collected under part 2 are not used to review an application under section 351(k) of the Public Health Service Act.''.

TITLE V—PEDIATRIC DRUGS AND DEVICES

SEC. 501. PERMANENCE.

(a) PEDIATRIC STUDIES OF DRUGS.—Section 505A (21 U.S.C. 355a) is amended by striking subsection (q) (relating to a sunset).

(b) RESEARCH INTO PEDIATRIC USES FOR DRUGS AND BIOLOGICAL PRODUCTS.—Section 505B (21 U.S.C. 355c) is amended—

(1) by striking subsection (m); and

(2) by redesignating subsection (n) as subsection (m).

SEC. 502. WRITTEN REQUESTS.

(a) IN GENERAL.—

(1) FEDERAL FOOD, DRUG, AND COSMETIC ACT.—Subsection (h) of section 505A (21 U.S.C. 355a) is amended to read as follows:

''(h) RELATIONSHIP TO PEDIATRIC RESEARCH REQUIREMENTS.—Exclusivity under this section shall only be granted for the completion of a study or studies that are the subject of a written request and for which reports are submitted and accepted in accordance with subsection (d)(3). Written requests under this section may consist of a study or studies required under section 505B.''.

(2) PUBLIC HEALTH SERVICE ACT.—Section 351(m)(1) of the Public Health Service Act (42 U.S.C. 262(m)(1)) is amended by striking ''(f), (i), (j), (k), (l), (p), and (q)'' and inserting ''(f), (h), (i), (j), (k), (l), (n), and (p)''.

(b) NEONATES.—Subparagraph (A) of section 505A(d)(1) is amended by adding at the end the following: ''If a request under this subparagraph does not request studies in neonates, such request shall include a statement describing the rationale for not requesting studies in neonates.''.

SEC. 503. COMMUNICATION WITH PEDIATRIC REVIEW COMMITTEE.

Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this title as the ''Secretary'') shall issue internal standard operating procedures that provide for the review by the internal review committee established under section 505C of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355d) of any significant modifications to initial pediatric study plans, agreed initial pediatric study plans, and written requests under sections 505A and 505B of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355a, 355c). Such internal standard operating procedures shall be made publicly available on the Internet Web site of the Food and Drug Administration.

SEC. 504. ACCESS TO DATA.

Not later than 3 years after the date of enactment of this Act, the Secretary shall make available to the public, including through posting on the Internet Web site of the Food and Drug Administration, the medical, statistical, and clinical pharmacology reviews of, and corresponding written requests issued to an applicant, sponsor, or holder for, pediatric studies submitted between January 4, 2002, and September 27, 2007, under subsection (b) or (c) of section 505A of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355a) for which 6 months of market exclusivity was granted and that resulted in a labeling change. The Secretary shall make public the information described in the preceding sentence in a manner consistent with how the Secretary releases information under section 505A(k) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355a(k)).

SEC. 505. ENSURING THE COMPLETION OF PEDIATRIC STUDIES.

(a) EXTENSION OF DEADLINE FOR DEFERRED STUDIES.—Section 505B (21 U.S.C. 355c) is amended—

(1) in subsection (a)(3)—

(A) by redesignating subparagraph (B) as subparagraph (C);

(B) by inserting after subparagraph (A) the following:

''(B) DEFERRAL EXTENSION.—

''(i) IN GENERAL.—On the initiative of the Secretary or at the request of the applicant, the Secretary may grant an extension of a deferral approved under subparagraph (A) for submission of some or all assessments required under paragraph (1) if—

''(I) the Secretary determines that the conditions described in subclause (II) or (III) of subparagraph (A)(i) continue to be met; and

''(II) the applicant submits a new timeline under subparagraph (A)(ii)(IV) and any significant updates to the information required under subparagraph (A)(ii).

''(ii) TIMING AND INFORMATION.—If the deferral extension under this subparagraph is requested by the applicant, the applicant shall submit the deferral extension request containing the information described in this subparagraph not less than 90 days prior to the date that the deferral would expire. The Secretary shall respond to such request not later than 45 days after the receipt of such letter. If the Secretary grants such an extension, the specified date shall be the extended date. The sponsor of the required assessment under paragraph (1) shall not be issued a letter described in subsection (d) unless the specified or extended date of submission for such required studies has passed or if the request for an extension is pending. For a deferral that has expired prior to the date of enactment of the Food and Drug Administration Safety and Innovation Act or that will expire prior to 270 days after the date of enactment of such Act, a deferral extension shall be requested by an applicant not later than 180 days after the date of enactment of such Act. The Secretary shall respond to any such request as soon as practicable, but not later than 1 year after the date of enactment of such Act. Nothing in this clause shall prevent the Secretary from updating the status of a study or studies publicly if components of such study or studies are late or delayed.''; and

(C) in subparagraph (C), as so redesignated—

(i) in clause (i), by adding at the end the following:

''(III) Projected completion date for pediatric studies.

''(IV) The reason or reasons why a deferral or deferral extension continues to be necessary.''; and

(ii) by amending clause (ii) to read as follows:

''(ii) PUBLIC AVAILABILITY.—Not later than 90 days after the submission to the Secretary of the information submitted through the annual review under clause (i), the Secretary shall make available to the public in an easily accessible manner, including through the Internet Web site of the Food and Drug Administration—

''(I) such information;

''(II) the name of the applicant for the product subject to the assessment;

''(III) the date on which the product was approved; and

''(IV) the date of each deferral or deferral extension under this paragraph for the product.''; and

(2) in subsection (f)—

(A) in the subsection heading, by inserting ''DEFERRAL EXTENSIONS,'' after ''DEFERRALS,'';

(B) in paragraph (1), by inserting '', deferral extension,'' after ''deferral''; and

(C) in paragraph (4)—

(i) in the paragraph heading, by inserting ''DEFERRAL EXTENSIONS,'' after ''DEFERRALS,''; and

(ii) by inserting '', deferral extensions,'' after ''deferrals''.

(b) TRACKING OF EXTENSIONS; ANNUAL INFORMATION.—Section 505B(f)(6)(D) (21 U.S.C. 355c(f)(6)(D)) is amended to read as follows:

''(D) aggregated on an annual basis—

''(i) the total number of deferrals and deferral extensions requested and granted under this section and, if granted, the reasons for each such deferral or deferral extension;

''(ii) the timeline for completion of the assessments; and

''(iii) the number of assessments completed and pending;''.

(c) ACTION ON FAILURE TO COMPLETE STUDIES.—

(1) ISSUANCE OF LETTER.—Subsection (d) of section 505B (21 U.S.C. 355c) is amended to read as follows:

''(d) SUBMISSION OF ASSESSMENTS.—If a person fails to submit a required assessment described in subsection (a)(2), fails to meet the applicable requirements in subsection (a)(3), or fails to submit a request for approval of a pediatric formulation described in subsection (a) or (b), in accordance with applicable provisions of subsections (a) and (b), the following shall apply:

''(1) Beginning 270 days after the date of enactment of the Food and Drug Administration Safety and Innovation Act, the Secretary shall issue a non-compliance letter to such person informing them of such failure to submit or meet the requirements of the applicable subsection.

Such letter shall require the person to respond in writing within 45 calendar days of issuance of such letter. Such response may include the person's request for a deferral extension if applicable. Such letter and the person's written response to such letter shall be made publicly available on the Internet Web site of the Food and Drug Administration 60 calendar days after issuance, with redactions for any trade secrets and confidential commercial information. If the Secretary determines that the letter was issued in error, the requirements of this paragraph shall not apply.

''(2) The drug or biological product that is the subject of an assessment described in subsection (a)(2), applicable requirements in subsection (a)(3), or request for approval of a pediatric formulation, may be considered misbranded solely because of that failure and subject to relevant enforcement action (except that the drug or biological product shall not be subject to action under section 303), but such failure shall not be the basis for a proceeding—

''(A) to withdraw approval for a drug under section 505(e); or

''(B) to revoke the license for a biological product under section 351 of the Public Health Service Act.''.

(2) TRACKING OF LETTERS ISSUED.—Subparagraph (D) of section 505B(f)(6) (21 U.S.C. 355c(f)(6)), as amended by subsection (b), is further amended—

(A) in clause (ii), by striking ''; and'' and inserting a semicolon;

(B) in clause (iii), by adding ''and'' at the end; and

(C) by adding at the end the following:

''(iv) the number of postmarket non-compliance letters issued pursuant to subsection (d), and the recipients of such letters;''.

SEC. 506. PEDIATRIC STUDY PLANS.

(a) IN GENERAL.—Subsection (e) of section 505B (21 U.S.C. 355c) is amended to read as follows:

''(e) PEDIATRIC STUDY PLANS.—

''(1) IN GENERAL.—An applicant subject to subsection (a) shall submit to the Secretary an initial pediatric study plan prior to the submission of the assessments described under subsection (a)(2).

''(2) TIMING; CONTENT; MEETING.—

''(A) TIMING.—An applicant shall submit the initial pediatric plan under paragraph (1)—

''(i) before the date on which the applicant submits the assessments under subsection (a)(2); and

''(ii) not later than—

''(I) 60 calendar days after the date of the end-of-Phase 2 meeting (as such term is used in section 312.47 of title 21, Code of Federal Regulations, or successor regulations); or

''(II) such other time as may be agreed upon between the Secretary and the applicant.

Nothing in this section shall preclude the Secretary from accepting the submission of an initial pediatric plan earlier than the date otherwise applicable under this subparagraph.

''(B) CONTENT OF INITIAL PLAN.—The initial pediatric study plan shall include—

''(i) an outline of the pediatric study or studies that the applicant plans to conduct (including, to the extent practicable study objectives and design, age groups, relevant endpoints, and statistical approach);

''(ii) any request for a deferral, partial waiver, or waiver under this section, if applicable, along with any supporting information; and

''(iii) other information specified in the regulations promulgated under paragraph (7).

''(C) MEETING.—The Secretary—

''(i) shall meet with the applicant to discuss the initial pediatric study plan as soon as practicable, but not later than 90 calendar days after the receipt of such plan under subparagraph (A);

''(ii) may determine that a written response to the initial pediatric study plan is sufficient to communicate comments on the initial pediatric study plan, and that no meeting is necessary; and

''(iii) if the Secretary determines that no meeting is necessary, shall so notify the applicant and provide written comments of the Secretary as soon as practicable, but not later than 90 calendar days after the receipt of the initial pediatric study plan.

''(3) AGREED INITIAL PEDIATRIC STUDY PLAN.—Not later than 90 calendar days following the meeting under paragraph (2)(C)(i) or the receipt of a written response from the Secretary under paragraph (2)(C)(iii), the applicant shall document agreement on the initial pediatric study plan in a submission to the Secretary marked 'Agreed Initial Pediatric Study Plan', and the Secretary shall confirm such agreement to the applicant in writing not later than 30 calendar days of receipt of such agreed initial pediatric study plan.

''(4) DEFERRAL AND WAIVER.—If the agreed initial pediatric study plan contains a request from the applicant for a deferral, partial waiver, or waiver under this section, the written confirmation under paragraph (3) shall include a recommendation from the Secretary as to whether such request meets the standards under paragraphs (3) or (4) of subsection (a).

''(5) AMENDMENTS TO THE PLAN.—At the initiative of the Secretary or the applicant, the agreed initial pediatric study plan may be amended at any time. The requirements of paragraph (2)(C) shall apply to any such proposed amendment in the same manner and to the same extent as such requirements apply to an initial pediatric study plan under paragraph (1). The requirements of paragraphs (3) and (4) shall apply to any agreement resulting from such proposed amendment in the same manner and to the same extent as such requirements apply to an agreed initial pediatric study plan.

''(6) INTERNAL COMMITTEE.—The Secretary shall consult the internal committee under section 505C on the review of the initial pediatric study plan, agreed initial pediatric plan, and any significant amendments to such plans.

''(7) REQUIRED RULEMAKING.—Not later than 1 year after the date of enactment of the Food and Drug Administration Safety and Innovation Act, the Secretary shall promulgate proposed regulations and issue guidance to implement the provisions of this subsection.''.

(b) CONFORMING AMENDMENTS.—Section 505B (21 U.S.C. 355c) is amended—

(1) by amending subclause (II) of subsection (a)(3)(A)(ii) to read as follows:

''(II) a pediatric study plan as described in subsection (e);''; and

(2) in subsection (f)—

(A) in the subsection heading, by striking ''PEDIATRIC PLANS,'' and inserting ''PEDIATRIC STUDY PLANS,'';

(B) in paragraph (1), by striking ''all pediatric plans'' and inserting ''initial pediatric study plans, agreed initial pediatric study plans,''; and

(C) in paragraph (4)—

(i) in the paragraph heading, by striking ''PEDIATRIC PLANS,'' and inserting ''PEDIATRIC STUDY PLANS,''; and

(ii) by striking ''pediatric plans'' and inserting ''initial pediatric study plans, agreed initial pediatric study plans,''.

(c) EFFECTIVE DATE.—

(1) IN GENERAL.—Subject to paragraph (2), the amendments made by this section shall take effect 180 calendar days after the date of enactment of this Act, irrespective of whether the Secretary has promulgated final regulations to carry out such amendments.

(2) RULE OF CONSTRUCTION.—Paragraph (1) shall not be construed to affect the deadline for promulgation of proposed regulations under section 505B(e)(7) of the Federal Food, Drug, and Cosmetic Act, as added by subsection (a) of this section.

SEC. 507. REAUTHORIZATIONS.

(a) PEDIATRIC ADVISORY COMMITTEE.—Section 14(d) of the Best Pharmaceuticals for Children Act (42 U.S.C. 284m note) is amended by striking ''during the five-year period beginning on the date of the enactment of the Best Pharmaceuticals for Children Act of 2007'' and inserting ''to carry out the advisory committee's responsibilities under sections 505A, 505B, and 520(m) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355a, 355c, and 360j(m))''.

(b) PEDIATRIC SUBCOMMITTEE OF THE ONCOLOGIC DRUGS ADVISORY COMMITTEE.—Section 15(a)(3) of the Best Pharmaceuticals for Children Act (Public Law 107–109), as amended by section 502(e) of the Food and Drug Administration Amendments Act of 2007 (Public Law 110–85), is amended by striking ''during the five-year period beginning on the date of the enactment of the Best Pharmaceuticals for Children Act of 2007'' and inserting ''for the duration of the operation of the Oncologic Drugs Advisory Committee''.

(c) HUMANITARIAN DEVICE EXEMPTION EXTENSION.—Section 520(m)(6)(A)(iv) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360j(m)(6)(A)(iv)) is amended by striking ''2012'' and inserting ''2017''.

(d) PROGRAM FOR PEDIATRIC STUDY OF DRUGS IN PHSA.—Section 409I(e)(1) of the Public Health Service Act (42 U.S.C. 284m(e)(1)) is amended by striking ''to carry out this section'' and all that follows through the end of paragraph (1) and inserting ''to carry out this section, $25,000,000 for each of fiscal years 2013 through 2017.''.

SEC. 508. REPORT.

(a) IN GENERAL.—Not later than four years after the date of enactment of this Act and every five years thereafter, the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, and make publicly available, including through posting on the Internet Web site of the Food and Drug Administration, a report on the implementation of sections 505A and 505B of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355a, 355c).

(b) CONTENTS.—Each report under subsection (a) shall include—

(1) an assessment of the effectiveness of sections 505A and 505B of the Federal Food, Drug, and Cosmetic Act in improving information about pediatric uses for approved drugs and biological products, including the number and type of labeling changes made since the date of enactment of this Act and the importance of such uses in the improvement of the health of children;

(2) the number of required studies under such section 505B that have not met the initial deadline provided under such section 505B, including—

(A) the number of deferrals and deferral extensions granted and the reasons such extensions were granted;

(B) the number of waivers and partial waivers granted; and

(C) the number of letters issued under subsection (d) of such section 505B;

(3) an assessment of the timeliness and effectiveness of pediatric study planning since the date of enactment of this Act, including the number of initial pediatric study plans not submitted in accordance with the requirements of subsection (e) of such section 505B and any resulting rulemaking;

(4) the number of written requests issued, accepted, and declined under such section 505A since the date of enactment of this Act, and a listing of any important gaps in pediatric information as a result of such declined requests;

(5) a description and current status of referrals made under subsection (n) of such section 505A;

(6) an assessment of the effectiveness of studying biological products in pediatric populations

under such sections 505A and 505B and section 409I of the Public Health Service Act (42 U.S.C. 284m);

(7)(A) the efforts made by the Secretary to increase the number of studies conducted in the neonatal population (including efforts made to encourage the conduct of appropriate studies in neonates by companies with products that have sufficient safety and other information to make the conduct of the studies ethical and safe); and

(B) the results of such efforts;

(8)(A) the number and importance of drugs and biological products for children with cancer that are being tested as a result of the programs under such sections 505A and 505B and under section 409I of the Public Health Service Act; and

(B) any recommendations for modifications to such programs that would lead to new and better therapies for children with cancer, including a detailed rationale for each recommendation;

(9) any recommendations for modification to such programs that would improve pediatric drug research and increase pediatric labeling of drugs and biological products;

(10) an assessment of the successes of and limitations to studying drugs for rare diseases under such sections 505A and 505B; and

(11) an assessment of the Secretary's efforts to address the suggestions and options described in any prior report issued by the Comptroller General, Institute of Medicine, or the Secretary, and any subsequent reports, including recommendations therein, regarding the topics addressed in the reports under this section, including with respect to—

(A) improving public access to information from pediatric studies conducted under such sections 505A and 505B; and

(B) improving the timeliness of pediatric studies and pediatric study planning under such sections 505A and 505B.

(c) STAKEHOLDER COMMENT.—At least 180 days prior to the submission of each report under subsection (a), the Secretary shall consult with representatives of patient groups (including pediatric patient groups), consumer groups, regulated industry, academia, and other interested parties to obtain any recommendations or information relevant to the report including suggestions for modifications that would improve pediatric drug research and pediatric labeling of drugs and biological products.

SEC. 509. TECHNICAL AMENDMENTS.

(a) PEDIATRIC STUDIES OF DRUGS IN FFDCA.—Section 505A (21 U.S.C. 355a) is amended—

(1) in subsection (k)(2), by striking ''subsection (f)(3)(F)'' and inserting ''subsection (f)(6)(F)'';

(2) in subsection (l)—

(A) in paragraph (1)—

(i) in the paragraph heading, by striking ''YEAR ONE'' and inserting ''FIRST 18-MONTH PERIOD''; and

(ii) by striking ''one-year'' and inserting ''18-month'';

(B) in paragraph (2)—

(i) in the paragraph heading, by striking ''YEARS'' and inserting ''PERIODS''; and

(ii) by striking ''one-year period'' and inserting ''18-month period'';

(C) by redesignating paragraph (3) as paragraph (4); and

(D) by inserting after paragraph (2) the following:

''(3) PRESERVATION OF AUTHORITY.—Nothing in this subsection shall prohibit the Office of Pediatric Therapeutics from providing for the review of adverse event reports by the Pediatric Advisory Committee prior to the 18-month period referred to in paragraph (1), if such review is necessary to ensure safe use of a drug in a pediatric population.'';

(3) in subsection (n)—

(A) in the subsection heading, by striking ''COMPLETED'' and inserting ''SUBMITTED''; and

(B) in paragraph (1)—

(i) in the matter preceding subparagraph (A), by striking ''have not been completed'' and inserting ''have not been submitted by the date specified in the written request issued or if the applicant or holder does not agree to the request'';

(ii) in subparagraph (A)—

(I) in the first sentence, by inserting '', or for which a period of exclusivity eligible for extension under subsection (b)(1) or (c)(1) of this section or under subsection (m)(2) or (m)(3) of section 351 of the Public Health Service Act has not ended'' after ''expired''; and

(II) by striking ''Prior to'' and all that follows through the period at the end; and

(iii) in subparagraph (B), by striking ''no listed patents or has 1 or more listed patents that have expired,'' and inserting ''no unexpired listed patents and for which no unexpired periods of exclusivity eligible for extension under subsection (b)(1) or (c)(1) of this section or under subsection (m)(2) or (m)(3) of section 351 of the Public Health Service Act apply,''; and

(4) in subsection (o)(2), by amending subparagraph (B) to read as follows:

''(B) a statement of any appropriate pediatric contraindications, warnings, precautions, or other information that the Secretary considers necessary to assure safe use.''.

(b) RESEARCH INTO PEDIATRIC USES FOR DRUGS AND BIOLOGICAL PROJECTS IN FFDCA.—Section 505B (21 U.S.C. 355c) is amended—

(1) in subsection (a)—

(A) in paragraph (1), in the matter before subparagraph (A), by inserting ''for a drug'' after ''(or supplement to an application)''; and

(B) in paragraph (4)(C)—

(i) in the first sentence, by inserting ''partial'' before ''waiver is granted''; and

(ii) in the second sentence, by striking ''either a full or'' and inserting ''such a'';

(2) in subsection (b)(1), in the matter preceding subparagraph (A), by striking ''After providing notice'' and all that follows through ''studies), the'' and inserting ''The'';

(3) in subsection (g)—

(A) in paragraph (1)(A), by inserting ''that receives a priority review or 330 days after the date of the submission of an application or supplement that receives a standard review'' after ''after the date of the submission of the application or supplement''; and

(B) in paragraph (2), by striking ''the label of such product'' and inserting ''the labeling of such product'';

(4) in subsection (h)(1)—

(A) by inserting ''an application (or supplement to an application) that contains'' after ''date of submission of'';

(B) by inserting ''if the application (or supplement) receives a priority review, or not later than 330 days after the date of submission of an application (or supplement to an application) that contains a pediatric assessment under this section, if the application (or supplement) receives a standard review,'' after ''under this section,''; and

(5) in subsection (i)—

(A) in paragraph (1)—

(i) in the paragraph heading, by striking ''YEAR ONE'' and inserting ''FIRST 18-MONTH PERIOD''; and

(ii) by striking ''one-year'' and inserting ''18-month'';

(B) in paragraph (2)—

(i) in the paragraph heading, by striking ''YEARS'' and inserting ''PERIODS''; and

(ii) by striking ''one-year period'' and inserting ''18-month period'';

(C) by redesignating paragraph (3) as paragraph (4); and

(D) by inserting after paragraph (2) the following:

''(3) PRESERVATION OF AUTHORITY.—Nothing in this subsection shall prohibit the Office of Pediatric Therapeutics from providing for the review of adverse event reports by the Pediatric Advisory Committee prior to the 18-month period referred to in paragraph (1), if such review is necessary to ensure safe use of a drug in a pediatric population.''.

(c) INTERNAL COMMITTEE FOR REVIEW OF PEDIATRIC PLANS, ASSESSMENTS, DEFERRALS, DEFERRAL EXTENSIONS, AND WAIVERS.—Section 505C (21 U.S.C. 355d) is amended—

*(1) in the section heading, by inserting ''**DEFERRAL EXTENSIONS,**'' after ''**DEFERRALS,**''; and*

(2) by inserting ''neonatology,'' after ''pediatric ethics,''.

(d) PROGRAM FOR PEDIATRIC STUDIES OF DRUGS.—Section 409I(c) of the Public Health Service Act (42 U.S.C. 284m(c)) is amended—

(1) in paragraph (1)—

(A) in the matter preceding subparagraph (A), by inserting ''or section 351(m) of this Act,'' after ''Cosmetic Act,'';

(B) in subparagraph (A)(i), by inserting ''or section 351(k) of this Act'' after ''Cosmetic Act''; and

(C) by amending subparagraph (B) to read as follows:

''(B) there remains no patent listed pursuant to section 505(b)(1) of the Federal Food, Drug, and Cosmetic Act, and every three-year and five-year period referred to in subsection (c)(3)(E)(ii), (c)(3)(E)(iii), (c)(3)(E)(iv), (j)(5)(F)(ii), (j)(5)(F)(iii), or (j)(5)(F)(iv) of section 505 of the Federal Food, Drug, and Cosmetic Act, or applicable twelve-year period referred to in section 351(k)(7) of this Act, and any seven-year period referred to in section 527 of the Federal Food, Drug, and Cosmetic Act has ended for at least one form of the drug; and''; and

(2) in paragraph (2)—

(A) in the paragraph heading, by striking ''FOR DRUGS LACKING EXCLUSIVITY'';

(B) by striking ''under section 505 of the Federal Food, Drug, and Cosmetic Act''; and

(C) by striking ''505A of such Act'' and inserting ''505A of the Federal Food, Drug, and Cosmetic Act or section 351(m) of this Act''.

(e) PEDIATRIC SUBCOMMITTEE OF THE ONCOLOGIC ADVISORY COMMITTEE.—Section 15(a) of the Best Pharmaceuticals for Children Act (Public Law 107–109), as amended by section 502(e) of the Food and Drug Administration Amendments Act of 2007 (Public Law 110–85), is amended in paragraph (1)(D), by striking ''section 505B(f)'' and inserting ''section 505C''.

(f) FOUNDATION OF NATIONAL INSTITUTES OF HEALTH.—Section 499(c)(1)(C) of the Public Health Service Act (42 U.S.C. 290b(c)(1)(C)) is amended by striking ''for which the Secretary issues a certification in the affirmative under section 505A(n)(1)(A) of the Federal Food, Drug, and Cosmetic Act''.

(g) APPLICATION; TRANSITION RULE.—

(1) APPLICATION.—Notwithstanding any provision of section 505A and 505B of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355a, 355c) stating that a provision applies beginning on the date of the enactment of the Best Pharmaceuticals for Children Act of 2007 or the date of the enactment of the Pediatric Research Equity Act of 2007, any amendment made by this Act to such a provision applies beginning on the date of the enactment of this Act.

(2) TRANSITIONAL RULE FOR ADVERSE EVENT REPORTING.—With respect to a drug for which a labeling change described under section 505A(l)(1) or 505B(i)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355a(l)(1); 355c(i)(1)) is approved or made, respectively, during the one-year period that ends on the day before the date of enactment of this Act, the Secretary shall apply section 505A(l) and section 505B(i), as applicable, to such drug, as such sections were in effect on such day.

SEC. 510. PEDIATRIC RARE DISEASES.

(a) PUBLIC MEETING.—Not later than 18 months after the date of enactment of this Act, the Secretary shall hold at least one public

meeting to discuss ways to encourage and accelerate the development of new therapies for pediatric rare diseases.

(b) REPORT.—Not later than 180 days after the date of the public meeting under subsection (a), the Secretary shall issue a report that includes a strategic plan for encouraging and accelerating the development of new therapies for treating pediatric rare diseases.

SEC. 511. STAFF OF OFFICE OF PEDIATRIC THERAPEUTICS.

Section 6 of the Best Pharmaceuticals for Children Act (21 U.S.C. 393a) is amended—

(1) in subsection (c)—

(A) in paragraph (1), by striking ''and'' at the end;

(B) by redesignating paragraph (2) as paragraph (4); and

(C) by inserting after paragraph (1) the following:

''(2) subject to subsection (d), one or more additional individuals with necessary expertise in a pediatric subpopulation that is, as determined through consideration of the reports and recommendations issued by the Institute of Medicine and the Comptroller General of the United States, less likely to be studied as a part of a written request issued under section 505A of the Federal Food, Drug, and Cosmetic Act or an assessment under section 505B of such Act;

''(3) one or more additional individuals with expertise in pediatric epidemiology; and''; and

(2) by adding at the end the following:

''(d) NEONATOLOGY EXPERTISE.—For the 5-year period beginning on the date of enactment of this subsection, at least one of the individuals described in subsection (c)(2) shall have expertise in neonatology.''.

TITLE VI—MEDICAL DEVICE REGULATORY IMPROVEMENTS

SEC. 601. INVESTIGATIONAL DEVICE EXEMPTIONS.

Section 520(g) (21 U.S.C. 360j(g)) is amended—

(1) in paragraph (2)(B)(ii), by inserting ''safety or effectiveness'' before ''data obtained''; and

(2) in paragraph (4), by adding at the end the following:

''(C) Consistent with paragraph (1), the Secretary shall not disapprove an application under this subsection because the Secretary determines that—

''(i) the investigation may not support a substantial equivalence or de novo classification determination or approval of the device;

''(ii) the investigation may not meet a requirement, including a data requirement, relating to the approval or clearance of a device; or

''(iii) an additional or different investigation may be necessary to support clearance or approval of the device.''.

SEC. 602. CLARIFICATION OF LEAST BURDENSOME STANDARD.

(a) PREMARKET APPROVAL.—Section 513(a)(3)(D) (21 U.S.C. 360c(a)(3)(D)) is amended—

(1) by redesignating clause (iii) as clause (v); and

(2) by inserting after clause (ii) the following:

''(iii) For purposes of clause (ii), the term 'necessary' means the minimum required information that would support a determination by the Secretary that an application provides reasonable assurance of the effectiveness of the device.

''(iv) Nothing in this subparagraph shall alter the criteria for evaluating an application for premarket approval of a device.''.

(b) PREMARKET NOTIFICATION UNDER SECTION 510(k).—Section 513(i)(1)(D) (21 U.S.C. 360c(i)(1)(D)) is amended—

(1) by striking ''(D) Whenever'' and inserting ''(D)(i) Whenever''; and

(2) by adding at the end the following:

''(ii) For purposes of clause (i), the term 'necessary' means the minimum required information that would support a determination of substantial equivalence between a new device and a predicate device.

''(iii) Nothing in this subparagraph shall alter the standard for determining substantial equivalence between a new device and a predicate device.''.

SEC. 603. AGENCY DOCUMENTATION AND REVIEW OF SIGNIFICANT DECISIONS.

Chapter V is amended by inserting after section 517 (21 U.S.C. 360g) the following:

''SEC. 517A. AGENCY DOCUMENTATION AND REVIEW OF SIGNIFICANT DECISIONS REGARDING DEVICES.

''(a) DOCUMENTATION OF RATIONALE FOR SIGNIFICANT DECISIONS.—

''(1) IN GENERAL.—The Secretary shall provide a substantive summary of the scientific and regulatory rationale for any significant decision of the Center for Devices and Radiological Health regarding submission or review of a report under section 510(k), an application under section 515, or an application for an exemption under section 520(g), including documentation of significant controversies or differences of opinion and the resolution of such controversies or differences of opinion.

''(2) PROVISION OF DOCUMENTATION.—Upon request, the Secretary shall furnish such substantive summary to the person who is seeking to submit, or who has submitted, such report or application.

''(b) REVIEW OF SIGNIFICANT DECISIONS.—

''(1) REQUEST FOR SUPERVISORY REVIEW OF SIGNIFICANT DECISION.—Any person may request a supervisory review of the significant decision described in subsection (a)(1). Such review may be conducted at the next supervisory level or higher above the individual who made the significant decision.

''(2) SUBMISSION OF REQUEST.—A person requesting a supervisory review under paragraph (1) shall submit such request to the Secretary not later than 30 days after such decision and shall indicate in the request whether such person seeks an in-person meeting or a teleconference review.

''(3) TIMEFRAME.—

''(A) IN GENERAL.—Except as provided in subparagraph (B), the Secretary shall schedule an in-person or teleconference review, if so requested, not later than 30 days after such request is made. The Secretary shall issue a decision to the person requesting a review under this subsection not later than 45 days after the request is made under paragraph (1), or, in the case of a person who requests an in-person meeting or teleconference, 30 days after such meeting or teleconference.

''(B) EXCEPTION.—Subparagraph (A) shall not apply in cases that are referred to experts outside of the Food and Drug Administration.''.

SEC. 604. DEVICE MODIFICATIONS REQUIRING PREMARKET NOTIFICATION PRIOR TO MARKETING.

Section 510(n) (21 U.S.C. 360(n)) is amended by—

(1) striking ''(n) The Secretary'' and inserting ''(n)(1) The Secretary''; and

(2) by adding at the end the following:

''(2)(A) Not later than 18 months after the date of enactment of this paragraph, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report regarding when a premarket notification under subsection (k) should be submitted for a modification or change to a legally marketed device. The report shall include the Secretary's interpretation of the following terms: 'could significantly affect the safety or effectiveness of the device', 'a significant change or modification in design, material, chemical composition, energy source, or manufacturing process', and 'major change or modification in the intended use of the device'. The report also shall discuss possible processes for industry to use to determine whether a new submission under subsection (k) is required and shall analyze how to leverage existing quality system requirements to reduce premarket burden, facilitate continual device improvement, and provide reasonable assurance of safety and effectiveness of modified devices. In developing such report, the Secretary shall consider the input of interested stakeholders.

''(B) The Secretary shall withdraw the Food and Drug Administration draft guidance entitled 'Guidance for Industry and FDA Staff—510(k) Device Modifications: Deciding When to Submit a 510(k) for a Change to an Existing Device', dated July 27, 2011, and shall not use this draft guidance as part of, or for the basis of, any premarket review or any compliance or enforcement decisions or actions. The Secretary shall not issue—

''(i) any draft guidance or proposed regulation that addresses when to submit a premarket notification submission for changes and modifications made to a manufacturer's previously cleared device before the receipt by the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate of the report required in subparagraph (A); and

''(ii) any final guidance or regulation on that topic for one year after date of receipt of such report by the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate.

''(C) The Food and Drug Administration guidance entitled 'Deciding When to Submit a 510(k) for a Change to an Existing Device', dated January 10, 1997, shall be in effect until the subsequent issuance of guidance or promulgation, if appropriate, of a regulation described in subparagraph (B), and the Secretary shall interpret such guidance in a manner that is consistent with the manner in which the Secretary has interpreted such guidance since 1997.''.

SEC. 605. PROGRAM TO IMPROVE THE DEVICE RECALL SYSTEM.

Chapter V is amended by inserting after section 518 (21 U.S.C. 360h) the following:

''SEC. 518A. PROGRAM TO IMPROVE THE DEVICE RECALL SYSTEM.

''(a) IN GENERAL.—The Secretary shall—

''(1) establish a program to routinely and systematically assess information relating to device recalls and use such information to proactively identify strategies for mitigating health risks presented by defective or unsafe devices;

''(2) clarify procedures for conducting device recall audit checks to improve the ability of investigators to perform those checks in a consistent manner;

''(3) develop detailed criteria for assessing whether a person performing a device recall has performed an effective correction or action plan for the recall; and

''(4) document the basis for each termination by the Food and Drug Administration of a device recall.

''(b) ASSESSMENT CONTENT.—The program established under subsection (a)(1) shall, at a minimum, identify—

''(1) trends in the number and types of device recalls;

''(2) devices that are most frequently the subject of a recall; and

''(3) underlying causes of device recalls.

''(c) TERMINATION OF RECALLS.—The Secretary shall document the basis for the termination by the Food and Drug Administration of a device recall.

''(d) DEFINITION.—In this section, the term 'recall' means—

''(1) the removal from the market of a device pursuant to an order of the Secretary under subsection (b) or (e) of section 518; or

''(2) the correction or removal from the market of a device at the initiative of the manufacturer or importer of the device that is required to be reported to the Secretary under section 519(g).''.

SEC. 606. CLINICAL HOLDS ON INVESTIGATIONAL DEVICE EXEMPTIONS.

Section 520(g) (21 U.S.C. 360j(g)) is amended by adding at the end the following:

''(8)(A) At any time, the Secretary may prohibit the sponsor of an investigation from conducting the investigation (referred to in this paragraph as a 'clinical hold') if the Secretary makes a determination described in subparagraph (B). The Secretary shall specify the basis for the clinical hold, including the specific information available to the Secretary which served as the basis for such clinical hold, and confirm such determination in writing.

''(B) For purposes of subparagraph (A), a determination described in this subparagraph with respect to a clinical hold is a determination that—

''(i) the device involved represents an unreasonable risk to the safety of the persons who are the subjects of the clinical investigation, taking into account the qualifications of the clinical investigators, information about the device, the design of the clinical investigation, the condition for which the device is to be investigated, and the health status of the subjects involved; or

''(ii) the clinical hold should be issued for such other reasons as the Secretary may by regulation establish.

''(C) Any written request to the Secretary from the sponsor of an investigation that a clinical hold be removed shall receive a decision, in writing and specifying the reasons therefor, within 30 days after receipt of such request. Any such request shall include sufficient information to support the removal of such clinical hold.''.

SEC. 607. MODIFICATION OF DE NOVO APPLICATION PROCESS.

(a) IN GENERAL.—Section 513(f)(2) (21 U.S.C. 360c(f)(2)) is amended—

(1) by inserting ''(i)'' after ''(2)(A)'';

(2) in subparagraph (A)(i), as so designated by paragraph (1), by striking ''under the criteria set forth'' and all that follows through the end of subparagraph (A) and inserting a period;

(3) by adding at the end of subparagraph (A) the following:

''(ii) In lieu of submitting a report under section 510(k) and submitting a request for classification under clause (i) for a device, if a person determines there is no legally marketed device upon which to base a determination of substantial equivalence (as defined in subsection (i)), a person may submit a request under this clause for the Secretary to classify the device.

''(iii) Upon receipt of a request under clause (i) or (ii), the Secretary shall classify the device subject to the request under the criteria set forth in subparagraphs (A) through (C) of subsection (a)(1) within 120 days.

''(iv) Notwithstanding clause (iii), the Secretary may decline to undertake a classification request submitted under clause (ii) if the Secretary identifies a legally marketed device that could provide a reasonable basis for review of substantial equivalence under paragraph (1), or when the Secretary determines that the device submitted is not of low-moderate risk or that general controls would be inadequate to control the risks and special controls to mitigate the risks cannot be developed.

''(v) The person submitting the request for classification under this subparagraph may recommend to the Secretary a classification for the device and shall, if recommending classification in class II, include in the request an initial draft proposal for applicable special controls, as described in subsection (a)(1)(B), that are necessary, in conjunction with general controls, to provide reasonable assurance of safety and effectiveness and a description of how the special controls provide such assurance. Any such request shall describe the device and provide detailed information and reasons for the recommended classification.''; and

(4) in subparagraph (B), by striking ''Not later than 60 days after the date of the submission of the request under subparagraph (A), the Secretary'' and inserting ''The Secretary''.

(b) CONFORMING AMENDMENTS.—Section 513(f) (21 U.S.C. 360c(f)) is amended in paragraph (1)—

(1) in subparagraph (A), by striking '', or'' at the end and inserting a semicolon;

(2) in subparagraph (B), by striking the period and inserting ''; or''; and

(3) by inserting after subparagraph (B) the following:

''(C) the device is classified pursuant to a request submitted under paragraph (2).''.

SEC. 608. RECLASSIFICATION PROCEDURES.

(a) CLASSIFICATION CHANGES.—

(1) IN GENERAL.—Section 513(e)(1) (21 U.S.C. 360c(e)(1)) is amended to read as follows:

''(e)(1)(A)(i) Based on new information respecting a device, the Secretary may, upon the initiative of the Secretary or upon petition of an interested person, change the classification of such device, and revoke, on account of the change in classification, any regulation or requirement in effect under section 514 or 515 with respect to such device, by administrative order published in the Federal Register following publication of a proposed reclassification order in the Federal Register, a meeting of a device classification panel described in subsection (b), and consideration of comments to a public docket, notwithstanding subchapter II of chapter 5 of title 5, United States Code. The proposed reclassification order published in the Federal Register shall set forth the proposed reclassification, and a substantive summary of the valid scientific evidence concerning the proposed reclassification, including—

''(I) the public health benefit of the use of the device, and the nature and, if known, incidence of the risk of the device;

''(II) in the case of a reclassification from class II to class III, why general controls pursuant to subsection (a)(1)(A) and special controls pursuant to subsection (a)(1)(B) together are not sufficient to provide a reasonable assurance of safety and effectiveness for such device; and

''(III) in the case of reclassification from class III to class II, why general controls pursuant to subsection (a)(1)(A) and special controls pursuant to subsection (a)(1)(B) together are sufficient to provide a reasonable assurance of safety and effectiveness for such device.

''(ii) An order under this subsection changing the classification of a device from class III to class II may provide that such classification shall not take effect until the effective date of a performance standard established under section 514 for such device.

''(B) Authority to issue such administrative order shall not be delegated below the Director of the Center for Devices and Radiological Health, acting in consultation with the Commissioner.''.

(2) TECHNICAL AND CONFORMING AMENDMENTS.—

(A) Section 513(e)(2) (21 U.S.C. 360c(e)(2)) is amended by striking ''regulation promulgated'' and inserting ''an order issued''.

(B) Section 514(a)(1) (21 U.S.C. 360d(a)(1)) is amended by striking ''under a regulation under section 513(e) but such regulation'' and inserting ''under an administrative order under section 513(e) (or a regulation promulgated under such section prior to the date of enactment of the Food and Drug Administration Safety and Innovation Act) but such order (or regulation)''.

(C) Section 517(a)(1) (21 U.S.C. 360g(a)(1)) is amended by striking ''or changing the classification of a device to class I'' and inserting '', an administrative order changing the classification of a device to class I,''.

(3) DEVICES RECLASSIFIED PRIOR TO THE DATE OF ENACTMENT OF THIS ACT.—

(A) IN GENERAL.—The amendments made by this subsection shall have no effect on a regulation promulgated with respect to the classification of a device under section 513(e) of the Federal Food, Drug, and Cosmetic Act prior to the date of enactment of this Act.

(B) APPLICABILITY OF OTHER PROVISIONS.—In the case of a device reclassified under section 513(e) of the Federal Food, Drug, and Cosmetic Act by regulation prior to the date of enactment of this Act, section 517(a)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360g(a)(1)) shall apply to such regulation promulgated under section 513(e) of such Act with respect to such device in the same manner such section 517(a)(1) applies to an administrative order issued with respect to a device reclassified after the date of enactment of this Act.

(b) DEVICES MARKETED BEFORE MAY 28, 1976.—

(1) PREMARKET APPROVAL.—Section 515 (21 U.S.C. 360e) is amended—

(A) in subsection (a), by striking ''regulation promulgated under subsection (b)'' and inserting ''an order issued under subsection (b) (or a regulation promulgated under such subsection prior to the date of enactment of the Food and Drug Administration Safety and Innovation Act)'';

(B) in subsection (b)—

(i) in paragraph (1)—

(I) in the heading, by striking ''Regulation'' and inserting ''Order''; and

(II) in the matter following subparagraph (B)—

(aa) by striking ''by regulation, promulgated in accordance with this subsection'' and inserting ''by administrative order following publication of a proposed order in the Federal Register, a meeting of a device classification panel described in section 513(b), and consideration of comments from all affected stakeholders, including patients, payors, and providers, notwithstanding subchapter II of chapter 5 of title 5, United States Code''; and

(bb) by adding at the end the following: ''Authority to issue such administrative order shall not be delegated below the Director of the Center for Devices and Radiological Health, acting in consultation with the Commissioner.'';

(ii) in paragraph (2)—

(I) by striking subparagraph (B); and

(II) in subparagraph (A)—

(aa) by striking ''(2)(A) A proceeding for the promulgation of a regulation under paragraph (1) respecting a device shall be initiated by the publication in the Federal Register of a notice of proposed rulemaking. Such notice shall contain—'' and inserting ''(2) A proposed order required under paragraph (1) shall contain—'';

(bb) by redesignating clauses (i) through (iv) as subparagraphs (A) through (D), respectively;

(cc) in subparagraph (A), as so redesignated, by striking ''regulation'' and inserting ''order''; and

(dd) in subparagraph (C), as so redesignated, by striking ''regulation'' and inserting ''order'';

(iii) in paragraph (3)—

(I) by striking ''proposed regulation'' each place such term appears and inserting ''proposed order'';

(II) by striking ''paragraph (2) and after'' and inserting ''paragraph (2),'';

(III) by inserting ''and a meeting of a device classification panel described in section 513(b),'' after ''such proposed regulation and findings,'';

(IV) by striking ''(A) promulgate such regulation'' and inserting ''(A) issue an administrative order under paragraph (1)'';

(V) by striking ''paragraph (2)(A)(ii)'' and inserting ''paragraph (2)(B)''; and

(VI) by striking ''promulgation of the regulation'' and inserting ''issuance of the administrative order''; and

(iv) by striking paragraph (4); and

(C) in subsection (i)—

(i) in paragraph (2)—

(I) in the matter preceding subparagraph (A)—

(aa) by striking ''December 1, 1995'' and inserting ''the date that is 2 years after the date of enactment of the Food and Drug Administration Safety and Innovation Act''; and

(bb) by striking ''publish a regulation in the Federal Register'' and inserting ''issue an administrative order following publication of a proposed order in the Federal Register, a meeting of a device classification panel described in

section 513(b), and consideration of comments from all affected stakeholders, including patients, payors, and providers, notwithstanding subchapter II of chapter 5 of title 5, United States Code,'';

(II) in subparagraph (B), by striking ''final regulation has been promulgated under section 515(b)'' and inserting ''administrative order has been issued under subsection (b) (or no regulation has been promulgated under such subsection prior to the date of enactment of the Food and Drug Administration Safety and Innovation Act)'';

(III) in the matter following subparagraph (B), by striking ''regulation requires'' and inserting ''administrative order issued under this paragraph requires''; and

(IV) by striking the third and fourth sentences; and

(ii) in paragraph (3)—

(I) by striking ''regulation requiring'' each place such term appears and inserting ''order requiring''; and

(II) by striking ''promulgation of a section 515(b) regulation'' and inserting ''issuance of an administrative order under subsection (b)''.

(2) TECHNICAL AND CONFORMING AMENDMENTS.—Section 501(f) (21 U.S.C. 351(f)) is amended—

(A) in subparagraph (1)(A)—

(i) in subclause (i), by striking ''a regulation promulgated'' and inserting ''an order issued''; and

(ii) in subclause (ii), by striking ''promulgation of such regulation'' and inserting ''issuance of such order'';

(B) in subparagraph (2)(B)—

(i) by striking ''a regulation promulgated'' and inserting ''an order issued''; and

(ii) by striking ''promulgation of such regulation'' and inserting ''issuance of such order''; and

(C) by adding at the end the following:

''(3) In the case of a device with respect to which a regulation was promulgated under section 515(b) prior to the date of enactment of the Food and Drug Administration Safety and Innovation Act, a reference in this subsection to an order issued under section 515(b) shall be deemed to include such regulation.''.

(3) APPROVAL BY REGULATION PRIOR TO THE DATE OF ENACTMENT OF THIS ACT.—The amendments made by this subsection shall have no effect on a regulation that was promulgated prior to the date of enactment of this Act requiring that a device have an approval under section 515 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360e) of an application for premarket approval.

(c) REPORTING.—The Secretary of Health and Human Services shall annually post on the Internet Web site of the Food and Drug Administration—

(1) the number and type of class I and class II devices reclassified as class II or class III in the previous calendar year under section 513(e)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360c(e)(1));

(2) the number and type of class II and class III devices reclassified as class I or class II in the previous calendar year under such section 513(e)(1); and

(3) the number and type of devices reclassified in the previous calendar year under section 515 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360e).

SEC. 609. HARMONIZATION OF DEVICE PREMARKET REVIEW, INSPECTION, AND LABELING SYMBOLS.

Paragraph (4) of section 803(c) (21 U.S.C. 383(c)) is amended to read as follows:

''(4) With respect to devices, the Secretary may, when appropriate, enter into arrangements with nations regarding methods and approaches to harmonizing regulatory requirements for activities, including inspections and common international labeling symbols.''.

SEC. 610. PARTICIPATION IN INTERNATIONAL FORA.

Paragraph (3) of section 803(c) (21 U.S.C. 383(c)) is amended—

(1) by striking ''(3)'' and inserting ''(3)(A)''; and

(2) by adding at the end the following:

''(B) In carrying out subparagraph (A), the Secretary may participate in appropriate fora, including the International Medical Device Regulators Forum, and may—

''(i) provide guidance to such fora on strategies, policies, directions, membership, and other activities of a forum as appropriate;

''(ii) to the extent appropriate, solicit, review, and consider comments from industry, academia, health care professionals, and patient groups regarding the activities of such fora; and

''(iii) to the extent appropriate, inform the public of the Secretary's activities within such fora, and share with the public any documentation relating to a forum's strategies, policies, and other activities of such fora.''.

SEC. 611. REAUTHORIZATION OF THIRD-PARTY REVIEW.

(a) PERIODIC REACCREDITATION.—Section 523(b)(2) (21 U.S.C. 360m(b)(2)) is amended by adding at the end of the following:

''(E) PERIODIC REACCREDITATION.—

''(i) PERIOD.—Subject to suspension or withdrawal under subparagraph (B), any accreditation under this section shall be valid for a period of 3 years after its issuance.

''(ii) RESPONSE TO REACCREDITATION REQUEST.—Upon the submission of a request by an accredited person for reaccreditation under this section, the Secretary shall approve or deny such request not later than 60 days after receipt of the request.

''(iii) CRITERIA.—Not later than 120 days after the date of the enactment of this subparagraph, the Secretary shall establish and publish in the Federal Register criteria to reaccredit or deny reaccreditation to persons under this section. The reaccreditation of persons under this section shall specify the particular activities under subsection (a), and the devices, for which such persons are reaccredited.''.

(b) DURATION OF AUTHORITY.—Section 523(c) (21 U.S.C. 360m(c)) is amended by striking ''October 1, 2012'' and inserting ''October 1, 2017''.

SEC. 612. REAUTHORIZATION OF THIRD-PARTY INSPECTION.

Section 704(g)(11) (21 U.S.C. 374(g)(11)) is amended by striking ''October 1, 2012'' and inserting ''October 1, 2017''.

SEC. 613. HUMANITARIAN DEVICE EXEMPTIONS.

(a) IN GENERAL.—Section 520(m) (21 U.S.C. 360j(m)) is amended—

(1) in paragraph (6)—

(A) in subparagraph (A)—

(i) by striking clause (i) and inserting the following:

''(i) The device with respect to which the exemption is granted—

''(I) is intended for the treatment or diagnosis of a disease or condition that occurs in pediatric patients or in a pediatric subpopulation, and such device is labeled for use in pediatric patients or in a pediatric subpopulation in which the disease or condition occurs; or

''(II) is intended for the treatment or diagnosis of a disease or condition that does not occur in pediatric patients or that occurs in pediatric patients in such numbers that the development of the device for such patients is impossible, highly impracticable, or unsafe.''; and

(ii) by striking clause (ii) and inserting the following:

''(ii) During any calendar year, the number of such devices distributed during that year under each exemption granted under this subsection does not exceed the annual distribution number for such device. In this paragraph, the term 'annual distribution number' means the number of such devices reasonably needed to treat, diagnose, or cure a population of 4,000 individuals in the United States. The Secretary shall determine the annual distribution number when the Secretary grants such exemption.''; and

(B) by amending subparagraph (C) to read as follows:

''(C) A person may petition the Secretary to modify the annual distribution number determined by the Secretary under subparagraph (A)(ii) with respect to a device if additional information arises, and the Secretary may modify such annual distribution number.'';

(2) in paragraph (7), by striking ''regarding a device'' and inserting ''regarding a device described in paragraph (6)(A)(i)(I)''; and

(3) in paragraph (8), by striking ''of all devices described in paragraph (6)'' and inserting ''of all devices described in paragraph (6)(A)(i)(I)''.

(b) APPLICABILITY TO EXISTING DEVICES.—A sponsor of a device for which an exemption was approved under paragraph (2) of section 520(m) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360j(m)) before the date of enactment of this Act may seek a determination under subclause (I) or (II) of section 520(m)(6)(A)(i) (as amended by subsection (a)). If the Secretary of Health and Human Services determines that such subclause (I) or (II) applies with respect to a device, clauses (ii), (iii), and (iv) of subparagraph (A) and subparagraphs (B), (C), (D), and (E) of paragraph (6) of such section 520(m) shall apply to such device, and the Secretary shall determine the annual distribution number for purposes of clause (ii) of such subparagraph (A) when making the determination under this subsection.

SEC. 614. UNIQUE DEVICE IDENTIFIER.

Section 519(f) (21 U.S.C. 360i(f)) is amended—

(1) by striking ''The Secretary shall promulgate'' and inserting ''Not later than December 31, 2012, the Secretary shall issue proposed''; and

(2) by adding at the end the following: ''The Secretary shall finalize the proposed regulations not later than 6 months after the close of the comment period and shall implement the final regulations with respect to devices that are implantable, life-saving, and life sustaining not later than 2 years after the regulations are finalized, taking into account patient access to medical devices and therapies.''.

SEC. 615. SENTINEL.

Section 519 (21 U.S.C. 360i) is amended by adding at the end the following:

''(h) INCLUSION OF DEVICES IN THE POSTMARKET RISK IDENTIFICATION AND ANALYSIS SYSTEM.—

''(1) IN GENERAL.—

''(A) APPLICATION TO DEVICES.—The Secretary shall amend the procedures established and maintained under clauses (i), (ii), (iii), and (v) of section 505(k)(3)(C) in order to expand the postmarket risk identification and analysis system established under such section to include and apply to devices.

''(B) EXCEPTION.—Subclause (II) of clause (i) of section 505(k)(3)(C) shall not apply to devices.

''(C) CLARIFICATION.—With respect to devices, the private sector health-related electronic data provided under section 505(k)(3)(C)(i)(III)(bb) may include medical device utilization data, health insurance claims data, and procedure and device registries.

''(2) DATA.—In expanding the system as described in paragraph (1)(A), the Secretary shall use relevant data with respect to devices cleared under section 510(k) or approved under section 515, including claims data, patient survey data, and any other data deemed appropriate by the Secretary.

''(3) STAKEHOLDER INPUT.—To help ensure effective implementation of the system as described in paragraph (1) with respect to devices, the Secretary shall engage outside stakeholders in development of the system, and gather information from outside stakeholders regarding the content of an effective sentinel program,

through a public hearing, advisory committee meeting, maintenance of a public docket, or other similar public measures.

''(4) VOLUNTARY SURVEYS.—Chapter 35 of title 44, United States Code, shall not apply to the collection of voluntary information from health care providers, such as voluntary surveys or questionnaires, initiated by the Secretary for purposes of postmarket risk identification, mitigation, and analysis for devices.''.

SEC. 616. POSTMARKET SURVEILLANCE.

Section 522 (21 U.S.C. 360l) is amended—

(1) in subsection (a)(1)(A), in the matter preceding clause (i), by inserting '', at the time of approval or clearance of a device or at any time thereafter,'' after ''by order''; and

(2) in subsection (b)(1), by inserting ''The manufacturer shall commence surveillance under this section not later than 15 months after the day on which the Secretary issues an order under this section.'' after the second sentence.

SEC. 617. CUSTOM DEVICES.

Section 520(b) (21 U.S.C. 360j(b)) is amended to read as follows:

''(b) CUSTOM DEVICES.—

''(1) IN GENERAL.—The requirements of sections 514 and 515 shall not apply to a device that—

''(A) is created or modified in order to comply with the order of an individual physician or dentist (or any other specially qualified person designated under regulations promulgated by the Secretary after an opportunity for an oral hearing);

''(B) in order to comply with an order described in subparagraph (A), necessarily deviates from an otherwise applicable performance standard under section 514 or requirement under section 515;

''(C) is not generally available in the United States in finished form through labeling or advertising by the manufacturer, importer, or distributor for commercial distribution;

''(D) is designed to treat a unique pathology or physiological condition that no other device is domestically available to treat;

''(E)(i) is intended to meet the special needs of such physician or dentist (or other specially qualified person so designated) in the course of the professional practice of such physician or dentist (or other specially qualified person so designated); or

''(ii) is intended for use by an individual patient named in such order of such physician or dentist (or other specially qualified person so designated);

''(F) is assembled from components or manufactured and finished on a case-by-case basis to accommodate the unique needs of individuals described in clause (i) or (ii) of subparagraph (E); and

''(G) may have common, standardized design characteristics, chemical and material compositions, and manufacturing processes as commercially distributed devices.

''(2) LIMITATIONS.—Paragraph (1) shall apply to a device only if—

''(A) such device is for the purpose of treating a sufficiently rare condition, such that conducting clinical investigations on such device would be impractical;

''(B) production of such device under paragraph (1) is limited to no more than 5 units per year of a particular device type, provided that such replication otherwise complies with this section; and

''(C) the manufacturer of such device notifies the Secretary on an annual basis, in a manner prescribed by the Secretary, of the manufacture of such device.

''(3) GUIDANCE.—Not later than 2 years after the date of enactment of this section, the Secretary shall issue final guidance on replication of multiple devices described in paragraph (2)(B).''.

SEC. 618. HEALTH INFORMATION TECHNOLOGY.

(a) REPORT.—Not later than 18 months after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ''Secretary''), acting through the Commissioner of Food and Drugs, and in consultation with the National Coordinator for Health Information Technology and the Chairman of the Federal Communications Commission, shall post on the Internet Web sites of the Food and Drug Administration, the Federal Communications Commission, and the Office of the National Coordinator for Health Information Technology, a report that contains a proposed strategy and recommendations on an appropriate, risk-based regulatory framework pertaining to health information technology, including mobile medical applications, that promotes innovation, protects patient safety, and avoids regulatory duplication.

(b) WORKING GROUP.—

(1) IN GENERAL.—In carrying out subsection (a), the Secretary may convene a working group of external stakeholders and experts to provide appropriate input on the strategy and recommendations required for the report under subsection (a).

(2) REPRESENTATIVES.—If the Secretary convenes the working group under paragraph (1), the Secretary, in consultation with the Commissioner of Food and Drugs, the National Coordinator for Health Information Technology, and the Chairman of the Federal Communications Commission, shall determine the number of representatives participating in the working group, and shall, to the extent practicable, ensure that the working group is geographically diverse and includes representatives of patients, consumers, health care providers, startup companies, health plans or other third-party payers, venture capital investors, information technology vendors, health information technology vendors, small businesses, purchasers, employers, and other stakeholders with relevant expertise, as determined by the Secretary.

SEC. 619. GOOD GUIDANCE PRACTICES RELATING TO DEVICES.

Subparagraph (C) of section 701(h)(1) (21 U.S.C. 371(h)(1)) is amended—

(1) by striking ''(C) For guidance documents'' and inserting ''(C)(i) For guidance documents''; and

(2) by adding at the end the following:

''(ii) With respect to devices, if a notice to industry guidance letter, a notice to industry advisory letter, or any similar notice sets forth initial interpretations of a regulation or policy or sets forth changes in interpretation or policy, such notice shall be treated as a guidance document for purposes of this subparagraph.''.

SEC. 620. PEDIATRIC DEVICE CONSORTIA.

(a) IN GENERAL.—Section 305(e) of Pediatric Medical Device Safety and Improvement Act (Public Law 110–85; 42 U.S.C. 282 note)) is amended by striking ''$6,000,000 for each of fiscal years 2008 through 2012'' and inserting ''$5,250,000 for each of fiscal years 2013 through 2017''.

(b) FINAL RULE RELATING TO TRACKING OF PEDIATRIC USES OF DEVICES.—The Secretary of Health and Human Services shall issue—

(1) a proposed rule implementing section 515A(a)(2) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360e–1(a)(2)) not later than December 31, 2012; and

(2) a final rule implementing such section not later than December 31, 2013.

TITLE VII—DRUG SUPPLY CHAIN

SEC. 701. REGISTRATION OF DOMESTIC DRUG ESTABLISHMENTS.

Section 510 (21 U.S.C. 360) is amended—

(1) in subsection (b)—

(A) in paragraph (1), by striking ''On or before'' and all that follows through the period at the end and inserting the following: ''During the period beginning on October 1 and ending on December 31 of each year, every person who owns or operates any establishment in any State engaged in the manufacture, preparation, propagation, compounding, or processing of a drug or drugs shall register with the Secretary the name of such person, places of business of such person, all such establishments, the unique facility identifier of each such establishment, and a point of contact e-mail address.; and

(B) by adding at the end the following:

''(3) The Secretary shall specify the unique facility identifier system that shall be used by registrants under paragraph (1). The requirement to include a unique facility identifier in a registration under paragraph (1) shall not apply until the date that the identifier system is specified by the Secretary under the preceding sentence.''; and

(2) in subsection (c), by striking ''with the Secretary his name, place of business, and such establishment'' and inserting ''with the Secretary—

''(1) with respect to drugs, the information described under subsection (b)(1); and

''(2) with respect to devices, the information described under subsection (b)(2).''.

SEC. 702. REGISTRATION OF FOREIGN ESTABLISHMENTS.

(a) ENFORCEMENT OF REGISTRATION OF FOREIGN ESTABLISHMENTS.—Section 502(o) (21 U.S.C. 352(o)) is amended by striking ''in any State''.

(b) REGISTRATION OF FOREIGN DRUG ESTABLISHMENTS.—Section 510(i) (U.S.C. 360(i)) is amended—

(1) in paragraph (1)—

(A) by amending the matter preceding subparagraph (A) to read as follows: ''Every person who owns or operates any establishment within any foreign country engaged in the manufacture, preparation, propagation, compounding, or processing of a drug or device that is imported or offered for import into the United States shall, through electronic means in accordance with the criteria of the Secretary—'';

(B) by amending subparagraph (A) to read as follows:

''(A) upon first engaging in any such activity, immediately submit a registration to the Secretary that includes—

''(i) with respect to drugs, the name and place of business of such person, all such establishments, the unique facility identifier of each such establishment, a point of contact e-mail address, the name of the United States agent of each such establishment, the name of each importer of such drug in the United States that is known to the establishment, and the name of each person who imports or offers for import such drug to the United States for purposes of importation; and

''(ii) with respect to devices, the name and place of business of the establishment, the name of the United States agent for the establishment, the name of each importer of such device in the United States that is known to the establishment, and the name of each person who imports or offers for import such device to the United States for purposes of importation; and''; and

(C) by amending subparagraph (B) to read as follows:

''(B) each establishment subject to the requirements of subparagraph (A) shall thereafter register with the Secretary during the period beginning on October 1 and ending on December 31 of each year.''; and

(2) by adding at the end the following:

''(4) The Secretary shall specify the unique facility identifier system that shall be used by registrants under paragraph (1) with respect to drugs. The requirement to include a unique facility identifier in a registration under paragraph (1) with respect to drugs shall not apply until the date that the identifier system is specified by the Secretary under the preceding sentence.''.

SEC. 703. IDENTIFICATION OF DRUG EXCIPIENT INFORMATION WITH PRODUCT LISTING.

Section 510(j) (21 U.S.C. 360(j)) is amended—

(1) in paragraph (1)—

(A) in subparagraph (C), by striking ''; and'' and inserting a semicolon;

(B) in subparagraph (D), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following:

''(E) in the case of a drug contained in the applicable list, the name and place of business of each manufacturer of an excipient of the listed drug with which the person listing the drug conducts business, including all establishments used in the production of such excipient, the unique facility identifier of each such establishment, and a point of contact e-mail address for each such excipient manufacturer.''; and

(2) by adding at the end the following:

''(4) The Secretary shall require persons subject to this subsection to use, for purposes of this subsection, the unique facility identifier systems specified under subsections (b)(3) and (i)(4) with respect to drugs. Such requirement shall not apply until the date that the identifier system under subsection (b)(3) or (i)(4), as applicable, is specified by the Secretary.''.

SEC. 704. ELECTRONIC SYSTEM FOR REGISTRATION AND LISTING.

Section 510(p) (21 U.S.C. 360(p)) is amended—

(1) by striking ''(p) Registrations and listings'' and inserting the following:

''(p) ELECTRONIC REGISTRATION AND LISTING.—

''(1) IN GENERAL.—Registrations and listings''; and

(2) by adding at the end the following:

''(2) ELECTRONIC DATABASE.—Not later than 2 years after the Secretary specifies a unique facility identifier system under subsections (b) and (i), the Secretary shall maintain an electronic database, which shall not be subject to inspection under subsection (f), populated with the information submitted as described under paragraph (1) that—

''(A) enables personnel of the Food and Drug Administration to search the database by any field of information submitted in a registration described under paragraph (1), or combination of such fields; and

''(B) uses the unique facility identifier system to link with other relevant databases within the Food and Drug Administration, including the database for submission of information under section 801(r).

''(3) RISK-BASED INFORMATION AND COORDINATION.—The Secretary shall ensure the accuracy and coordination of relevant Food and Drug Administration databases in order to identify and inform risk-based inspections under section 510(h).''.

SEC. 705. RISK-BASED INSPECTION FREQUENCY.

Section 510(h) (21 U.S.C. 360(h)) is amended to read as follows:

''(h) INSPECTIONS.—

''(1) IN GENERAL.—Every establishment that is required to be registered with the Secretary under this section shall be subject to inspection pursuant to section 704.

''(2) BIENNIAL INSPECTIONS FOR DEVICES.—Every establishment described in paragraph (1), in any State, that is engaged in the manufacture, propagation, compounding, or processing of a device or devices classified in class II or III shall be so inspected by one or more officers or employees duly designated by the Secretary, or by persons accredited to conduct inspections under section 704(g), at least once in the 2-year period beginning with the date of registration of such establishment pursuant to this section and at least once in every successive 2-year period thereafter.

''(3) RISK-BASED SCHEDULE FOR DRUGS.—The Secretary, acting through one or more officers or employees duly designated by the Secretary, shall inspect establishments described in paragraph (1) that are engaged in the manufacture, preparation, propagation, compounding, or processing of a drug or drugs (referred to in this subsection as 'drug establishments') in accordance with a risk-based schedule established by the Secretary.

''(4) RISK FACTORS.—In establishing the risk-based scheduled under paragraph (3), the Secretary shall inspect establishments according to the known safety risks of such establishments, which shall be based on the following factors:

''(A) The compliance history of the establishment.

''(B) The record, history, and nature of recalls linked to the establishment.

''(C) The inherent risk of the drug manufactured, prepared, propagated, compounded, or processed at the establishment.

''(D) The inspection frequency and history of the establishment, including whether the establishment has been inspected pursuant to section 704 within the last 4 years.

''(E) Whether the establishment has been inspected by a foreign government or an agency of a foreign government recognized under section 809.

''(F) Any other criteria deemed necessary and appropriate by the Secretary for purposes of allocating inspection resources.

''(5) EFFECT OF STATUS.—In determining the risk associated with an establishment for purposes of establishing a risk-based schedule under paragraph (3), the Secretary shall not consider whether the drugs manufactured, prepared, propagated, compounded, or processed by such establishment are drugs described in section 503(b).

''(6) ANNUAL REPORT ON INSPECTIONS OF ESTABLISHMENTS.—Beginning in 2014, not later than February 1 of each year, the Secretary shall make available on the Internet Web site of the Food and Drug Administration a report regarding—

''(A)(i) the number of domestic and foreign establishments registered pursuant to this section in the previous fiscal year; and

''(ii) the number of such domestic establishments and the number of such foreign establishments that the Secretary inspected in the previous fiscal year;

''(B) with respect to establishments that manufacture, prepare, propagate, compound, or process an active ingredient of a drug, a finished drug product, or an excipient of a drug, the number of each such type of establishment; and

''(C) the percentage of the budget of the Food and Drug Administration used to fund the inspections described under subparagraph (A).''.

SEC. 706. RECORDS FOR INSPECTION.

Section 704(a) (21 U.S.C. 374(a)) is amended by adding at the end the following:

''(4)(A) Any records or other information that the Secretary may inspect under this section from a person that owns or operates an establishment that is engaged in the manufacture, preparation, propagation, compounding, or processing of a drug shall, upon the request of the Secretary, be provided to the Secretary by such person, in advance of or in lieu of an inspection, within a reasonable timeframe, within reasonable limits, and in a reasonable manner, and in either electronic or physical form, at the expense of such person. The Secretary's request shall include a sufficient description of the records requested.

''(B) Upon receipt of the records requested under subparagraph (A), the Secretary shall provide to the person confirmation of receipt.

''(C) Nothing in this paragraph supplants the authority of the Secretary to conduct inspections otherwise permitted under this Act in order to ensure compliance with this Act.''.

SEC. 707. PROHIBITION AGAINST DELAYING, DENYING, LIMITING, OR REFUSING INSPECTION.

(a) IN GENERAL.—Section 501 (21 U.S.C. 351) is amended by adding at the end the following:

''(j) If it is a drug and it has been manufactured, processed, packed, or held in any factory, warehouse, or establishment and the owner, operator, or agent of such factory, warehouse, or establishment delays, denies, or limits an inspection, or refuses to permit entry or inspection.''.

(b) GUIDANCE.—Not later than 1 year after the date of enactment of this section, the Secretary of Health and Human Services shall issue guidance that defines the circumstances that would constitute delaying, denying, or limiting inspection, or refusing to permit entry or inspection, for purposes of section 501(j) of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a)).

SEC. 708. DESTRUCTION OF ADULTERATED, MISBRANDED, OR COUNTERFEIT DRUGS OFFERED FOR IMPORT.

(a) IN GENERAL.—The sixth sentence of section 801(a) (21 U.S.C. 381(a)) is amended by inserting before the period at the end the following: '', except that the Secretary of Health and Human Services may destroy, without the opportunity for export, any drug refused admission under this section, if such drug is valued at an amount that is $2,500 or less (or such higher amount as the Secretary of the Treasury may set by regulation pursuant to section 498(a)(1) of the Tariff Act of 1930 (19 U.S.C. 1498(a)(1)) and was not brought into compliance as described under subsection (b).''.

(b) NOTICE.—Subsection (a) of section 801 (21 U.S.C. 381), as amended by subsection (a), is further amended by inserting after the sixth sentence the following: ''The Secretary of Health and Human Services shall issue regulations providing for notice and an opportunity to appear before the Secretary of Health and Human Services and introduce testimony, as described in the first sentence of this subsection, on destruction of a drug under the sixth sentence of this subsection. The regulations shall provide that prior to destruction, appropriate due process is available to the owner or consignee seeking to challenge the decision to destroy the drug. Where the Secretary of Health and Human Services provides notice and an opportunity to appear and introduce testimony on the destruction of a drug, the Secretary of Health and Human Services shall store and, as applicable, dispose of the drug after the issuance of the notice, except that the owner and consignee shall remain liable for costs pursuant to subsection (c). Such process may be combined with the notice and opportunity to appear before the Secretary and introduce testimony, as described in the first sentence of this subsection, as long as appropriate notice is provided to the owner or consignee.''.

(c) APPLICABILITY.—The amendment made by subsection (a) shall apply beginning on the effective date of the regulations promulgated pursuant to the amendment made by subsection (b).

(d) REGULATIONS.—

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services shall adopt final regulations implementing the amendments made this section.

(2) PROCEDURE.—In promulgating a regulation implementing the amendments made by this section, the Secretary of Health and Human Services shall—

(A) issue a notice of proposed rulemaking that includes a copy of the proposed regulation;

(B) provide a period of not less than 60 days for comments on the proposed regulation; and

(C) publish the final regulation not less than 30 days before the effective date of the regulation.

(3) RESTRICTIONS.—Notwithstanding any other provision of law, the Secretary of Health and Human Services shall promulgate regulations implementing the amendments made by this section only as described in paragraph (2).

SEC. 709. ADMINISTRATIVE DETENTION.

(a) IN GENERAL.—Section 304(g) (21 U.S.C. 335a(g)) is amended—

(1) in paragraph (1), by inserting '', drug,'' after ''device'', each place it appears;

(2) in paragraph (2)(A), by inserting '', drug,'' after ''(B), a device''; and

(3) in paragraph (2)(B), by inserting ''or drug'' after ''device'' each place it appears.

(b) REGULATIONS.—

(1) IN GENERAL.—Not later than 2 years after the date of the enactment of this Act, the Secretary of Health and Human Services shall promulgate regulations in accordance with section 304(i) of the Federal Food, Drug, and Cosmetic Act, as added by paragraph (2) of this subsection, to implement administrative detention authority with respect to drugs, as authorized by the amendments made by subsection (a). Before promulgating such regulations, the Secretary shall consult with stakeholders, including manufacturers of drugs.

(2) IN GENERAL.—Section 304 (21 U.S.C. 334) is amended by adding at the end the following:

''(i) PROCEDURES FOR PROMULGATING REGULATIONS.—

''(1) IN GENERAL.—In promulgating a regulation implementing this section, the Secretary shall—

''(A) issue a notice of proposed rulemaking that includes the proposed regulation;

''(B) provide a period of not less than 60 days for comments on the proposed regulation; and

''(C) publish the final regulation not less than 30 days before the regulation's effective date.

''(2) RESTRICTIONS.—Notwithstanding any other provision of Federal law, in implementing this section, the Secretary shall only promulgate regulations as described in paragraph (1).''.

(c) EFFECTIVE DATE.—The amendments made by subsection (a) shall not take effect until the Secretary has issued a final regulation under subsection (b).

SEC. 710. EXCHANGE OF INFORMATION.

Section 708 (21 U.S.C. 379) is amended—

(1) by striking ''CONFIDENTIAL INFORMATION'' and all that follows through ''The Secretary may provide'' and inserting the following:

''SEC. 708. CONFIDENTIAL INFORMATION.

''(a) CONTRACTORS.—The Secretary may provide''; and

(2) by adding at the end the following:

''(b) ABILITY TO RECEIVE AND PROTECT CONFIDENTIAL INFORMATION OBTAINED FROM FOREIGN GOVERNMENTS.—

''(1) IN GENERAL.—The Secretary shall not be required to disclose under section 552 of title 5, United States Code (commonly referred to as the 'Freedom of Information Act'), or any other provision of law, any information relating to drugs obtained from a foreign government agency, if—

''(A) the information concerns the inspection of a facility, is part of an investigation, alerts the United States to the potential need for an investigation, or concerns a drug that has a reasonable probability of causing serious adverse health consequences or death to humans or animals;

''(B) the information is provided or made available to the United States Government voluntarily on the condition that it not be released to the public; and

''(C) the information is covered by, and subject to, a written agreement between the Secretary and the foreign government.

''(2) TIME LIMITATIONS.—The written agreement described in paragraph (1)(C) shall specify the time period for which paragraph (1) shall apply to the voluntarily disclosed information. Paragraph (1) shall not apply with respect to such information after the date specified in such agreement, but all other applicable legal protections, including the provisions of section 552 of title 5, United States Code, and section 319L(e)(1) of the Public Health Service Act, as applicable, shall continue to apply to such information. If no date is specified in the written agreement, paragraph (1) shall not apply with respect to such information for a period of more than 36 months.

''(3) DISCLOSURES NOT AFFECTED.—Nothing in this section authorizes any official to withhold, or to authorize the withholding of, information from Congress or information required to be disclosed pursuant to an order of a court of the United States.

''(4) RELATION TO OTHER LAW.—For purposes of section 552 of title 5, United States Code, this subsection shall be considered a statute described in subsection (b)(3)(B) of such section 552.

''(c) AUTHORITY TO ENTER INTO MEMORANDA OF UNDERSTANDING FOR PURPOSES OF INFORMATION EXCHANGE.—The Secretary may enter into written agreements to provide information referenced in section 301(j) to foreign governments subject to the following criteria:

''(1) CERTIFICATION.—The Secretary may enter into a written agreement to provide information under this subsection to a foreign government only if the Secretary has certified such government as having the authority and demonstrated ability to protect trade secret information from disclosure. Responsibility for this certification shall not be delegated to any officer or employee other than the Commissioner of Food and Drugs.

''(2) WRITTEN AGREEMENT.—The written agreement to provide information to the foreign government under this subsection shall include a commitment by the foreign government to protect information exchanged under this subsection from disclosure unless and until the sponsor gives written permission for disclosure or the Secretary makes a declaration of a public health emergency pursuant to section 319 of the Public Health Service Act that is relevant to the information.

''(3) INFORMATION EXCHANGE.—The Secretary may provide to a foreign government that has been certified under paragraph (1) and that has executed a written agreement under paragraph (2) information referenced in section 301(j) in only the following circumstances:

''(A) Information concerning the inspection of a facility may be provided to a foreign government if—

''(i) the Secretary reasonably believes, or the written agreement described in paragraph (2) establishes, that the government has authority to otherwise obtain such information; and

''(ii) the written agreement executed under paragraph (2) limits the recipient's use of the information to the recipient's civil regulatory purposes.

''(B) Information not described in subparagraph (A) may be provided as part of an investigation, or to alert the foreign government to the potential need for an investigation, if the Secretary has reasonable grounds to believe that a drug has a reasonable probability of causing serious adverse health consequences or death to humans or animals.

''(4) EFFECT OF SUBSECTION.—Nothing in this subsection affects the ability of the Secretary to enter into any written agreement authorized by other provisions of law to share confidential information.''.

SEC. 711. ENHANCING THE SAFETY AND QUALITY OF THE DRUG SUPPLY.

Section 501 (21 U.S.C. 351) is amended by adding at the end the following flush text:

''For purposes of paragraph (a)(2)(B), the term 'current good manufacturing practice' includes the implementation of oversight and controls over the manufacture of drugs to ensure quality, including managing the risk of and establishing the safety of raw materials, materials used in the manufacturing of drugs, and finished drug products.''.

SEC. 712. RECOGNITION OF FOREIGN GOVERNMENT INSPECTIONS.

Chapter VIII (21 U.S.C. 381 et seq.) is amended by adding at the end the following:

''SEC. 809. RECOGNITION OF FOREIGN GOVERNMENT INSPECTIONS.

''(a) INSPECTION.—The Secretary—

''(1) may enter into arrangements and agreements with a foreign government or an agency of a foreign government to recognize the inspection of foreign establishments registered under section 510(i) in order to facilitate risk-based inspections in accordance with the schedule established in section 510(h)(3);

''(2) may enter into arrangements and agreements with a foreign government or an agency of a foreign government under this section only with a foreign government or an agency of a foreign government that the Secretary has determined as having the capability of conduction inspections that meet the applicable requirements of this Act; and

''(3) shall perform such reviews and audits of drug safety programs, systems, and standards of a foreign government or agency for the foreign government as the Secretary deems necessary to determine that the foreign government or agency of the foreign government is capable of conducting inspections that meet the applicable requirements of this Act.

''(b) RESULTS OF INSPECTION.—The results of inspections performed by a foreign government or an agency of a foreign government under this section may be used as—

''(1) evidence of compliance with section 501(a)(2)(B) or section 801(r); and

''(2) for any other purposes as determined appropriate by the Secretary.''.

SEC. 713. STANDARDS FOR ADMISSION OF IMPORTED DRUGS.

Section 801 (21 U.S.C. 381) is amended—

(1) in subsection (o), by striking ''drug or''; and

(2) by adding at the end the following:

''(r)(1) The Secretary may require, pursuant to the regulations promulgated under paragraph (4)(A), as a condition of granting admission to a drug imported or offered for import into the United States, that the importer electronically submit information demonstrating that the drug complies with applicable requirements of this Act.

''(2) The information described under paragraph (1) may include—

''(A) information demonstrating the regulatory status of the drug, such as the new drug application, abbreviated new drug application, or investigational new drug or drug master file number;

''(B) facility information, such as proof of registration and the unique facility identifier;

''(C) indication of compliance with current good manufacturing practice, testing results, certifications relating to satisfactory inspections, and compliance with the country of export regulations; and

''(D) any other information deemed necessary and appropriate by the Secretary to assess compliance of the article being offered for import.

''(3) Information requirements referred to in paragraph (2)(C) may, at the discretion of the Secretary, be satisfied—

''(A) through representation by a foreign government, if an inspection is conducted by a foreign government using standards and practices as determined appropriate by the Secretary;

''(B) through representation by a foreign government or an agency of a foreign government recognized under section 809; or

''(C) other appropriate documentation or evidence as described by the Secretary.

''(4)(A) Not later than 18 months after the date of enactment of the Food and Drug Administration Safety and Innovation Act, the Secretary shall adopt final regulations implementing this subsection. Such requirements shall be appropriate for the type of import, such as whether the drug is for import into the United States for use in preclinical research or in a clinical investigation under an investigational new drug exemption under 505(i).

''(B) In promulgating the regulations under subparagraph (A), the Secretary—

''(i) may, as appropriate, take into account differences among importers and types of imports, and, based on the level of risk posed by the imported drug, provide for expedited clearance for those importers that volunteer to participate in partnership programs for highly compliant companies and pass a review of internal controls, including sourcing of foreign manufacturing inputs, and plant inspections; and

''(ii) shall—

''(I) issue a notice of proposed rulemaking that includes the proposed regulation;

''(II) provide a period of not less than 60 days for comments on the proposed regulation; and

''(III) publish the final regulation not less than 30 days before the effective date of the regulation.

''(C) Notwithstanding any other provision of law, the Secretary shall promulgate regulations implementing this subsection only as described in subparagraph (B).''.

SEC. 714. REGISTRATION OF COMMERCIAL IMPORTERS.

(a) PROHIBITIONS.—Section 301 (21 U.S.C. 331) is amended by adding at the end the following:

''(aaa) The failure to register in accordance with section 801(s).''.

(b) REGISTRATION.—Section 801 (21 U.S.C. 381), as amended by section 713 of this Act, is further amended by adding at the end the following:

''(s) REGISTRATION OF COMMERCIAL IMPORTERS.—

''(1) REGISTRATION.—The Secretary shall require a commercial importer of drugs—

''(A) to be registered with the Secretary in a form and manner specified by the Secretary; and

''(B) subject to paragraph (4), to submit, at the time of registration, a unique identifier for the principal place of business for which the importer is required to register under this subsection.

''(2) REGULATIONS.—

''(A) IN GENERAL.—The Secretary, in consultation with the Secretary of Homeland Security acting through U.S. Customs and Border Protection, shall promulgate regulations to establish good importer practices that specify the measures an importer shall take to ensure imported drugs are in compliance with the requirements of this Act and the Public Health Service Act.

''(B) PROCEDURE.—In promulgating a regulation under subparagraph (A), the Secretary shall—

''(i) issue a notice of proposed rulemaking that includes the proposed regulation;

''(ii) provide a period of not less than 60 days for comments on the proposed regulation; and

''(iii) publish the final regulation not less than 30 days before the regulation's effective date.

''(C) RESTRICTIONS.—Notwithstanding any other provision of Federal law, in implementing this subsection, the Secretary shall only promulgate regulations as described in subparagraph (B).

''(3) DISCONTINUANCE OF REGISTRATION.—The Secretary shall discontinue the registration of any commercial importer of drugs that fails to comply with the regulations promulgated under this subsection.

''(4) UNIQUE FACILITY IDENTIFIER.—The Secretary shall specify the unique facility identifier system that shall be used by registrants under paragraph (1). The requirement to include a unique facility identifier in a registration under paragraph (1) shall not apply until the date that the identifier system is specified by the Secretary under the preceding sentence.

''(5) EXEMPTIONS.—The Secretary, by notice in the Federal Register, may establish exemptions from the requirements of this subsection.''.

(c) MISBRANDING.—Section 502(o) (21 U.S.C. 352) is amended by inserting ''if it is a drug and was imported or offered for import by a commercial importer of drugs not duly registered under section 801(s),'' after ''not duly registered under section 510,''.

(d) REGULATIONS.—

(1) IN GENERAL.—Not later than 36 months after the date of the enactment of this Act, the Secretary of Health and Human Services, in consultation with the Secretary of Homeland Security acting through U.S. Customs and Border Protection, shall promulgate the regulations required to carry out section 801(s) of the Federal Food, Drug, and Cosmetic Act, as added by subsection (b).

(2) PROCEDURES FOR PROMULGATING REGULATIONS.—

(A) IN GENERAL.—In promulgating a regulation under paragraph (1), the Secretary shall—

(i) issue a notice of proposed rulemaking that includes the proposed regulation;

(ii) provide a period of not less than 60 days for comments on the proposed regulation; and

(iii) publish the final regulation not less than 30 days before the regulation's effective date.

(B) RESTRICTIONS.—Notwithstanding any other provision of Federal law, in implementing section 801(s) of the Federal Food, Drug, and Cosmetic Act, as added by subsection (b), the Secretary shall promulgate regulations only as described in subparagraph (A).

(3) EFFECTIVE DATE.—In establishing the effective date of the regulations under paragraph (1), the Secretary of Health and Human Services shall, in consultation with the Secretary of Homeland Security acting through U.S. Customs and Border Protection, as determined appropriate by the Secretary of Health and Human Services, provide a reasonable period of time for an importer of a drug to comply with good importer practices, taking into account differences among importers and types of imports, including based on the level of risk posed by the imported product.

SEC. 715. NOTIFICATION.

(a) PROHIBITED ACTS.—Section 301 (21 U.S.C. 331), as amended by section 714 of this Act, is further amended by adding at the end the following:

''(bbb) The failure to notify the Secretary in violation of section 568.''.

(b) NOTIFICATION.—Subchapter E of chapter V (21 U.S.C. 360bbb et seq.) is amended by adding at the end the following:

''SEC. 568. NOTIFICATION.

''(a) NOTIFICATION TO SECRETARY.—With respect to a drug, the Secretary may require notification to the Secretary by a regulated person if the regulated person knows—

''(1) that the use of such drug in the United States may result in serious injury or death;

''(2) of a significant loss or known theft of such drug intended for use in the United States; or

''(3) that—

''(A) such drug has been or is being counterfeited; and

''(B)(i) the counterfeit product is in commerce in the United States or could be reasonably expected to be introduced into commerce in the United States; or

''(ii) such drug has been or is being imported into the United States or may reasonably be expected to be offered for import into the United States.

''(b) MANNER OF NOTIFICATION.—Notification under this section shall be made in such manner and by such means as the Secretary may specify by regulation or guidance.

''(c) SAVINGS CLAUSE.—Nothing in this section shall be construed as limiting any other authority of the Secretary to require notifications related to a drug under any other provision of this Act or the Public Health Service Act.

''(d) DEFINITION.—In this section, the term 'regulated person' means—

''(1) a person who is required to register under section 510 or 801(s);

''(2) a wholesale distributor of a drug product; or

''(3) any other person that distributes drugs except a person that distributes drugs exclusively for retail sale.''.

SEC. 716. PROTECTION AGAINST INTENTIONAL ADULTERATION.

Section 303(b) (21 U.S.C. 333(b)) is amended by adding at the end the following:

''(7) Notwithstanding subsection (a)(2), any person that knowingly and intentionally adulterates a drug such that the drug is adulterated under subsection (a)(1), (b), (c), or (d) of section 501 and has a reasonable probability of causing serious adverse health consequences or death to humans or animals shall be imprisoned for not more than 20 years or fined not more than $1,000,000, or both.''.

SEC. 717. PENALTIES FOR COUNTERFEITING DRUGS.

(a) COUNTERFEIT DRUG PENALTY ENHANCEMENT.—

(1) OFFENSE.—Section 2320(a) of title 18, United States Code, is amended—

(A) by striking ''or'' at the end of paragraph (2);

(B) by inserting ''or'' at the end of paragraph (3);

(C) by inserting after paragraph (3) the following:

''(4) traffics in a counterfeit drug,''; and

(D) by striking ''through (3)'' and inserting ''through (4)''.

(2) PENALTIES.—Section 2320(b)(3) of title 18, United States Code, is amended—

(A) in the heading, by inserting ''AND COUNTERFEIT DRUGS'' after ''SERVICES''; and

(B) by inserting ''or counterfeit drug'' after ''service''.

(3) DEFINITION.—Section 2320(f) of title 18, United States Code, is amended—

(A) by striking ''and'' at the end of paragraph (4);

(B) by striking the period at the end of paragraph (5) and inserting ''; and''; and

(C) by adding at the end the following:

''(6) the term 'counterfeit drug' means a drug, as defined by section 201 of the Federal Food, Drug, and Cosmetic Act, that uses a counterfeit mark on or in connection with the drug.''.

(4) PRIORITY GIVEN TO CERTAIN INVESTIGATIONS AND PROSECUTIONS.—The Attorney General shall give increased priority to efforts to investigate and prosecute offenses under section 2320 of title 18, United States Code, that involve counterfeit drugs.

(b) SENTENCING COMMISSION DIRECTIVE.—

(1) DIRECTIVE TO SENTENCING COMMISSION.—Pursuant to its authority under section 994(p) of title 28, United States Code, and in accordance with this subsection, the United States Sentencing Commission shall review and amend, if appropriate, its guidelines and its policy statements applicable to persons convicted of an offense described in section 2320(a)(4) of title 18, United States Code, as amended by subsection (a), in order to reflect the intent of Congress that such penalties be increased in comparison to those currently provided by the guidelines and policy statements.

(2) REQUIREMENTS.—In carrying out this subsection, the Commission shall—

(A) ensure that the sentencing guidelines and policy statements reflect the intent of Congress that the guidelines and policy statements reflect the serious nature of the offenses described in paragraph (1) and the need for an effective deterrent and appropriate punishment to prevent such offenses;

(B) consider the extent to which the guidelines may or may not appropriately account for the potential and actual harm to the public resulting from the offense;

(C) assure reasonable consistency with other relevant directives and with other sentencing guidelines;

(D) account for any additional aggravating or mitigating circumstances that might justify exceptions to the generally applicable sentencing ranges;

(E) make any necessary conforming changes to the sentencing guidelines; and

(F) assure that the guidelines adequately meet the purposes of sentencing as set forth in section 3553(a)(2) of title 18, United States Code.

SEC. 718. EXTRATERRITORIAL JURISDICTION.

Chapter III (21 U.S.C. 331 et seq.) is amended by adding at the end the following:

''SEC. 311. EXTRATERRITORIAL JURISDICTION.

''There is extraterritorial jurisdiction over any violation of this Act relating to any article regulated under this Act if such article was intended for import into the United States or if any act

in furtherance of the violation was committed in the United States.''.

TITLE VIII—GENERATING ANTIBIOTIC INCENTIVES NOW

SEC. 801. EXTENSION OF EXCLUSIVITY PERIOD FOR DRUGS.

(a) IN GENERAL.—Chapter V (21 U.S.C. 351 et seq.) is amended by inserting after section 505D the following:

''SEC. 505E. EXTENSION OF EXCLUSIVITY PERIOD FOR NEW QUALIFIED INFECTIOUS DISEASE PRODUCTS.

''(a) EXTENSION.—If the Secretary approves an application pursuant to section 505 for a drug that has been designated as a qualified infectious disease product under subsection (d), the 4- and 5-year periods described in subsections (c)(3)(E)(ii) and (j)(5)(F)(ii) of section 505, the 3-year periods described in clauses (iii) and (iv) of subsection (c)(3)(E) and clauses (iii) and (iv) of subsection (j)(5)(F) of section 505, or the 7-year period described in section 527, as applicable, shall be extended by 5 years.

''(b) RELATION TO PEDIATRIC EXCLUSIVITY.—Any extension under subsection (a) of a period shall be in addition to any extension of the period under section 505A with respect to the drug.

''(c) LIMITATIONS.—Subsection (a) does not apply to the approval of—

''(1) a supplement to an application under section 505(b) for any qualified infectious disease product for which an extension described in subsection (a) is in effect or has expired;

''(2) a subsequent application filed with respect to a product approved under section 505 for a change that results in a new indication, route of administration, dosing schedule, dosage form, delivery system, delivery device, or strength; or

''(3) a product that does not meet the definition of a qualified infectious disease product under subsection (g) based upon its approved uses.

''(d) DESIGNATION.—

''(1) IN GENERAL.—The manufacturer or sponsor of a drug may request the Secretary to designate a drug as a qualified infectious disease product at any time before the submission of an application under section 505(b) for such drug. The Secretary shall, not later than 60 days after the submission of such a request, determine whether the drug is a qualified infectious disease product.

''(2) LIMITATION.—Except as provided in paragraph (3), a designation under this subsection shall not be withdrawn for any reason, including modifications to the list of qualifying pathogens under subsection (f)(2)(C).

''(3) REVOCATION OF DESIGNATION.—The Secretary may revoke a designation of a drug as a qualified infectious disease product if the Secretary finds that the request for such designation contained an untrue statement of material fact.

''(e) REGULATIONS.—

''(1) IN GENERAL.—Not later than 2 years after the date of enactment of the Food and Drug Administration Safety and Innovation Act, the Secretary shall adopt final regulations implementing this section, including developing the list of qualifying pathogens described in subsection (f).

''(2) PROCEDURE.—In promulgating a regulation implementing this section, the Secretary shall—

''(A) issue a notice of proposed rulemaking that includes the proposed regulation;

''(B) provide a period of not less than 60 days for comments on the proposed regulation; and

''(C) publish the final regulation not less than 30 days before the effective date of the regulation.

''(3) RESTRICTIONS.—Notwithstanding any other provision of law, the Secretary shall promulgate regulations implementing this section only as described in paragraph (2), except that the Secretary may issue interim guidance for sponsors seeking designation under subsection (d) prior to the promulgation of such regulations.

''(4) DESIGNATION PRIOR TO REGULATIONS.—The Secretary shall designate drugs as qualified infectious disease products under subsection (d) prior to the promulgation of regulations under this subsection, if such drugs meet the definition of a qualified infectious disease product described in subsection (g).

''(f) QUALIFYING PATHOGEN.—

''(1) DEFINITION.—In this section, the term 'qualifying pathogen' means a pathogen identified and listed by the Secretary under paragraph (2) that has the potential to pose a serious threat to public health, such as—

''(A) resistant gram positive pathogens, including methicillin-resistant Staphylococcus aureus, vancomycin-resistant Staphylococcus aureus, and vancomycin-resistant enterococcus;

''(B) multi-drug resistant gram negative bacteria, including Acinetobacter, Klebsiella, Pseudomonas, and E. coli species;

''(C) multi-drug resistant tuberculosis; and

''(D) Clostridium difficile.

''(2) LIST OF QUALIFYING PATHOGENS.—

''(A) IN GENERAL.—The Secretary shall establish and maintain a list of qualifying pathogens, and shall make public the methodology for developing such list.

''(B) CONSIDERATIONS.—In establishing and maintaining the list of pathogens described under this section, the Secretary shall—

''(i) consider—

''(I) the impact on the public health due to drug-resistant organisms in humans;

''(II) the rate of growth of drug-resistant organisms in humans;

''(III) the increase in resistance rates in humans; and

''(IV) the morbidity and mortality in humans; and

''(ii) consult with experts in infectious diseases and antibiotic resistance, including the Centers for Disease Control and Prevention, the Food and Drug Administration, medical professionals, and the clinical research community.

''(C) REVIEW.—Every 5 years, or more often as needed, the Secretary shall review, provide modifications to, and publish the list of qualifying pathogens under subparagraph (A) and shall by regulation revise the list as necessary, in accordance with subsection (e).

''(g) QUALIFIED INFECTIOUS DISEASE PRODUCT.—The term 'qualified infectious disease product' means an antibacterial or antifungal drug for human use intended to treat serious or life-threatening infections, including those caused by—

''(1) an antibacterial or antifungal resistant pathogen, including novel or emerging infectious pathogens; or

''(2) qualifying pathogens listed by the Secretary under subsection (f).''.

(b) APPLICATION.—Section 505E of the Federal Food, Drug, and Cosmetic Act, as added by subsection (a), applies only with respect to a drug that is first approved under section 505(c) of such Act (21 U.S.C. 355(c)) on or after the date of the enactment of this Act.

SEC. 802. PRIORITY REVIEW.

(a) AMENDMENT.—Chapter V (21 U.S.C. 351 et seq.) is amended by inserting after section 524 the following:

''SEC. 524A. PRIORITY REVIEW FOR QUALIFIED INFECTIOUS DISEASE PRODUCTS.

''If the Secretary designates a drug under section 505E(d) as a qualified infectious disease product, then the Secretary shall give priority review to any application submitted for approval for such drug under section 505(b).''.

(b) APPLICATION.—Section 524A of the Federal Food, Drug, and Cosmetic Act, as added by subsection (a), applies only with respect to an application that is submitted under section 505(b) of such Act (21 U.S.C. 355(b)) on or after the date of the enactment of this Act.

SEC. 803. FAST TRACK PRODUCT.

Section 506(a)(1) (21 U.S.C. 356(a)(1)), as amended by section 901(b) of this Act, is amended by inserting '', or if the Secretary designates the drug as a qualified infectious disease product under section 505E(d)'' before the period at the end of the first sentence.

SEC. 804. CLINICAL TRIALS.

(a) REVIEW AND REVISION OF GUIDANCE DOCUMENTS.—

(1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall review and, as appropriate, revise not fewer than 3 guidance documents per year, which shall include—

(A) reviewing the guidance documents of the Food and Drug Administration for the conduct of clinical trials with respect to antibacterial and antifungal drugs; and

(B) as appropriate, revising such guidance documents to reflect developments in scientific and medical information and technology and to ensure clarity regarding the procedures and requirements for approval of antibacterial and antifungal drugs under chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.).

(2) ISSUES FOR REVIEW.—At a minimum, the review under paragraph (1) shall address the appropriate animal models of infection, in vitro techniques, valid microbiological surrogate markers, the use of noninferiority versus superiority trials, trial enrollment, data requirements, and appropriate delta values for noninferiority trials.

(3) RULE OF CONSTRUCTION.—Except to the extent to which the Secretary makes revisions under paragraph (1)(B), nothing in this section shall be construed to repeal or otherwise effect the guidance documents of the Food and Drug Administration.

(b) RECOMMENDATIONS FOR INVESTIGATIONS.—

(1) REQUEST.—The sponsor of a drug intended to be designated as a qualified infectious disease product may request that the Secretary provide written recommendations for nonclinical and clinical investigations which the Secretary believes may be necessary to be conducted with the drug before such drug may be approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) for use in treating, detecting, preventing, or identifying a qualifying pathogen, as defined in section 505E of such Act.

(2) RECOMMENDATIONS.—If the Secretary has reason to believe that a drug for which a request is made under this subsection is a qualified infectious disease product, the Secretary shall provide the person making the request written recommendations for the nonclinical and clinical investigations which the Secretary believes, on the basis of information available to the Secretary at the time of the request, would be necessary for approval under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) of such drug for the use described in paragraph (1).

(c) QUALIFIED INFECTIOUS DISEASE PRODUCT.—For purposes of this section, the term ''qualified infectious disease product'' has the meaning given such term in section 505E(g) of the Federal Food, Drug, and Cosmetic Act, as added by section 801 of this Act.

SEC. 805. REASSESSMENT OF QUALIFIED INFECTIOUS DISEASE PRODUCT INCENTIVES IN 5 YEARS.

(a) IN GENERAL.—Not later than 5 years after the date of enactment of this Act, the Secretary of Health and Human Services shall, in consultation with the Food and Drug Administration, the Centers for Disease Control and Prevention, and other appropriate agencies, submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report that contains the following:

(1)(A) The number of initial designations of drugs as qualified infectious disease products

under section 505E of the Federal Food, Drug, and Cosmetic Act.

(B) The number of qualified infectious disease products approved under such section 505E.

(C) Whether such products address the need for antibacterial and antifungal drugs to treat serious and life-threatening infections.

(D) A list of qualified infectious disease products with information on the types of exclusivity granted for each product, consistent with the information published under section 505(j)(7)(A)(iii) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(7)(A)(iii)).

(E) The progress made regarding the review and revision of the clinical trial guidance documents required under section 804 and the impact such review and revision has had on the review and approval of qualified infectious disease products.

(F) The Federal contribution, if any, to funding of the clinical trials for each qualified infectious disease product for each phase.

(2) Recommendations—

(A) based on the information under paragraph (1) and any other relevant data, on any changes that should be made to the list of pathogens that are defined as qualifying pathogens under section 505E(f)(2) of the Federal Food, Drug, and Cosmetic Act, as added by section 801 of this Act; and

(B) on whether any additional program (such as the development of public-private collaborations to advance antibacterial drug innovation) or changes to the incentives under this subtitle may be needed to promote the development of antibacterial drugs.

(3) An examination of—

(A) the adoption of programs to measure the use of antibacterial drugs in health care settings; and

(B) the implementation and effectiveness of antimicrobial stewardship protocols across all health care settings.

(4) Any recommendations for ways to encourage further development and establishment of stewardship programs.

(5) A description of the regulatory challenges and impediments to clinical development, approval, and licensure of qualified infectious disease products, and the steps the Secretary has taken and will take to address such challenges and ensure regulatory certainty and predictability with respect to qualified infectious disease products.

(b) DEFINITION.—For purposes of this section, the term ''qualified infectious disease product'' has the meaning given such term in section 505E(g) of the Federal Food, Drug, and Cosmetic Act, as added by section 801 of this Act.

SEC. 806. GUIDANCE ON PATHOGEN-FOCUSED ANTIBACTERIAL DRUG DEVELOPMENT.

(a) DRAFT GUIDANCE.—Not later than June 30, 2013, in order to facilitate the development of antibacterial drugs for serious or life-threatening bacterial infections, particularly in areas of unmet need, the Secretary of Health and Human Services shall publish draft guidance that—

(1) specifies how preclinical and clinical data can be utilized to inform an efficient and streamlined pathogen-focused antibacterial drug development program that meets the approval standards of the Food and Drug Administration; and

(2) provides advice on approaches for the development of antibacterial drugs that target a more limited spectrum of pathogens.

(b) FINAL GUIDANCE.—Not later than December 31, 2014, after notice and opportunity for public comment on the draft guidance under subsection (a), the Secretary of Health and Human Services shall publish final guidance consistent with this section.

TITLE IX—DRUG APPROVAL AND PATIENT ACCESS

SEC. 901. ENHANCEMENT OF ACCELERATED PATIENT ACCESS TO NEW MEDICAL TREATMENTS.

(a) FINDINGS; SENSE OF CONGRESS.—

(1) FINDINGS.—Congress finds as follows:

(A) The Food and Drug Administration (referred to in this section as the ''FDA'') serves a critical role in helping to assure that new medicines are safe and effective. Regulatory innovation is 1 element of the Nation's strategy to address serious and life-threatening diseases or conditions by promoting investment in and development of innovative treatments for unmet medical needs.

(B) During the 2 decades following the establishment of the accelerated approval mechanism, advances in medical sciences, including genomics, molecular biology, and bioinformatics, have provided an unprecedented understanding of the underlying biological mechanism and pathogenesis of disease. A new generation of modern, targeted medicines is under development to treat serious and life-threatening diseases, some applying drug development strategies based on biomarkers or pharmacogenomics, predictive toxicology, clinical trial enrichment techniques, and novel clinical trial designs, such as adaptive clinical trials.

(C) As a result of these remarkable scientific and medical advances, the FDA should be encouraged to implement more broadly effective processes for the expedited development and review of innovative new medicines intended to address unmet medical needs for serious or life-threatening diseases or conditions, including those for rare diseases or conditions, using a broad range of surrogate or clinical endpoints and modern scientific tools earlier in the drug development cycle when appropriate. This may result in fewer, smaller, or shorter clinical trials for the intended patient population or targeted subpopulation without compromising or altering the high standards of the FDA for the approval of drugs.

(D) Patients benefit from expedited access to safe and effective innovative therapies to treat unmet medical needs for serious or life-threatening diseases or conditions.

(E) For these reasons, the statutory authority in effect on the day before the date of enactment of this Act governing expedited approval of drugs for serious or life-threatening diseases or conditions should be amended in order to enhance the authority of the FDA to consider appropriate scientific data, methods, and tools, and to expedite development and access to novel treatments for patients with a broad range of serious or life-threatening diseases or conditions.

(2) SENSE OF CONGRESS.—It is the sense of Congress that the Food and Drug Administration should apply the accelerated approval and fast track provisions set forth in section 506 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356), as amended by this section, to help expedite the development and availability to patients of treatments for serious or life-threatening diseases or conditions while maintaining safety and effectiveness standards for such treatments.

(b) EXPEDITED APPROVAL OF DRUGS FOR SERIOUS OR LIFE-THREATENING DISEASES OR CONDITIONS.—Section 506 (21 U.S.C. 356) is amended to read as follows:

''SEC. 506. EXPEDITED APPROVAL OF DRUGS FOR SERIOUS OR LIFE-THREATENING DISEASES OR CONDITIONS.

''(a) DESIGNATION OF DRUG AS FAST TRACK PRODUCT.—

''(1) IN GENERAL.—The Secretary shall, at the request of the sponsor of a new drug, facilitate the development and expedite the review of such drug if it is intended, whether alone or in combination with one or more other drugs, for the treatment of a serious or life-threatening disease or condition, and it demonstrates the potential to address unmet medical needs for such a disease or condition. (In this section, such a drug is referred to as a 'fast track product'.)

''(2) REQUEST FOR DESIGNATION.—The sponsor of a new drug may request the Secretary to designate the drug as a fast track product. A request for the designation may be made concurrently with, or at any time after, submission of an application for the investigation of the drug under section 505(i) or section 351(a)(3) of the Public Health Service Act.

''(3) DESIGNATION.—Within 60 calendar days after the receipt of a request under paragraph (2), the Secretary shall determine whether the drug that is the subject of the request meets the criteria described in paragraph (1). If the Secretary finds that the drug meets the criteria, the Secretary shall designate the drug as a fast track product and shall take such actions as are appropriate to expedite the development and review of the application for approval of such product.

''(b) ACCELERATED APPROVAL OF A DRUG FOR A SERIOUS OR LIFE-THREATENING DISEASE OR CONDITION, INCLUDING A FAST TRACK PRODUCT.—

''(1) IN GENERAL.—

''(A) ACCELERATED APPROVAL.—The Secretary may approve an application for approval of a product for a serious or life-threatening disease or condition, including a fast track product, under section 505(c) or section 351(a) of the Public Health Service Act upon a determination that the product has an effect on a surrogate endpoint that is reasonably likely to predict clinical benefit, or on a clinical endpoint that can be measured earlier than irreversible morbidity or mortality, that is reasonably likely to predict an effect on irreversible morbidity or mortality or other clinical benefit, taking into account the severity, rarity, or prevalence of the condition and the availability or lack of alternative treatments. The approval described in the preceding sentence is referred to in this section as 'accelerated approval'.

''(B) EVIDENCE.—The evidence to support that an endpoint is reasonably likely to predict clinical benefit under subparagraph (A) may include epidemiological, pathophysiological, therapeutic, pharmacologic, or other evidence developed using biomarkers, for example, or other scientific methods or tools.

''(2) LIMITATION.—Approval of a product under this subsection may be subject to 1 or both of the following requirements:

''(A) That the sponsor conduct appropriate postapproval studies to verify and describe the predicted effect on irreversible morbidity or mortality or other clinical benefit.

''(B) That the sponsor submit copies of all promotional materials related to the product during the preapproval review period and, following approval and for such period thereafter as the Secretary determines to be appropriate, at least 30 days prior to dissemination of the materials.

''(3) EXPEDITED WITHDRAWAL OF APPROVAL.—The Secretary may withdraw approval of a product approved under accelerated approval using expedited procedures (as prescribed by the Secretary in regulations which shall include an opportunity for an informal hearing) if—

''(A) the sponsor fails to conduct any required postapproval study of the drug with due diligence;

''(B) a study required to verify and describe the predicted effect on irreversible morbidity or mortality or other clinical benefit of the product fails to verify and describe such effect or benefit;

''(C) other evidence demonstrates that the product is not safe or effective under the conditions of use; or

''(D) the sponsor disseminates false or misleading promotional materials with respect to the product.

''(c) REVIEW OF INCOMPLETE APPLICATIONS FOR APPROVAL OF A FAST TRACK PRODUCT.—

''(1) IN GENERAL.—If the Secretary determines, after preliminary evaluation of clinical data

submitted by the sponsor, that a fast track product may be effective, the Secretary shall evaluate for filing, and may commence review of portions of, an application for the approval of the product before the sponsor submits a complete application. The Secretary shall commence such review only if the applicant—

''(A) provides a schedule for submission of information necessary to make the application complete; and

''(B) pays any fee that may be required under section 736.

''(2) EXCEPTION.—Any time period for review of human drug applications that has been agreed to by the Secretary and that has been set forth in goals identified in letters of the Secretary (relating to the use of fees collected under section 736 to expedite the drug development process and the review of human drug applications) shall not apply to an application submitted under paragraph (1) until the date on which the application is complete.

''(d) AWARENESS EFFORTS.—The Secretary shall—

''(1) develop and disseminate to physicians, patient organizations, pharmaceutical and biotechnology companies, and other appropriate persons a description of the provisions of this section applicable to accelerated approval and fast track products; and

''(2) establish a program to encourage the development of surrogate and clinical endpoints, including biomarkers, and other scientific methods and tools that can assist the Secretary in determining whether the evidence submitted in an application is reasonably likely to predict clinical benefit for serious or life-threatening conditions for which significant unmet medical needs exist.

''(e) CONSTRUCTION.—

''(1) PURPOSE.—The amendments made by the Food and Drug Administration Safety and Innovation Act to this section are intended to encourage the Secretary to utilize innovative and flexible approaches to the assessment of products under accelerated approval for treatments for patients with serious or life-threatening diseases or conditions and unmet medical needs.

''(2) CONSTRUCTION.—Nothing in this section shall be construed to alter the standards of evidence under subsection (c) or (d) of section 505 (including the substantial evidence standard in section 505(d)) of this Act or under section 351(a) of the Public Health Service Act. Such sections and standards of evidence apply to the review and approval of products under this section, including whether a product is safe and effective. Nothing in this section alters the ability of the Secretary to rely on evidence that does not come from adequate and well-controlled investigations for the purpose of determining whether an endpoint is reasonably likely to predict clinical benefit as described in subsection (b)(1)(B).''.

(c) GUIDANCE; AMENDED REGULATIONS.—

(1) DRAFT GUIDANCE.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall issue draft guidance to implement the amendments made by this section. In developing such guidance, the Secretary shall specifically consider issues arising under the accelerated approval and fast track processes under section 506 of the Federal Food, Drug, and Cosmetic Act, as amended by subsection (b), for drugs designated for a rare disease or condition under section 526 of such Act (21 U.S.C. 360bb) and shall also consider any unique issues associated with very rare diseases.

(2) FINAL GUIDANCE.—Not later than 1 year after the issuance of draft guidance under paragraph (1), and after an opportunity for public comment, the Secretary shall—

(A) issue final guidance; and

(B) amend the regulations governing accelerated approval in parts 314 and 601 of title 21, Code of Federal Regulations, as necessary to conform such regulations with the amendment made by subsection (b).

(3) CONSIDERATION.—In developing the guidance under paragraphs (1) and (2)(A) and the amendments under paragraph (2)(B), the Secretary shall consider how to incorporate novel approaches to the review of surrogate endpoints based on pathophysiologic and pharmacologic evidence in such guidance, especially in instances where the low prevalence of a disease renders the existence or collection of other types of data unlikely or impractical.

(4) CONFORMING CHANGES.—The Secretary shall issue, as necessary, conforming amendments to the applicable regulations under title 21, Code of Federal Regulations, governing accelerated approval.

(5) NO EFFECT OF INACTION ON REQUESTS.—The issuance (or nonissuance) of guidance or conforming regulations implementing the amendment made by subsection (b) shall not preclude the review of, or action on, a request for designation or an application for approval submitted pursuant to section 506 of the Federal Food, Drug, and Cosmetic Act, as amended by subsection (b).

(d) INDEPENDENT REVIEW.—The Secretary may, in conjunction with other planned reviews, contract with an independent entity with expertise in assessing the quality and efficiency of biopharmaceutical development and regulatory review programs to evaluate the Food and Drug Administration's application of the processes described in section 506 of the Federal Food, Drug, and Cosmetic Act, as amended by subsection (b), and the impact of such processes on the development and timely availability of innovative treatments for patients suffering from serious or life-threatening conditions. Any such evaluation shall include consultation with regulated industries, patient advocacy and disease research foundations, and relevant academic medical centers.

SEC. 902. BREAKTHROUGH THERAPIES.

(a) IN GENERAL.—Section 506 (21 U.S.C. 356), as amended by section 901 of this Act, is further amended—

(1) by redesignating subsections (a) through (c) as subsections (b) through (d), respectively;

(2) by redesignating subsection (d) as subsection (f);

(3) by inserting before subsection (b), as so redesignated, the following:

''(a) DESIGNATION OF A DRUG AS A BREAKTHROUGH THERAPY.—

''(1) IN GENERAL.—The Secretary shall, at the request of the sponsor of a drug, expedite the development and review of such drug if the drug is intended, alone or in combination with 1 or more other drugs, to treat a serious or life-threatening disease or condition and preliminary clinical evidence indicates that the drug may demonstrate substantial improvement over existing therapies on 1 or more clinically significant endpoints, such as substantial treatment effects observed early in clinical development. (In this section, such a drug is referred to as a 'breakthrough therapy'.)

''(2) REQUEST FOR DESIGNATION.—The sponsor of a drug may request the Secretary to designate the drug as a breakthrough therapy. A request for the designation may be made concurrently with, or at any time after, the submission of an application for the investigation of the drug under section 505(i) or section 351(a)(3) of the Public Health Service Act.

''(3) DESIGNATION.—

''(A) IN GENERAL.—Not later than 60 calendar days after the receipt of a request under paragraph (2), the Secretary shall determine whether the drug that is the subject of the request meets the criteria described in paragraph (1). If the Secretary finds that the drug meets the criteria, the Secretary shall designate the drug as a breakthrough therapy and shall take such actions as are appropriate to expedite the development and review of the application for approval of such drug.

''(B) ACTIONS.—The actions to expedite the development and review of an application under subparagraph (A) may include, as appropriate—

''(i) holding meetings with the sponsor and the review team throughout the development of the drug;

''(ii) providing timely advice to, and interactive communication with, the sponsor regarding the development of the drug to ensure that the development program to gather the nonclinical and clinical data necessary for approval is as efficient as practicable;

''(iii) involving senior managers and experienced review staff, as appropriate, in a collaborative, cross-disciplinary review;

''(iv) assigning a cross-disciplinary project lead for the Food and Drug Administration review team to facilitate an efficient review of the development program and to serve as a scientific liaison between the review team and the sponsor; and

''(v) taking steps to ensure that the design of the clinical trials is as efficient as practicable, when scientifically appropriate, such as by minimizing the number of patients exposed to a potentially less efficacious treatment.''; and

(4) in subsection (f)(1), as so redesignated, by striking ''applicable to accelerated approval'' and inserting ''applicable to breakthrough therapies, accelerated approval, and''.

(b) GUIDANCE; AMENDED REGULATIONS.—

(1) IN GENERAL.—

(A) GUIDANCE.—Not later than 18 months after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall issue draft guidance on implementing the requirements with respect to breakthrough therapies, as set forth in section 506(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356(a)), as amended by this section. The Secretary shall issue final guidance not later than 1 year after the close of the comment period for the draft guidance.

(B) AMENDED REGULATIONS.—

(i) IN GENERAL.—If the Secretary determines that it is necessary to amend the regulations under title 21, Code of Federal Regulations in order to implement the amendments made by this section to section 506(a) of the Federal Food, Drug, and Cosmetic Act, the Secretary shall amend such regulations not later than 2 years after the date of enactment of this Act.

(ii) PROCEDURE.—In amending regulations under clause (i), the Secretary shall—

(I) issue a notice of proposed rulemaking that includes the proposed regulation;

(II) provide a period of not less than 60 days for comments on the proposed regulation; and

(III) publish the final regulation not less than 30 days before the effective date of the regulation.

(iii) RESTRICTIONS.—Notwithstanding any other provision of law, the Secretary shall promulgate regulations implementing the amendments made by this section only as described in clause (ii).

(2) REQUIREMENTS.—Guidance issued under this section shall—

(A) specify the process and criteria by which the Secretary makes a designation under section 506(a)(3) of the Federal Food, Drug, and Cosmetic Act; and

(B) specify the actions the Secretary shall take to expedite the development and review of a breakthrough therapy pursuant to such designation under such section 506(a)(3), including updating good review management practices to reflect breakthrough therapies.

(c) CONFORMING AMENDMENTS.—Section 506B(e) (21 U.S.C. 356b) is amended by striking ''section 506(b)(2)(A)'' each place such term appears and inserting ''section 506(c)(2)(A)''.

SEC. 903. CONSULTATION WITH EXTERNAL EXPERTS ON RARE DISEASES, TARGETED THERAPIES, AND GENETIC TARGETING OF TREATMENTS.

Subchapter E of chapter V (21 U.S.C. 360bbb et seq.), as amended by section 715 of this Act,

is further amended by adding at the end the following:

"SEC. 569. CONSULTATION WITH EXTERNAL EXPERTS ON RARE DISEASES, TARGETED THERAPIES, AND GENETIC TARGETING OF TREATMENTS.

''(a) IN GENERAL.—For the purpose of promoting the efficiency of and informing the review by the Food and Drug Administration of new drugs and biological products for rare diseases and drugs and biological products that are genetically targeted, the following shall apply:

''(1) CONSULTATION WITH STAKEHOLDERS.—Consistent with sections X.C and IX.E.4 of the PDUFA Reauthorization Performance Goals and Procedures Fiscal Years 2013 through 2017, as referenced in the letters described in section 101(b) of the Prescription Drug User Fee Amendments of 2012, the Secretary shall ensure that opportunities exist, at a time the Secretary determines appropriate, for consultations with stakeholders on the topics described in subsection (b).

''(2) CONSULTATION WITH EXTERNAL EXPERTS.—

''(A) IN GENERAL.—The Secretary shall develop and maintain a list of external experts who, because of their special expertise, are qualified to provide advice on rare disease issues, including topics described in subsection (c). The Secretary may, when appropriate to address a specific regulatory question, consult such external experts on issues related to the review of new drugs and biological products for rare diseases and drugs and biological products that are genetically targeted, including the topics described in subsection (b), when such consultation is necessary because the Secretary lacks the specific scientific, medical, or technical expertise necessary for the performance of the Secretary's regulatory responsibilities and the necessary expertise can be provided by the external experts.

''(B) EXTERNAL EXPERTS.—For purposes of subparagraph (A), external experts are individuals who possess scientific or medical training that the Secretary lacks with respect to one or more rare diseases.

''(b) TOPICS FOR CONSULTATION.—Topics for consultation pursuant to this section may include—

''(1) rare diseases;

''(2) the severity of rare diseases;

''(3) the unmet medical need associated with rare diseases;

''(4) the willingness and ability of individuals with a rare disease to participate in clinical trials;

''(5) an assessment of the benefits and risks of therapies to treat rare diseases;

''(6) the general design of clinical trials for rare disease populations and subpopulations; and

''(7) the demographics and the clinical description of patient populations.

''(c) CLASSIFICATION AS SPECIAL GOVERNMENT EMPLOYEES.—The external experts who are consulted under this section may be considered special government employees, as defined under section 202 of title 18, United States Code.

''(d) PROTECTION OF CONFIDENTIAL INFORMATION AND TRADE SECRETS.—

''(1) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to alter the protections offered by laws, regulations, and policies governing disclosure of confidential commercial or trade secret information, and any other information exempt from disclosure pursuant to section 552(b) of title 5, United States Code, as such provisions would be applied to consultation with individuals and organizations prior to the date of enactment of this section.

''(2) CONSENT REQUIRED FOR DISCLOSURE.—The Secretary shall not disclose confidential commercial or trade secret information to an expert consulted under this section without the written consent of the sponsor unless the expert is a special government employee (as defined under section 202 of title 18, United States Code) or the disclosure is otherwise authorized by law.

''(e) OTHER CONSULTATION.—Nothing in this section shall be construed to limit the ability of the Secretary to consult with individuals and organizations as authorized prior to the date of enactment of this section.

''(f) NO RIGHT OR OBLIGATION.—

''(1) NO RIGHT TO CONSULTATION.—Nothing in this section shall be construed to create a legal right for a consultation on any matter or require the Secretary to meet with any particular expert or stakeholder.

''(2) NO ALTERING OF GOALS.—Nothing in this section shall be construed to alter agreed upon goals and procedures identified in the letters described in section 101(b) of the Prescription Drug User Fee Amendments of 2012.

''(3) NO CHANGE TO NUMBER OF REVIEW CYCLES.—Nothing in this section is intended to increase the number of review cycles as in effect before the date of enactment of this section.

''(g) NO DELAY IN PRODUCT REVIEW.—

''(1) IN GENERAL.—Prior to a consultation with an external expert, as described in this section, relating to an investigational new drug application under section 505(i), a new drug application under section 505(b), or a biologics license application under section 351 of the Public Health Service Act, the Director of the Center for Drug Evaluation and Research or the Director of the Center for Biologics Evaluation and Research (or appropriate Division Director), as appropriate, shall determine that—

''(A) such consultation will—

''(i) facilitate the Secretary's ability to complete the Secretary's review; and

''(ii) address outstanding deficiencies in the application; or

''(B) the sponsor authorized such consultation.

''(2) LIMITATION.—The requirements of this subsection shall apply only in instances where the consultation is undertaken solely under the authority of this section. The requirements of this subsection shall not apply to any consultation initiated under any other authority.''.

SEC. 904. ACCESSIBILITY OF INFORMATION ON PRESCRIPTION DRUG CONTAINER LABELS BY VISUALLY IMPAIRED AND BLIND CONSUMERS.

(a) ESTABLISHMENT OF WORKING GROUP.—

(1) IN GENERAL.—The Architectural and Transportation Barriers Compliance Board (referred to in this section as the ''Access Board'') shall convene a stakeholder working group (referred to in this section as the ''working group'') to develop best practices on access to information on prescription drug container labels for individuals who are blind or visually impaired.

(2) MEMBERS.—The working group shall be comprised of representatives of national organizations representing blind and visually impaired individuals, national organizations representing the elderly, and industry groups representing stakeholders, including retail, mail-order, and independent community pharmacies, who would be impacted by such best practices. Representation within the working group shall be divided equally between consumer and industry advocates.

(3) BEST PRACTICES.—

(A) IN GENERAL.—The working group shall develop, not later than 1 year after the date of the enactment of this Act, best practices for pharmacies to ensure that blind and visually impaired individuals have safe, consistent, reliable, and independent access to the information on prescription drug container labels.

(B) PUBLIC AVAILABILITY.—The best practices developed under subparagraph (A) may be made publicly available, including through the Internet Web sites of the working group participant organizations, and through other means, in a manner that provides access to interested individuals, including individuals with disabilities.

(C) LIMITATIONS.—The best practices developed under subparagraph (A) shall not be construed as accessibility guidelines or standards of the Access Board, and shall not confer any rights or impose any obligations on working group participants or other persons. Nothing in this section shall be construed to limit or condition any right, obligation, or remedy available under the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) or any other Federal or State law requiring effective communication, barrier removal, or nondiscrimination on the basis of disability.

(4) CONSIDERATIONS.—In developing and issuing the best practices under paragraph (3)(A), the working group shall consider—

(A) the use of—

(i) Braille;

(ii) auditory means, such as—

(I) ''talking bottles'' that provide audible container label information;

(II) digital voice recorders attached to the prescription drug container; and

(III) radio frequency identification tags;

(iii) enhanced visual means, such as—

(I) large font labels or large font ''duplicate'' labels that are affixed or matched to a prescription drug container;

(II) high-contrast printing; and

(III) sans-serf font; and

(iv) other relevant alternatives as determined by the working group;

(B) whether there are technical, financial, manpower, or other factors unique to pharmacies with 20 or fewer retail locations which may pose significant challenges to the adoption of the best practices; and

(C) such other factors as the working group determines to be appropriate.

(5) INFORMATION CAMPAIGN.—Upon completion of development of the best practices under subsection (a)(3), the National Council on Disability, in consultation with the working group, shall conduct an informational and educational campaign designed to inform individuals with disabilities, pharmacists, and the public about such best practices.

(6) FACA WAIVER.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the working group.

(b) GAO STUDY.—

(1) IN GENERAL.—Beginning 18 months after the completion of the development of best practices under subsection (a)(3)(A), the Comptroller General of the United States shall conduct a review of the extent to which pharmacies are utilizing such best practices, and the extent to which barriers to accessible information on prescription drug container labels for blind and visually impaired individuals continue.

(2) REPORT.—Not later than September 30, 2016, the Comptroller General of the United States shall submit to Congress a report on the review conducted under paragraph (1). Such report shall include recommendations about how best to reduce the barriers experienced by blind and visually impaired individuals to independently accessing information on prescription drug container labels.

(c) DEFINITIONS.—In this section—

(1) the term ''pharmacy'' includes a pharmacy that receives prescriptions and dispenses prescription drugs through an Internet Web site or by mail;

(2) the term ''prescription drug'' means a drug subject to section 503(b)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 353(b)(1)); and

(3) the term ''prescription drug container label'' means the label with the directions for use that is affixed to the prescription drug container by the pharmacist and dispensed to the consumer.

SEC. 905. RISK-BENEFIT FRAMEWORK.

Section 505(d) (21 U.S.C. 355(d)) is amended by adding at the end the following: ''The Secretary shall implement a structured risk-benefit assessment framework in the new drug approval process to facilitate the balanced consideration of

benefits and risks, a consistent and systematic approach to the discussion and regulatory decisionmaking, and the communication of the benefits and risks of new drugs. Nothing in the preceding sentence shall alter the criteria for evaluating an application for premarket approval of a drug.''.

SEC. 906. GRANTS AND CONTRACTS FOR THE DEVELOPMENT OF ORPHAN DRUGS.

(a) QUALIFIED TESTING DEFINITION.—Section 5(b)(1)(A)(ii) of the Orphan Drug Act (21 U.S.C. 360ee(b)(1)(A)(ii)) is amended by striking ''after the date such drug is designated under section 526 of such Act and''.

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 5(c) of the Orphan Drug Act (21 U.S.C. 360ee(c)) is amended to read as follows:

''(c) AUTHORIZATION OF APPROPRIATIONS.—For grants and contracts under subsection (a), there is authorized to be appropriated $30,000,000 for each of fiscal years 2013 through 2017.''.

SEC. 907. REPORTING OF INCLUSION OF DEMOGRAPHIC SUBGROUPS IN CLINICAL TRIALS AND DATA ANALYSIS IN APPLICATIONS FOR DRUGS, BIOLOGICS, AND DEVICES.

(a) REPORT.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary, acting through the Commissioner, shall publish on the Internet Web site of the Food and Drug Administration a report, consistent with the regulations of the Food and Drug Administration pertaining to the protection of sponsors' confidential commercial information as of the date of enactment of this Act, addressing the extent to which clinical trial participation and the inclusion of safety and effectiveness data by demographic subgroups including sex, age, race, and ethnicity, is included in applications submitted to the Food and Drug Administration, and shall provide such publication to Congress.

(2) CONTENTS OF REPORT.—The report described in paragraph (1) shall contain the following:

(A) A description of existing tools to ensure that data to support demographic analyses are submitted in applications for drugs, biological products, and devices, and that these analyses are conducted by applicants consistent with applicable Food and Drug Administration requirements and Guidance for Industry. The report shall address how the Food and Drug Administration makes available information about differences in safety and effectiveness of medical products according to demographic subgroups, such as sex, age, racial, and ethnic subgroups, to health care providers, researchers, and patients.

(B) An analysis of the extent to which demographic data subset analyses on sex, age, race, and ethnicity is presented in applications for new drug applications for new molecular entities under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), in biologics license applications under section 351 of the Public Health Service Act (42 U.S.C. 262), and in premarket approval applications under section 515 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360e) for products approved or licensed by the Food and Drug Administration, consistent with applicable requirements and Guidance for Industry, and consistent with the regulations of the Food and Drug Administration pertaining to the protection of sponsors' confidential commercial information as of the date of enactment of this Act.

(C) An analysis of the extent to which demographic subgroups, including sex, age, racial, and ethnic subgroups, are represented in clinical studies to support applications for approved or licensed new molecular entities, biological products, and devices.

(D) An analysis of the extent to which a summary of product safety and effectiveness data by demographic subgroups including sex, age, race, and ethnicity is readily available to the public in a timely manner by means of the product labeling or the Food and Drug Administration's Internet Web site.

(b) ACTION PLAN.—

(1) IN GENERAL.—Not later than 1 year after the publication of the report described in subsection (a), the Secretary, acting through the Commissioner, shall publish an action plan on the Internet Web site of the Food and Drug Administration, and provide such publication to Congress.

(2) CONTENT OF ACTION PLAN.—The plan described in paragraph (1) shall include—

(A) recommendations, as appropriate, to improve the completeness and quality of analyses of data on demographic subgroups in summaries of product safety and effectiveness data and in labeling;

(B) recommendations, as appropriate, on the inclusion of such data, or the lack of availability of such data in labeling;

(C) recommendations, as appropriate, to otherwise improve the public availability of such data to patients, health care providers, and researchers; and

(D) a determination with respect to each recommendation identified in subparagraphs (A) through (C) that distinguishes between product types referenced in subsection (a)(2)(B) insofar as the applicability of each such recommendation to each type of product.

(c) DEFINITIONS.—In this section:

(1) The term ''Commissioner'' means the Commissioner of Food and Drugs.

(2) The term ''device'' has the meaning given such term in section 201(h) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(h)).

(3) The term ''drug'' has the meaning given such term in section 201(g) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(g)).

(4) The term ''biological product'' has the meaning given such term in section 351(i) of the Public Health Service Act (42 U.S.C. 262(i)).

(5) The term ''Secretary'' means the Secretary of Health and Human Services.

SEC. 908. RARE PEDIATRIC DISEASE PRIORITY REVIEW VOUCHER INCENTIVE PROGRAM.

Subchapter B of chapter V (21 U.S.C. 360aa et seq.) is amended by adding at the end the following:

''SEC. 529. PRIORITY REVIEW TO ENCOURAGE TREATMENTS FOR RARE PEDIATRIC DISEASES.

''(a) DEFINITIONS.—In this section:

''(1) PRIORITY REVIEW.—The term 'priority review', with respect to a human drug application as defined in section 735(1), means review and action by the Secretary on such application not later than 6 months after receipt by the Secretary of such application, as described in the Manual of Policies and Procedures of the Food and Drug Administration and goals identified in the letters described in section 101(b) of the Prescription Drug User Fee Amendments of 2012.

''(2) PRIORITY REVIEW VOUCHER.—The term 'priority review voucher' means a voucher issued by the Secretary to the sponsor of a rare pediatric disease product application that entitles the holder of such voucher to priority review of a single human drug application submitted under section 505(b)(1) or section 351(a) of the Public Health Service Act after the date of approval of the rare pediatric disease product application.

''(3) RARE PEDIATRIC DISEASE.—The term 'rare pediatric disease' means a disease that meets each of the following criteria:

''(A) The disease primarily affects individuals aged from birth to 18 years, including age groups often called neonates, infants, children, and adolescents.

''(B) The disease is a rare disease or condition, within the meaning of section 526.

''(4) RARE PEDIATRIC DISEASE PRODUCT APPLICATION.—The term 'rare pediatric disease product application' means a human drug application, as defined in section 735(1), that—

''(A) is for a drug or biological product—

''(i) that is for the prevention or treatment of a rare pediatric disease; and

''(ii) that contains no active ingredient (including any ester or salt of the active ingredient) that has been previously approved in any other application under section 505(b)(1), 505(b)(2), or 505(j) of this Act or section 351(a) or 351(k) of the Public Health Service Act;

''(B) is submitted under section 505(b)(1) of this Act or section 351(a) of the Public Health Service Act;

''(C) the Secretary deems eligible for priority review;

''(D) that relies on clinical data derived from studies examining a pediatric population and dosages of the drug intended for that population;

''(E) that does not seek approval for an adult indication in the original rare pediatric disease product application; and

''(F) is approved after the date of the enactment of the Prescription Drug User Fee Amendments of 2012.

''(b) PRIORITY REVIEW VOUCHER.—

''(1) IN GENERAL.—The Secretary shall award a priority review voucher to the sponsor of a rare pediatric disease product application upon approval by the Secretary of such rare pediatric disease product application.

''(2) TRANSFERABILITY.—

''(A) IN GENERAL.—The sponsor of a rare pediatric disease product application that receives a priority review voucher under this section may transfer (including by sale) the entitlement to such voucher. There is no limit on the number of times a priority review voucher may be transferred before such voucher is used.

''(B) NOTIFICATION OF TRANSFER.—Each person to whom a voucher is transferred shall notify the Secretary of such change in ownership of the voucher not later than 30 days after such transfer.

''(3) LIMITATION.—A sponsor of a rare pediatric disease product application may not receive a priority review voucher under this section if the rare pediatric disease product application was submitted to the Secretary prior to the date that is 90 days after the date of enactment of the Prescription Drug User Fee Amendments of 2012.

''(4) NOTIFICATION.—

''(A) IN GENERAL.—The sponsor of a human drug application shall notify the Secretary not later than 90 days prior to submission of the human drug application that is the subject of a priority review voucher of an intent to submit the human drug application, including the date on which the sponsor intends to submit the application. Such notification shall be a legally binding commitment to pay for the user fee to be assessed in accordance with this section.

''(B) TRANSFER AFTER NOTICE.—The sponsor of a human drug application that provides notification of the intent of such sponsor to use the voucher for the human drug application under subparagraph (A) may transfer the voucher after such notification is provided, if such sponsor has not yet submitted the human drug application described in the notification.

''(5) TERMINATION OF AUTHORITY.—The Secretary may not award any priority review vouchers under paragraph (1) after the last day of the 1-year period that begins on the date that the Secretary awards the third rare pediatric disease priority voucher under this section.

''(c) PRIORITY REVIEW USER FEE.—

''(1) IN GENERAL.—The Secretary shall establish a user fee program under which a sponsor of a human drug application that is the subject of a priority review voucher shall pay to the Secretary a fee determined under paragraph (2). Such fee shall be in addition to any fee required to be submitted by the sponsor under chapter VII.

''(2) FEE AMOUNT.—The amount of the priority review user fee shall be determined each fiscal year by the Secretary, based on the difference between—

''(A) the average cost incurred by the Food and Drug Administration in the review of a human drug application subject to priority review in the previous fiscal year; and

''(B) the average cost incurred by the Food and Drug Administration in the review of a human drug application that is not subject to priority review in the previous fiscal year.

''(3) ANNUAL FEE SETTING.—The Secretary shall establish, before the beginning of each fiscal year beginning after September 30, 2012, the amount of the priority review user fee for that fiscal year.

''(4) PAYMENT.—

''(A) IN GENERAL.—The priority review user fee required by this subsection shall be due upon the notification by a sponsor of the intent of such sponsor to use the voucher, as specified in subsection (b)(4)(A). All other user fees associated with the human drug application shall be due as required by the Secretary or under applicable law.

''(B) COMPLETE APPLICATION.—An application described under subparagraph (A) for which the sponsor requests the use of a priority review voucher shall be considered incomplete if the fee required by this subsection and all other applicable user fees are not paid in accordance with the Secretary's procedures for paying such fees.

''(C) NO WAIVERS, EXEMPTIONS, REDUCTIONS, OR REFUNDS.—The Secretary may not grant a waiver, exemption, reduction, or refund of any fees due and payable under this section.

''(5) OFFSETTING COLLECTIONS.—Fees collected pursuant to this subsection for any fiscal year—

''(A) shall be deposited and credited as offsetting collections to the account providing appropriations to the Food and Drug Administration; and

''(B) shall not be collected for any fiscal year except to the extent provided in advance in appropriations Acts.

''(d) DESIGNATION PROCESS.—

''(1) IN GENERAL.—Upon the request of the manufacturer or the sponsor of a new drug, the Secretary may designate—

''(A) the new drug as a drug for a rare pediatric disease; and

''(B) the application for the new drug as a rare pediatric disease product application.

''(2) REQUEST FOR DESIGNATION.—The request for a designation under paragraph (1) shall be made at the same time a request for designation of orphan disease status under section 526 or fast-track designation under section 506 is made. Requesting designation under this subsection is not a prerequisite to receiving a priority review voucher under this section.

''(3) DETERMINATION BY SECRETARY.—Not later than 60 days after a request is submitted under paragraph (1), the Secretary shall determine whether—

''(A) the disease or condition that is the subject of such request is a rare pediatric disease; and

''(B) the application for the new drug is a rare pediatric disease product application.

''(e) MARKETING OF RARE PEDIATRIC DISEASE PRODUCTS.—

''(1) REVOCATION.—The Secretary may revoke any priority review voucher awarded under subsection (b) if the rare pediatric disease product for which such voucher was awarded is not marketed in the United States within the 365-day period beginning on the date of the approval of such drug under section 505 of this Act or section 351 of the Public Health Service Act.

''(2) POSTAPPROVAL PRODUCTION REPORT.—The sponsor of an approved rare pediatric disease product shall submit a report to the Secretary not later than 5 years after the approval of the applicable rare pediatric disease product application. Such report shall provide the following information, with respect to each of the first 4 years after approval of such product:

''(A) The estimated population in the United States suffering from the rare pediatric disease.

''(B) The estimated demand in the United States for such rare pediatric disease product.

''(C) The actual amount of such rare pediatric disease product distributed in the United States.

''(f) NOTICE AND REPORT.—

''(1) NOTICE OF ISSUANCE OF VOUCHER AND APPROVAL OF PRODUCTS UNDER VOUCHER.—The Secretary shall publish a notice in the Federal Register and on the Internet Web site of the Food and Drug Administration not later than 30 days after the occurrence of each of the following:

''(A) The Secretary issues a priority review voucher under this section.

''(B) The Secretary approves a drug pursuant to an application submitted under section 505(b) of this Act or section 351(a) of the Public Health Service Act for which the sponsor of the application used a priority review voucher under this section.

''(2) NOTIFICATION.—If, after the last day of the 1-year period that begins on the date that the Secretary awards the third rare pediatric disease priority voucher under this section, a sponsor of an application submitted under section 505(b) of this Act or section 351(a) of the Public Health Service Act for a drug uses a priority review voucher under this section for such application, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a document—

''(A) notifying such Committees of the use of such voucher; and

''(B) identifying the drug for which such priority review voucher is used.

''(g) ELIGIBILITY FOR OTHER PROGRAMS.—Nothing in this section precludes a sponsor who seeks a priority review voucher under this section from participating in any other incentive program, including under this Act.

''(h) RELATION TO OTHER PROVISIONS.—The provisions of this section shall supplement, not supplant, any other provisions of this Act or the Public Health Service Act that encourage the development of drugs for tropical diseases and rare pediatric diseases.

''(i) GAO STUDY AND REPORT.—

''(1) STUDY.—

''(A) IN GENERAL.—Beginning on the date that the Secretary awards the third rare pediatric disease priority voucher under this section, the Comptroller General of the United States shall conduct a study of the effectiveness of awarding rare pediatric disease priority vouchers under this section in the development of human drug products that treat or prevent such diseases.

''(B) CONTENTS OF STUDY.—In conducting the study under subparagraph (A), the Comptroller General shall examine the following:

''(i) The indications for which each rare disease product for which a priority review voucher was awarded was approved under section 505 or section 351 of the Public Health Service Act.

''(ii) Whether, and to what extent, an unmet need related to the treatment or prevention of a rare pediatric disease was met through the approval of such a rare disease product.

''(iii) The value of the priority review voucher if transferred.

''(iv) Identification of each drug for which a priority review voucher was used.

''(v) The length of the period of time between the date on which a priority review voucher was awarded and the date on which it was used.

''(2) REPORT.—Not later than 1 year after the date under paragraph (1)(A), the Comptroller General shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate, a report containing the results of the study under paragraph (1).''.

TITLE X—DRUG SHORTAGES

SEC. 1001. DISCONTINUANCE OR INTERRUPTION IN THE PRODUCTION OF LIFE-SAVING DRUGS.

(a) IN GENERAL.—Section 506C (21 U.S.C. 356c) is amended to read as follows:

''SEC. 506C. DISCONTINUANCE OR INTERRUPTION IN THE PRODUCTION OF LIFE-SAVING DRUGS.

''(a) IN GENERAL.—A manufacturer of a drug—

''(1) that is—

''(A) life-supporting;

''(B) life-sustaining; or

''(C) intended for use in the prevention or treatment of a debilitating disease or condition, including any such drug used in emergency medical care or during surgery; and

''(2) that is not a radio pharmaceutical drug product or any other product as designated by the Secretary,

shall notify the Secretary, in accordance with subsection (b), of a permanent discontinuance in the manufacture of the drug or an interruption of the manufacture of the drug that is likely to lead to a meaningful disruption in the supply of that drug in the United States, and the reasons for such discontinuance or interruption.

''(b) TIMING.—A notice required under subsection (a) shall be submitted to the Secretary—

''(1) at least 6 months prior to the date of the discontinuance or interruption; or

''(2) if compliance with paragraph (1) is not possible, as soon as practicable.

''(c) DISTRIBUTION.—To the maximum extent practicable, the Secretary shall distribute, through such means as the Secretary deems appropriate, information on the discontinuation or interruption of the manufacture of the drugs described in subsection (a) to appropriate organizations, including physician, health provider, and patient organizations, as described in section 506E.

''(d) CONFIDENTIALITY.—Nothing in this section shall be construed as authorizing the Secretary to disclose any information that is a trade secret or confidential information subject to section 552(b)(4) of title 5, United States Code, or section 1905 of title 18, United States Code.

''(e) COORDINATION WITH ATTORNEY GENERAL.—Not later than 30 days after the receipt of a notification described in subsection (a), the Secretary shall—

''(1) determine whether the notification pertains to a controlled substance subject to a production quota under section 306 of the Controlled Substances Act; and

''(2) if necessary, as determined by the Secretary—

''(A) notify the Attorney General that the Secretary has received such a notification;

''(B) request that the Attorney General increase the aggregate and individual production quotas under section 306 of the Controlled Substances Act applicable to such controlled substance and any ingredient therein to a level the Secretary deems necessary to address a shortage of a controlled substance based on the best available market data; and

''(C) if the Attorney General determines that the level requested is not necessary to address a shortage of a controlled substance, the Attorney General shall provide to the Secretary a written response detailing the basis for the Attorney General's determination.

The Secretary shall make the written response provided under subparagraph (C) available to the public on the Internet Web site of the Food and Drug Administration.

''(f) FAILURE TO MEET REQUIREMENTS.—If a person fails to submit information required under subsection (a) in accordance with subsection (b)—

''(1) the Secretary shall issue a letter to such person informing such person of such failure;

''(2) not later than 30 calendar days after the issuance of a letter under paragraph (1), the person who receives such letter shall submit to the Secretary a written response to such letter setting forth the basis for noncompliance and providing information required under subsection (a); and

''(3) not later than 45 calendar days after the issuance of a letter under paragraph (1), the

Secretary shall make such letter and any response to such letter under paragraph (2) available to the public on the Internet Web site of the Food and Drug Administration, with appropriate redactions made to protect information described in subsection (d), except that, if the Secretary determines that the letter under paragraph (1) was issued in error or, after review of such response, the person had a reasonable basis for not notifying as required under subsection (a), the requirements of this paragraph shall not apply.

''(g) EXPEDITED INSPECTIONS AND REVIEWS.—If, based on notifications described in subsection (a) or any other relevant information, the Secretary concludes that there is, or is likely to be, a drug shortage of a drug described in subsection (a), the Secretary may—

''(1) expedite the review of a supplement to a new drug application submitted under section 505(b), an abbreviated new drug application submitted under section 505(j), or a supplement to such an application submitted under section 505(j) that could help mitigate or prevent such shortage; or

''(2) expedite an inspection or reinspection of an establishment that could help mitigate or prevent such drug shortage.

''(h) DEFINITIONS.—For purposes of this section—

''(1) the term 'drug'—

''(A) means a drug (as defined in section 201(g)) that is intended for human use and that is subject to section 503(b)(1); and

''(B) does not include biological products (as defined in section 351 of the Public Health Service Act), unless otherwise provided by the Secretary in the regulations promulgated under subsection (i);

''(2) the term 'drug shortage' or 'shortage', with respect to a drug, means a period of time when the demand or projected demand for the drug within the United States exceeds the supply of the drug; and

''(3) the term 'meaningful disruption'—

''(A) means a change in production that is reasonably likely to lead to a reduction in the supply of a drug by a manufacturer that is more than negligible and affects the ability of the manufacturer to fill orders or meet expected demand for its product; and

''(B) does not include interruptions in manufacturing due to matters such as routine maintenance or insignificant changes in manufacturing so long as the manufacturer expects to resume operations in a short period of time.

''(i) REGULATIONS.—

''(1) IN GENERAL.—Not later than 18 months after the date of enactment of the Food and Drug Administration Safety and Innovation Act, the Secretary shall adopt a final regulation implementing this section.

''(2) CONTENTS.—Such regulation shall define, for purposes of this section, the terms 'life-supporting', 'life-sustaining', and 'intended for use in the prevention or treatment of a debilitating disease or condition'.

''(3) INCLUSION OF BIOLOGICAL PRODUCTS.—

''(A) IN GENERAL.—The Secretary may by regulation apply this section to biological products (as defined in section 351 of the Public Health Service Act), including plasma products derived from human plasma protein and their recombinant analogs, if the Secretary determines such inclusion would benefit the public health. Such regulation shall take into account any supply reporting programs and shall aim to reduce duplicative notification.

''(B) RULE FOR VACCINES.—If the Secretary applies this section to vaccines pursuant to subparagraph (A), the Secretary shall—

''(i) consider whether the notification requirement under subsection (a) may be satisfied by submitting a notification to the Centers for Disease Control and Prevention under the vaccine shortage notification program of such Centers; and

''(ii) explain the determination made by the Secretary under clause (i) in the regulation.

''(4) PROCEDURE.—In promulgating a regulation implementing this section, the Secretary shall—

''(A) issue a notice of proposed rulemaking that includes the proposed regulation;

''(B) provide a period of not less than 60 days for comments on the proposed regulation; and

''(C) publish the final regulation not less than 30 days before the regulation's effective date.

''(5) RESTRICTIONS.—Notwithstanding any other provision of Federal law, in implementing this section, the Secretary shall only promulgate regulations as described in paragraph (4).''.

(b) EFFECT OF NOTIFICATION.—The submission of a notification to the Secretary of Health and Human Services (referred to in this title as the ''Secretary'') for purposes of complying with the requirement in section 506C(a) of the Federal Food, Drug, and Cosmetic Act (as amended by subsection (a)) shall not be construed—

(1) as an admission that any product that is the subject of such notification violates any provision of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.); or

(2) as evidence of an intention to promote or market the product for an indication or use for which the product has not been approved by the Secretary.

SEC. 1002. ANNUAL REPORTING ON DRUG SHORTAGES.

Chapter V (21 U.S.C. 351 et seq.) is amended by inserting after section 506C, as amended by section 1001 of this Act, the following:

''SEC. 506C–1. ANNUAL REPORTING ON DRUG SHORTAGES.

''(a) ANNUAL REPORTS TO CONGRESS.—Not later than the end of calendar year 2013, and not later than the end of each calendar year thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on drug shortages that—

''(1) specifies the number of manufacturers that submitted a notification to the Secretary under section 506C(a) during such calendar year;

''(2) describes the communication between the field investigators of the Food and Drug Administration and the staff of the Center for Drug Evaluation and Research's Office of Compliance and Drug Shortage Program, including the Food and Drug Administration's procedures for enabling and ensuring such communication;

''(3)(A) lists the major actions taken by the Secretary to prevent or mitigate the drug shortages described in paragraph (7);

''(B) in the list under subparagraph (A), includes—

''(i) the number of applications and supplements for which the Secretary expedited review under section 506C(g)(1) during such calendar year; and

''(ii) the number of establishment inspections or reinspections that the Secretary expedited under section 506C(g)(2) during such calendar year;

''(4) describes the coordination between the Food and Drug Administration and the Drug Enforcement Administration on efforts to prevent or alleviate drug shortages;

''(5) identifies the number of and describes the instances in which the Food and Drug Administration exercised regulatory flexibility and discretion to prevent or alleviate a drug shortage;

''(6) lists the names of manufacturers that were issued letters under section 506C(f); and

''(7) specifies the number of drug shortages occurring during such calendar year, as identified by the Secretary.

''(b) TREND ANALYSIS.—The Secretary is authorized to retain a third party to conduct a study, if the Secretary believes such a study would help clarify the causes, trends, or solutions related to drug shortages.

''(c) DEFINITION.—In this section, the term 'drug shortage' or 'shortage' has the meaning given such term in section 506C.''.

SEC. 1003. COORDINATION; TASK FORCE AND STRATEGIC PLAN.

Chapter V (21 U.S.C. 351 et seq.) is amended by inserting after section 506C–1, as added by section 1002 of this Act, the following:

''SEC. 506D. COORDINATION; TASK FORCE AND STRATEGIC PLAN.

''(a) TASK FORCE AND STRATEGIC PLAN.—

''(1) IN GENERAL.—

''(A) TASK FORCE.—As soon as practicable after the date of enactment of the Food and Drug Administration Safety and Innovation Act, the Secretary shall establish a task force to develop and implement a strategic plan for enhancing the Secretary's response to preventing and mitigating drug shortages.

''(B) STRATEGIC PLAN.—The strategic plan described in subparagraph (A) shall include—

''(i) plans for enhanced interagency and intra-agency coordination, communication, and decisionmaking;

''(ii) plans for ensuring that drug shortages are considered when the Secretary initiates a regulatory action that could precipitate a drug shortage or exacerbate an existing drug shortage;

''(iii) plans for effective communication with outside stakeholders, including who the Secretary should alert about potential or actual drug shortages, how the communication should occur, and what types of information should be shared;

''(iv) plans for considering the impact of drug shortages on research and clinical trials; and

''(v) an examination of whether to establish a 'qualified manufacturing partner program', as described in subparagraph (C).

''(C) DESCRIPTION OF PROGRAM.—In conducting the examination of a 'qualified manufacturing partner program' under subparagraph (B)(v), the Secretary—

''(i) shall take into account that—

''(I) a 'qualified manufacturer', for purposes of such program, would need to have the capability and capacity to supply products determined or anticipated to be in shortage; and

''(II) in examining the capability and capacity to supply products in shortage, the 'qualified manufacturer' could have a site that manufactures a drug listed under section 506E or have the capacity to produce drugs in response to a shortage within a rapid timeframe; and

''(ii) shall examine whether incentives are necessary to encourage the participation of 'qualified manufacturers' in such a program.

''(D) CONSULTATION.—In carrying out this paragraph, the task force shall ensure consultation with the appropriate offices within the Food and Drug Administration, including the Office of the Commissioner, the Center for Drug Evaluation and Research, the Office of Regulatory Affairs, and employees within the Department of Health and Human Services with expertise regarding drug shortages. The Secretary shall engage external stakeholders and experts as appropriate.

''(2) TIMING.—Not later than 1 year after the date of enactment of the Food and Drug Administration Safety and Innovation Act, the task force shall—

''(A) publish the strategic plan described in paragraph (1); and

''(B) submit such plan to Congress.

''(b) COMMUNICATION.—The Secretary shall ensure that, prior to any enforcement action or issuance of a warning letter that the Secretary determines could reasonably be anticipated to lead to a meaningful disruption in the supply in the United States of a drug described under section 506C(a), there is communication with the appropriate office of the Food and Drug Administration with expertise regarding drug shortages regarding whether the action or letter could cause, or exacerbate, a shortage of the drug.

''(c) ACTION.—If the Secretary determines, after the communication described in subsection (b), that an enforcement action or a warning

letter could reasonably cause or exacerbate a shortage of a drug described under section 506C(a), then the Secretary shall evaluate the risks associated with the impact of such shortage upon patients and those risks associated with the violation involved before taking such action or issuing such letter, unless there is imminent risk of serious adverse health consequences or death to humans.

''(d) REPORTING BY OTHER ENTITIES.—The Secretary shall identify or establish a mechanism by which health care providers and other third-party organizations may report to the Secretary evidence of a drug shortage.

''(e) REVIEW AND CONSTRUCTION.—No determination, finding, action, or omission of the Secretary under this section shall—

''(1) be subject to judicial review; or

''(2) be construed to establish a defense to an enforcement action by the Secretary.

''(f) SUNSET.—Subsections (a), (b), (c), and (e) shall cease to be effective on the date that is 5 years after the date of enactment of the Food and Drug Administration Safety and Innovation Act.''.

SEC. 1004. DRUG SHORTAGE LIST.

Chapter V (21 U.S.C. 351 et seq.) is amended by inserting after section 506D, as added by section 1003 of this Act, the following:

''SEC. 506E. DRUG SHORTAGE LIST.

''(a) ESTABLISHMENT.—The Secretary shall maintain an up-to-date list of drugs that are determined by the Secretary to be in shortage in the United States.

''(b) CONTENTS.—For each drug on such list, the Secretary shall include the following information:

''(1) The name of the drug in shortage, including the National Drug Code number for such drug.

''(2) The name of each manufacturer of such drug.

''(3) The reason for the shortage, as determined by the Secretary, selecting from the following categories:

''(A) Requirements related to complying with good manufacturing practices.

''(B) Regulatory delay.

''(C) Shortage of an active ingredient.

''(D) Shortage of an inactive ingredient component.

''(E) Discontinuation of the manufacture of the drug.

''(F) Delay in shipping of the drug.

''(G) Demand increase for the drug.

''(4) The estimated duration of the shortage as determined by the Secretary.

''(c) PUBLIC AVAILABILITY.—

''(1) IN GENERAL.—Subject to paragraphs (2) and (3), the Secretary shall make the information in such list publicly available.

''(2) TRADE SECRETS AND CONFIDENTIAL INFORMATION.—Nothing in this section alters or amends section 1905 of title 18, United States Code, or section 552(b)(4) of title 5 of such Code.

''(3) PUBLIC HEALTH EXCEPTION.—The Secretary may choose not to make information collected under this section publicly available under paragraph (1) or section 506C(c) if the Secretary determines that disclosure of such information would adversely affect the public health (such as by increasing the possibility of hoarding or other disruption of the availability of drug products to patients).''.

SEC. 1005. QUOTAS APPLICABLE TO DRUGS IN SHORTAGE.

Section 306 of the Controlled Substances Act (21 U.S.C. 826) is amended by adding at the end the following:

''(h)(1) Not later than 30 days after the receipt of a request described in paragraph (2), the Attorney General shall—

''(A) complete review of such request; and

''(B)(i) as necessary to address a shortage of a controlled substance, increase the aggregate and individual production quotas under this section applicable to such controlled substance and any ingredient therein to the level requested; or

''(ii) if the Attorney General determines that the level requested is not necessary to address a shortage of a controlled substance, the Attorney General shall provide a written response detailing the basis for the Attorney General's determination.

The Secretary shall make the written response provided under subparagraph (B)(ii) available to the public on the Internet Web site of the Food and Drug Administration.

''(2) A request is described in this paragraph if—

''(A) the request pertains to a controlled substance on the list of drugs in shortage maintained under section 506E of the Federal Food, Drug, and Cosmetic Act;

''(B) the request is submitted by the manufacturer of the controlled substance; and

''(C) the controlled substance is in schedule II.''.

SEC. 1006. ATTORNEY GENERAL REPORT ON DRUG SHORTAGES.

Not later than 6 months after the date of the enactment of this Act, and annually thereafter, the Attorney General shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on the Judiciary of the Senate a report on drug shortages that—

(1) identifies the number of requests received under section 306(h) of the Controlled Substances Act (as added by section 1005 of this Act), the average review time for such requests, the number of requests granted and denied under such section, and, for each of the requests denied under such section, the basis for such denial;

(2) describes the coordination between the Drug Enforcement Administration and Food and Drug Administration on efforts to prevent or alleviate drug shortages; and

(3) identifies drugs containing a controlled substance subject to section 306 of the Controlled Substances Act when such a drug is determined by the Secretary to be in shortage.

SEC. 1007. HOSPITAL REPACKAGING OF DRUGS IN SHORTAGE.

Chapter V (21 U.S.C. 351 et seq.) is amended by inserting after section 506E, as added by section 1004 of this Act, the following:

''SEC. 506F. HOSPITAL REPACKAGING OF DRUGS IN SHORTAGE.

''(a) DEFINITIONS.—In this section:

''(1) DRUG.—The term 'drug' excludes any controlled substance (as such term is defined in section 102 of the Controlled Substances Act).

''(2) HEALTH SYSTEM.—The term 'health system' means a collection of hospitals that are owned and operated by the same entity and that share access to databases with drug order information for their patients.

''(3) REPACKAGE.—For the purposes of this section only, the term 'repackage', with respect to a drug, means to divide the volume of a drug into smaller amounts in order to—

''(A) extend the supply of a drug in response to the placement of the drug on a drug shortage list under section 506E; and

''(B) facilitate access to the drug by hospitals within the same health system.

''(b) EXCLUSION FROM REGISTRATION.—Notwithstanding any other provision of this Act, a hospital shall not be considered an establishment for which registration is required under section 510 solely because it repackages a drug and transfers it to another hospital within the same health system in accordance with the conditions in subsection (c)—

''(1) during any period in which the drug is listed on the drug shortage list under section 506E; or

''(2) during the 60-day period following any period described in paragraph (1).

''(c) CONDITIONS.—Subsection (b) shall only apply to a hospital, with respect to the repackaging of a drug for transfer to another hospital within the same health system, if the following conditions are met:

''(1) DRUG FOR INTRASYSTEM USE ONLY.—In no case may a drug that has been repackaged in accordance with this section be sold or otherwise distributed by the health system or a hospital within the system to an entity or individual that is not a hospital within such health system.

''(2) COMPLIANCE WITH STATE RULES.—Repackaging of a drug under this section shall be done in compliance with applicable State requirements of each State in which the drug is repackaged and received.

''(d) TERMINATION.—This section shall not apply on or after the date on which the Secretary issues final guidance that clarifies the policy of the Food and Drug Administration regarding hospital pharmacies repackaging and safely transferring repackaged drugs to other hospitals within the same health system during a drug shortage.''.

SEC. 1008. STUDY ON DRUG SHORTAGES.

(a) STUDY.—The Comptroller General of the United States shall conduct a study to examine the cause of drug shortages and formulate recommendations on how to prevent or alleviate such shortages.

(b) CONSIDERATION.—In conducting the study under this section, the Comptroller General shall consider the following questions:

(1) What are the dominant characteristics of drugs that have gone into a drug shortage over the preceding 3 years?

(2) Are there systemic high-risk factors (such as drug pricing structure, including Federal reimbursements, or the number of manufacturers producing a drug product) that have led to the concentration of drug shortages in certain drug products that have made such products vulnerable to drug shortages?

(3) Is there a reason why drug shortages have occurred primarily in the sterile injectable market and in certain therapeutic areas?

(4)(A) How have regulations, guidance documents, regulatory practices, policies, and other actions of Federal departments and agencies (including the effectiveness of interagency and intra-agency coordination, communication, strategic planning, and decisionmaking), including those used to enforce statutory requirements, affected drug shortages?

(B) Do any such regulations, guidances, policies, or practices cause, exacerbate, prevent, or mitigate drug shortages?

(C) How can regulations, guidances, policies, or practices be modified, streamlined, expanded, or discontinued in order to reduce or prevent such drug shortages?

(D) What effect would the changes described in subparagraph (C) have on the public health?

(5) How does hoarding affect drug shortages?

(6) How would incentives alleviate or prevent drug shortages?

(7) To what extent are health care providers, including hospitals and physicians responding to drug shortages, able to adjust care effectively to compensate for such shortages, and what impediments exist that hinder provider ability to adjust to such shortages?

(8)(A) Have drug shortages led market participants to stockpile affected drugs or sell such drugs at inflated prices?

(B) What has been the impact of any such activities described in subparagraph (A) on Federal revenue, and are there any economic factors that have exacerbated or created a market for such activities?

(C) Is there a need for any additional reporting or enforcement actions to address such activities?

(9)(A) How have the activities under section 506D of the Federal Food, Drug, and Cosmetic Act (as added by section 1003 of this Act) improved the efforts of the Food and Drug Administration to mitigate and prevent drug shortages?

(B) Is there a need to continue the task force and strategic plan under such section 506D, or are there any other recommendations to increase communication and coordination inside the Food and Drug Administration, between the Food and Drug Administration and other agencies, and between the Food and Drug Administration and stakeholders?

(c) CONSULTATION WITH STAKEHOLDERS.—In conducting the study under this section, the Comptroller General shall consult with relevant stakeholders, including physicians, pharmacists, hospitals, patients, drug manufacturers, and other health providers.

(d) REPORT.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General shall submit a report to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate on the results of the study under this section.

TITLE XI—OTHER PROVISIONS

Subtitle A—Reauthorizations

SEC. 1101. REAUTHORIZATION OF PROVISION RELATING TO EXCLUSIVITY OF CERTAIN DRUGS CONTAINING SINGLE ENANTIOMERS.

(a) IN GENERAL.—Section 505(u)(4) (21 U.S.C. 355(u)(4)) is amended by striking ''2012'' and inserting ''2017''.

(b) AMENDMENT.—Section 505(u)(1)(A)(ii)(II) (21 U.S.C. 355(u)(1)(A)(ii)(II)) is amended by inserting ''clinical'' after ''any''.

SEC. 1102. REAUTHORIZATION OF THE CRITICAL PATH PUBLIC-PRIVATE PARTNERSHIPS.

Subsection (f) of section 566 (21 U.S.C. 360bbb–5) is amended to read as follows:

''(f) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $6,000,000 for each of fiscal years 2013 through 2017.''.

Subtitle B—Medical Gas Product Regulation

SEC. 1111. REGULATION OF MEDICAL GASES.

Chapter V (21 U.S.C. 351 et seq.) is amended by adding at the end the following:

''Subchapter G—Medical Gases

''SEC. 575. DEFINITIONS.

''In this subchapter:

''(1) The term 'designated medical gas' means any of the following:

''(A) Oxygen that meets the standards set forth in an official compendium.

''(B) Nitrogen that meets the standards set forth in an official compendium.

''(C) Nitrous oxide that meets the standards set forth in an official compendium.

''(D) Carbon dioxide that meets the standards set forth in an official compendium.

''(E) Helium that meets the standards set forth in an official compendium.

''(F) Carbon monoxide that meets the standards set forth in an official compendium.

''(G) Medical air that meets the standards set forth in an official compendium.

''(H) Any other medical gas deemed appropriate by the Secretary, after taking into account any investigational new drug application or investigational new animal drug application for the same medical gas submitted in accordance with regulations applicable to such applications in title 21 of the Code of Federal Regulations, unless any period of exclusivity under section 505(c)(3)(E)(ii) or section 505(j)(5)(F)(ii), or the extension of any such period under section 505A, applicable to such medical gas has not expired.

''(2) The term 'medical gas' means a drug that—

''(A) is manufactured or stored in a liquefied, nonliquefied, or cryogenic state; and

''(B) is administered as a gas.

''SEC. 576. REGULATION OF MEDICAL GASES.

''(a) CERTIFICATION OF DESIGNATED MEDICAL GASES.—

''(1) SUBMISSION.—Beginning 180 days after the date of enactment of this section, any person may file with the Secretary a request for certification of a medical gas as a designated medical gas. Any such request shall contain the following information:

''(A) A description of the medical gas.

''(B) The name and address of the sponsor.

''(C) The name and address of the facility or facilities where the medical gas is or will be manufactured.

''(D) Any other information deemed appropriate by the Secretary to determine whether the medical gas is a designated medical gas.

''(2) GRANT OF CERTIFICATION.—The certification requested under paragraph (1) is deemed to be granted unless, within 60 days of the filing of such request, the Secretary finds that—

''(A) the medical gas subject to the certification is not a designated medical gas;

''(B) the request does not contain the information required under paragraph (1) or otherwise lacks sufficient information to permit the Secretary to determine that the medical gas is a designated medical gas; or

''(C) denying the request is necessary to protect the public health.

''(3) EFFECT OF CERTIFICATION.—

''(A) IN GENERAL.—

''(i) APPROVED USES.—A designated medical gas for which a certification is granted under paragraph (2) is deemed, alone or in combination, as medically appropriate, with another designated medical gas or gases for which a certification or certifications have been granted, to have in effect an approved application under section 505 or 512, subject to all applicable post-approval requirements, for the following indications for use:

''(I) In the case of oxygen, the treatment or prevention of hypoxemia or hypoxia.

''(II) In the case of nitrogen, use in hypoxic challenge testing.

''(III) In the case of nitrous oxide, analgesia.

''(IV) In the case of carbon dioxide, use in extracorporeal membrane oxygenation therapy or respiratory stimulation.

''(V) In the case of helium, the treatment of upper airway obstruction or increased airway resistance.

''(VI) In the case of medical air, to reduce the risk of hyperoxia.

''(VII) In the case of carbon monoxide, use in lung diffusion testing.

''(VIII) Any other indication for use for a designated medical gas or combination of designated medical gases deemed appropriate by the Secretary, unless any period of exclusivity under clause (iii) or (iv) of section 505(c)(3)(E), clause (iii) or (iv) of section 505(j)(5)(F), or section 527, or the extension of any such period under section 505A, applicable to such indication for use for such gas or combination of gases has not expired.

''(ii) LABELING.—The requirements of sections 503(b)(4) and 502(f) are deemed to have been met for a designated medical gas if the labeling on final use container for such medical gas bears—

''(I) the information required by section 503(b)(4);

''(II) a warning statement concerning the use of the medical gas as determined by the Secretary by regulation; and

''(III) appropriate directions and warnings concerning storage and handling.

''(B) INAPPLICABILITY OF EXCLUSIVITY PROVISIONS.—

''(i) NO EXCLUSIVITY FOR A CERTIFIED MEDICAL GAS.—No designated medical gas deemed under subparagraph (A)(i) to have in effect an approved application is eligible for any period of exclusivity under section 505(c), 505(j), or 527, or the extension of any such period under section 505A, on the basis of such deemed approval.

''(ii) EFFECT ON CERTIFICATION.—No period of exclusivity under section 505(c), 505(j), or section 527, or the extension of any such period under section 505A, with respect to an application for a drug product shall prohibit, limit, or otherwise affect the submission, grant, or effect of a certification under this section, except as provided in subsection (a)(3)(A)(i)(VIII) and section 575(1)(H).

''(4) WITHDRAWAL, SUSPENSION, OR REVOCATION OF APPROVAL.—

''(A) WITHDRAWAL, SUSPENSION OF APPROVAL.—Nothing in this subchapter limits the Secretary's authority to withdraw or suspend approval of a drug product, including a designated medical gas deemed under this section to have in effect an approved application under section 505 or section 512 of this Act.

''(B) REVOCATION OF CERTIFICATION.—The Secretary may revoke the grant of a certification under paragraph (2) if the Secretary determines that the request for certification contains any material omission or falsification.

''(b) PRESCRIPTION REQUIREMENT.—

''(1) IN GENERAL.—A designated medical gas shall be subject to the requirements of section 503(b)(1) unless the Secretary exercises the authority provided in section 503(b)(3) to remove such medical gas from the requirements of section 503(b)(1), the gas is approved for use without a prescription pursuant to an application under section 505 or 512, or the use in question is authorized pursuant to another provision of this Act relating to use of medical products in emergencies.

''(2) OXYGEN.—

''(A) NO PRESCRIPTION REQUIRED FOR CERTAIN USES.—Notwithstanding paragraph (1), oxygen may be provided without a prescription for the following uses:

''(i) For use in the event of depressurization or other environmental oxygen deficiency.

''(ii) For oxygen deficiency or for use in emergency resuscitation, when administered by properly trained personnel.

''(B) LABELING.—For oxygen provided pursuant to subparagraph (A), the requirements of section 503(b)(4) shall be deemed to have been met if its labeling bears a warning that the oxygen can be used for emergency use only and for all other medical applications a prescription is required.

''SEC. 577. INAPPLICABILITY OF DRUG FEES TO DESIGNATED MEDICAL GASES.

''A designated medical gas, alone or in combination with another designated gas or gases (as medically appropriate) deemed under section 576 to have in effect an approved application shall not be assessed fees under section 736(a) on the basis of such deemed approval.''.

SEC. 1112. CHANGES TO REGULATIONS.

(a) REPORT.—Not later than 18 months after the date of the enactment of this Act, the Secretary, after obtaining input from medical gas manufacturers and any other interested members of the public, shall—

(1) determine whether any changes to the Federal drug regulations are necessary for medical gases; and

(2) submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report regarding any such changes.

(b) REGULATIONS.—If the Secretary determines under subsection (a) that changes to the Federal drug regulations are necessary for medical gases, the Secretary shall issue final regulations revising the Federal drug regulations with respect to medical gases not later than 48 months after the date of the enactment of this Act.

(c) DEFINITIONS.—In this section:

(1) The term ''Federal drug regulations'' means regulations in title 21 of the Code of Federal Regulations pertaining to drugs.

(2) The term ''medical gas'' has the meaning given to such term in section 575 of the Federal Food, Drug, and Cosmetic Act, as added by section 1111 of this Act.

(3) The term ''Secretary'' means the Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs.

SEC. 1113. RULES OF CONSTRUCTION.

Nothing in this subtitle and the amendments made by this subtitle applies with respect to—

(1) a drug that is approved prior to May 1, 2012, pursuant to an application submitted under section 505 or 512 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355, 360b);

(2) any gas listed in subparagraphs (A) through (G) of section 575(1) of the Federal Food, Drug, and Cosmetic Act, as added by section 1111 of this Act, or any combination of any such gases, for an indication that—

(A) is not included in, or is different from, those specified in subclauses (I) through (VII) of section 576(a)(3)(A)(i) of such Act; and

(B) is approved on or after May 1, 2012, pursuant to an application submitted under section 505 or 512; or

(3) any designated medical gas added pursuant to subparagraph (H) of section 575(1) of such Act for an indication that—

(A) is not included in, or is different from, those originally added pursuant to subparagraph (H) of section 575(1) and section 576(a)(3)(A)(i)(VIII); and

(B) is approved on or after May 1, 2012, pursuant to an application submitted under section 505 or 512 of such Act.

Subtitle C—Miscellaneous Provisions

SEC. 1121. GUIDANCE DOCUMENT REGARDING PRODUCT PROMOTION USING THE INTERNET.

Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services shall issue guidance that describes Food and Drug Administration policy regarding the promotion, using the Internet (including social media), of medical products that are regulated by such Administration.

SEC. 1122. COMBATING PRESCRIPTION DRUG ABUSE.

(a) IN GENERAL.—To combat the significant rise in prescription drug abuse and the consequences of such abuse, the Secretary of Health and Human Services (referred to in this section as the ''Secretary''), in coordination with other Federal agencies, as appropriate, shall review current Federal initiatives and identify gaps and opportunities with respect to—

(1) ensuring the safe use of prescription drugs with the potential for abuse; and

(2) the treatment of prescription drug dependance.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the Secretary shall post on the Department of Health and Human Service's Internet Web site a report on the findings of the review under subsection (a). Such report shall include findings and recommendations on—

(1) how best to leverage and build upon existing Federal and federally funded data sources, such as prescription drug monitoring program data and the sentinel initiative of the Food and Drug Administration under section 505(k)(3) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351(k)(3)), as it relates to collection of information relevant to adverse events, patient safety, and patient outcomes, to create a centralized data clearinghouse and early warning tool;

(2) how best to develop and disseminate widely best practices models and suggested standard requirements to States for achieving greater interoperability and effectiveness of prescription drug monitoring programs, especially with respect to provider participation, producing standardized data on adverse events, patient safety, and patient outcomes; and

(3) how best to develop provider, pharmacist, and patient education tools and a strategy to widely disseminate such tools and assess the efficacy of such tools.

(c) GUIDANCE ON ABUSE-DETERRENT PRODUCTS.—Not later than 6 months after the date of enactment of this Act, the Secretary shall promulgate guidance on the development of abuse-deterrent drug products.

SEC. 1123. OPTIMIZING GLOBAL CLINICAL TRIALS.

Subchapter E of chapter V (21 U.S.C. 360bbb et seq.), as amended by section 903 of this Act, is further amended by adding at the end the following:

''SEC. 569A. OPTIMIZING GLOBAL CLINICAL TRIALS.

''(a) IN GENERAL.—The Secretary shall—

''(1) work with other regulatory authorities of similar standing, medical research companies, and international organizations to foster and encourage uniform, scientifically driven clinical trial standards with respect to medical products around the world; and

''(2) enhance the commitment to provide consistent parallel scientific advice to manufacturers seeking simultaneous global development of new medical products in order to—

''(A) enhance medical product development;

''(B) facilitate the use of foreign data; and

''(C) minimize the need to conduct duplicative clinical studies, preclinical studies, or nonclinical studies.

''(b) MEDICAL PRODUCT.—In this section, the term 'medical product' means a drug, as defined in subsection (g) of section 201, a device, as defined in subsection (h) of such section, or a biological product, as defined in section 351(i) of the Public Health Service Act.

''(c) SAVINGS CLAUSE.—Nothing in this section shall alter the criteria for evaluating the safety or effectiveness of a medical product under this Act.

''SEC. 569B. USE OF CLINICAL INVESTIGATION DATA FROM OUTSIDE THE UNITED STATES.

''(a) IN GENERAL.—In determining whether to approve, license, or clear a drug or device pursuant to an application submitted under this chapter, the Secretary shall accept data from clinical investigations conducted outside of the United States, including the European Union, if the applicant demonstrates that such data are adequate under applicable standards to support approval, licensure, or clearance of the drug or device in the United States.

''(b) NOTICE TO SPONSOR.—If the Secretary finds under subsection (a) that the data from clinical investigations conducted outside the United States, including in the European Union, are inadequate for the purpose of making a determination on approval, clearance, or licensure of a drug or device pursuant to an application submitted under this chapter, the Secretary shall provide written notice to the sponsor of the application of such finding and include the rationale for such finding.''.

SEC. 1124. ADVANCING REGULATORY SCIENCE TO PROMOTE PUBLIC HEALTH INNOVATION.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall develop a strategy and implementation plan for advancing regulatory science for medical products in order to promote the public health and advance innovation in regulatory decisionmaking.

(b) REQUIREMENTS.—The strategy and implementation plan developed under subsection (a) shall be consistent with the user fee performance goals in the Prescription Drug User Fee Agreement commitment letter, the Generic Drug User Fee Agreement commitment letter, and the Biosimilar User Fee Agreement commitment letter transmitted by the Secretary to Congress on January 13, 2012, and the Medical Device User Fee Agreement commitment letter transmitted by the Secretary to Congress on April 20, 2012, and shall—

(1) identify a clear vision of the fundamental role of efficient, consistent, and predictable, science-based decisions throughout regulatory decisionmaking of the Food and Drug Administration with respect to medical products;

(2) identify the regulatory science priorities of the Food and Drug Administration directly related to fulfilling the mission of the agency with respect to decisionmaking concerning medical products and allocation of resources toward such regulatory science priorities;

(3) identify regulatory and scientific gaps that impede the timely development and review of, and regulatory certainty with respect to, the approval, licensure, or clearance of medical products, including with respect to companion products and new technologies, and facilitating the timely introduction and adoption of new technologies and methodologies in a safe and effective manner;

(4) identify clear, measurable metrics by which progress on the priorities identified under paragraph (2) and gaps identified under paragraph (3) will be measured by the Food and Drug Administration, including metrics specific to the integration and adoption of advances in regulatory science described in paragraph (5) and improving medical product decisionmaking, in a predictable and science-based manner; and

(5) set forth how the Food and Drug Administration will ensure that advances in regulatory science for medical products are adopted, as appropriate, on an ongoing basis and in an manner integrated across centers, divisions, and branches of the Food and Drug Administration, including by senior managers and reviewers, including through the—

(A) development, updating, and consistent application of guidance documents that support medical product decisionmaking; and

(B) adoption of the tools, methods, and processes under section 566 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–5).

(c) PERFORMANCE REPORTS.—The annual performance reports submitted to Congress under sections 736B(a) (as amended by section 104 of this Act), 738A(a) (as amended by section 204 of this Act), 744C(a) (as added by section 303 of this Act), and 744I(a) (as added by section 403 of this Act) of the Federal Food, Drug, and Cosmetic Act for each of fiscal years 2014 and 2016, shall include a report from the Secretary on the progress made with respect to—

(1) advancing the regulatory science priorities identified under paragraph (2) of subsection (b) and resolving the gaps identified under paragraph (3) of such subsection, including reporting on specific metrics identified under paragraph (4) of such subsection;

(2) the integration and adoption of advances in regulatory science as set forth in paragraph (5) of such subsection; and

(3) the progress made in advancing the regulatory science goals outlined in the Prescription Drug User Fee Agreement commitment letter, the Generic Drug User Fee Agreement commitment letter, and the Biosimilar User Fee Agreement commitment letter transmitted by the Secretary to Congress on January 13, 2012, and the Medical Device User Fee Agreement transmitted by the Secretary to Congress on April 20, 2012.

(d) MEDICAL PRODUCT.—In this section, the term ''medical product'' means a drug, as defined in subsection (g) of section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321), a device, as defined in subsection (h) of such section, or a biological product, as defined in section 351(i) of the Public Health Service Act.

SEC. 1125. INFORMATION TECHNOLOGY.

(a) HHS REPORT.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall—

(1) report to Congress on—

(A) the milestones and a completion date for developing and implementing a comprehensive information technology strategic plan to align the information technology systems modernization projects with the strategic goals of the Food and Drug Administration, including results-oriented goals, strategies, milestones, performance measures;

(B) efforts to finalize and approve a comprehensive inventory of the information technology systems of the Food and Drug Administration that includes information describing each system, such as costs, system function or

purpose, and status information, and incorporate use of the system portfolio into the information investment management process of the Food and Drug Administration;

(C) the ways in which the Food and Drug Administration uses the plan described in subparagraph (A) to guide and coordinate the modernization projects and activities of the Food and Drug Administration, including the interdependencies among projects and activities; and

(D) the extent to which the Food and Drug Administration has fulfilled or is implementing recommendations of the Government Accountability Office with respect to the Food and Drug Administration and information technology; and

(2) develop—

(A) a documented enterprise architecture program management plan that includes the tasks, activities, and timeframes associated with developing and using the architecture and addresses how the enterprise architecture program management will be performed in coordination with other management disciplines, such as organizational strategic planning, capital planning and investment control, and performance management; and

(B) a skills inventory, needs assessment, gap analysis, and initiatives to address skills gaps as part of a strategic approach to information technology human capital planning.

(b) GAO REPORT.—Not later than January 1, 2016, the Comptroller General of the United States shall issue a report regarding the strategic plan described in subsection (a)(1)(A) and related actions carried out by the Food and Drug Administration. Such report shall assess the progress the Food and Drug Administration has made on—

(1) the development and implementation of a comprehensive information technology strategic plan, including the results-oriented goals, strategies, milestones, and performance measures identified in subsection (a)(1)(A);

(2) the effectiveness of the comprehensive information technology strategic plan described in subsection (a)(1)(A), including the results-oriented goals and performance measures; and

(3) the extent to which the Food and Drug Administration has fulfilled recommendations of the Government Accountability Office with respect to such agency and information technology.

SEC. 1126. NANOTECHNOLOGY.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall intensify and expand activities related to enhancing scientific knowledge regarding nanomaterials included or intended for inclusion in products regulated under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) or other statutes administered by the Food and Drug Administration, to address issues relevant to the regulation of those products, including the potential toxicology of such nanomaterials, the potential benefit of new therapies derived from nanotechnology, the effects of such nanomaterials on biological systems, and the interaction of such nanomaterials with biological systems.

(b) ACTIVITIES.—In conducting activities related to nanotechnology, the Secretary may—

(1) assess scientific literature and data on general nanomaterials interactions with biological systems and on specific nanomaterials of concern to the Food and Drug Administration;

(2) in cooperation with other Federal agencies, develop and organize information using databases and models that will facilitate the identification of generalized principles and characteristics regarding the behavior of classes of nanomaterials with biological systems;

(3) promote Food and Drug Administration programs and participate in collaborative efforts, to further the understanding of the science of novel properties of nanomaterials that might contribute to toxicity;

(4) promote and participate in collaborative efforts to further the understanding of measurement and detection methods for nanomaterials;

(5) collect, synthesize, interpret, and disseminate scientific information and data related to the interactions of nanomaterials with biological systems;

(6) build scientific expertise on nanomaterials within the Food and Drug Administration, including field and laboratory expertise, for monitoring the production and presence of nanomaterials in domestic and imported products regulated under this Act;

(7) ensure ongoing training, as well as dissemination of new information within the centers of the Food and Drug Administration, and more broadly across the Food and Drug Administration, to ensure timely, informed consideration of the most current science pertaining to nanomaterials;

(8) encourage the Food and Drug Administration to participate in international and national consensus standards activities pertaining to nanomaterials; and

(9) carry out other activities that the Secretary determines are necessary and consistent with the purposes described in paragraphs (1) through (8).

SEC. 1127. ONLINE PHARMACY REPORT TO CONGRESS.

Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that describes any problems posed by pharmacy Internet Web sites that violate Federal or State law, including—

(1) the methods by which Internet Web sites are used to sell prescription drugs in violation of Federal or State law or established industry standards;

(2) the harmful health effects that patients experience when they consume prescription drugs purchased through such pharmacy Internet Web sites;

(3) efforts by the Federal Government and State and local governments to investigate and prosecute the owners or operators of pharmacy Internet Web sites, to address the threats such Web sites pose, and to protect patients;

(4) the level of success that Federal, State, and local governments have experienced in investigating and prosecuting such cases;

(5) whether the law, as in effect on the date of the report, provides sufficient authorities to Federal, State, and local governments to investigate and prosecute the owners and operators of pharmacy Internet Web sites that violate Federal or State law or established industry standards;

(6) additional authorities that could assist Federal, State, and local governments in investigating and prosecuting the owners and operators of pharmacy Internet Web sites that violate Federal or State law or established industry standards;

(7) laws, policies, and activities that would educate consumers about how to distinguish pharmacy Internet Web sites that comply with Federal and State laws and established industry standards from those pharmacy Internet Web sites that do not comply with such laws and standards; and

(8) activities that private sector actors are taking to address the prevalence of illegitimate pharmacy Internet Web sites, and any policies to encourage further activities.

SEC. 1128. REPORT ON SMALL BUSINESSES.

Not later than 1 year after the date of enactment of this Act, the Commissioner of Food and Drugs shall submit a report to Congress that includes—

(1) a listing of and staffing levels of all small business offices at the Food and Drug Administration, including the small business liaison program;

(2) the status of partnership efforts between the Food and Drug Administration and the Small Business Administration;

(3) a summary of outreach efforts to small businesses and small business associations, including availability of toll-free telephone help lines;

(4) with respect to the program under the Orphan Drug Act (Public Law 97–414), the number of applications made by small businesses and number of applications approved for research grants and the number of companies receiving protocol assistance for the development of drugs for rare diseases and disorders;

(5) the number of small businesses submitting applications and receiving approval for unsolicited grant applications from the Food and Drug Administration;

(6) the number of small businesses submitting applications and receiving approval for solicited grant applications from the Food and Drug Administration; and

(7) barriers small businesses encounter in the drug and medical device approval process.

SEC. 1129. PROTECTIONS FOR THE COMMISSIONED CORPS OF THE PUBLIC HEALTH SERVICE ACT.

(a) IN GENERAL.—Section 221(a) of the Public Health Service Act (42 U.S.C. 213a(a)) is amended by adding at the end the following:

''(18) Section 1034, Protected Communications; Prohibition of Retaliatory Personnel Actions.''.

(b) CONFORMING AMENDMENT.—Section 221(b) of the Public Health Service Act (42 U.S.C. 213a(b)) is amended by adding at the end the following: ''For purposes of paragraph (18) of subsection (a), the term 'Inspector General' in section 1034 of such title 10 shall mean the Inspector General of the Department of Health and Human Services.''.

SEC. 1130. COMPLIANCE DATE FOR RULE RELATING TO SUNSCREEN DRUG PRODUCTS FOR OVER-THE-COUNTER HUMAN USE.

In accordance with the final rule issued by the Commissioner of Food and Drug entitled ''Labeling and Effectiveness Testing; Sunscreen Drug Products for Over-the- Counter Human Use; Delay of Compliance Dates'' (77 Fed. Reg. 27591 (May 11, 2012)), a product subject to the final rule issued by the Commissioner entitled ''Labeling and Effectiveness Testing; Sunscreen Drug Products for Over-the-Counter Human Use'' (76 Fed. Reg. 35620 (June 17, 2011)), shall comply with such rule not later than—

(1) December 17, 2013, for products subject to such rule with annual sales of less than $25,000 and

(2) December 17, 2012, for all other products subject to such rule.

SEC. 1131. STRATEGIC INTEGRATED MANAGEMENT PLAN.

Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a strategic integrated management plan for the Center for Drug Evaluation and Research, the Center for Biologics Evaluation and Research, and the Center for Devices and Radiological Health. Such strategic management plan shall—

(1) identify strategic institutional goals, priorities, and mechanisms to improve efficiency, for the Center for Drug Evaluation and Research, the Center for Biologics Evaluation and Research, and the Center for Devices and Radiological Health;

(2) describe the actions the Secretary will take to recruit, retain, train, and continue to develop the workforce at the Center for Drug Evaluation and Research, the Center for Biologics Evaluation and Research, and the Center for Devices and Radiological Health to fulfill the public health mission of the Food and Drug Administration; and

(3) identify results-oriented, outcome-based measures that the Secretary will use to measure the progress of achieving the strategic goals, priorities, and mechanisms identified under paragraph (1) and the effectiveness of the actions

identified under paragraph (2), including metrics to ensure that managers and reviewers of the Center for Drug Evaluation and Research, the Center for Biologics Evaluation and Research, and the Center for Devices and Radiological Health are familiar with and appropriately and consistently apply the requirements under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.), including new requirements under parts 2, 3, 7, and 8 of subchapter C of title VII of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379f et seq.).

SEC. 1132. ASSESSMENT AND MODIFICATION OF REMS.

(a) ASSESSMENT AND MODIFICATION OF APPROVED STRATEGY.—Section 505–1(g) (21 U.S.C. 355–1(g)) is amended—

(1) in paragraph (1), by striking '', and propose a modification to,'';

(2) in paragraph (2)—

(A) in the matter before subparagraph (A)—

(i) by striking '', subject to paragraph (5),''; and

(ii) by striking '', and may propose a modification to,'';

(B) in subparagraph (C), by striking ''new safety or effectiveness information indicates that'' and all that follows and inserting the following: ''an assessment is needed to evaluate whether the approved strategy should be modified to—

''(i) ensure the benefits of the drug outweigh the risks of the drug; or

''(ii) minimize the burden on the health care delivery system of complying with the strategy.''; and

(C) by striking subparagraph (D);

(3) in paragraph (3), by striking ''for a drug shall include—'' and all that follows and inserting the following ''for a drug shall include, with respect to each goal included in the strategy, an assessment of the extent to which the approved strategy, including each element of the strategy, is meeting the goal or whether 1 or more such goals or such elements should be modified.''; and

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

''(4) MODIFICATION.—

''(A) ON INITIATIVE OF RESPONSIBLE PERSON.—After the approval of a risk evaluation and mitigation strategy by the Secretary, the responsible person may, at any time, submit to the Secretary a proposal to modify the approved strategy. Such proposal may propose the addition, modification, or removal of any goal or element of the approved strategy and shall include an adequate rationale to support such proposed addition, modification, or removal of any goal or element of the strategy.

''(B) ON INITIATIVE OF SECRETARY.—After the approval of a risk evaluation and mitigation strategy by the Secretary, the Secretary may, at any time, require a responsible person to submit a proposed modification to the strategy within 120 days or within such reasonable time as the Secretary specifies, if the Secretary, in consultation with the offices described in subsection (c)(2), determines that 1 or more goals or elements should be added, modified, or removed from the approved strategy to—

''(i) ensure the benefits of the drug outweigh the risks of the drug; or

''(ii) minimize the burden on the health care delivery system of complying with the strategy.''.

(b) REVIEW OF PROPOSED STRATEGIES; REVIEW OF ASSESSMENTS AND MODIFICATIONS OF APPROVED STRATEGIES.—Section 505–1(h) (21 U.S.C. 355–1(h)) is amended—

(1) in the subsection heading by inserting ''AND MODIFICATIONS'' after ''REVIEW OF ASSESSMENTS'';

(2) in paragraph (1)—

(A) by inserting ''and proposed modification to'' after ''under subsection (a) and each assessment of''; and

(B) by inserting '', and, if necessary, promptly initiate discussions with the responsible person about such proposed strategy, assessment, or modification'' after ''subsection (g)'';

(3) by striking paragraph (2);

(4) by redesignating paragraphs (3) through (9) as paragraphs (2) through (8), respectively;

(5) in paragraph (2), as redesignated by paragraph (4)—

(A) by amending subparagraph (A) to read as follows:

''(A) IN GENERAL.—

''(i) TIMEFRAME.—Unless the dispute resolution process described under paragraph (3) or (4) applies, and, except as provided in clause (ii) or clause (iii) below, the Secretary, in consultation with the offices described in subsection (c)(2), shall review and act on the proposed risk evaluation and mitigation strategy for a drug or any proposed modification to any required strategy within 180 days of receipt of the proposed strategy or modification.

''(ii) MINOR MODIFICATIONS.—The Secretary shall review and act on a proposed minor modification, as defined by the Secretary in guidance, within 60 days of receipt of such modification.

''(iii) REMS MODIFICATION DUE TO SAFETY LABEL CHANGES.—Not later than 60 days after the Secretary receives a proposed modification to an approved risk evaluation and mitigation strategy to conform the strategy to approved safety label changes, including safety labeling changes initiated by the sponsor in accordance with FDA regulatory requirements, or to a safety label change that the Secretary has directed the holder of the application to make pursuant to section 505(o)(4), the Secretary shall review and act on such proposed modification to the approved strategy.

''(iv) GUIDANCE.—The Secretary shall establish, through guidance, that responsible persons may implement certain modifications to an approved risk evaluation and mitigation strategy following notification to the Secretary.''; and

(B) by amending subparagraph (C) to read as follows:

''(C) PUBLIC AVAILABILITY.—Upon acting on a proposed risk evaluation and mitigation strategy or proposed modification to a risk evaluation and mitigation strategy under subparagraph (A), the Secretary shall make publicly available an action letter describing the actions taken by the Secretary under such subparagraph (A).'';

(6) in paragraph (4), as redesignated by paragraph (4)—

(A) in subparagraph (A)(i)—

(i) by striking ''Not earlier than 15 days, and not later than 35 days, after discussions under paragraph (2) have begun, the'' and inserting ''The''; and

(ii) by inserting '', after the sponsor is required to make a submission under subsection (a)(2) or (g),'' before ''request in writing''; and

(B) in subparagraph (I)—

(i) by striking clauses (i) and (ii); and

(ii) by striking ''if the Secretary—'' and inserting ''if the Secretary has complied with the timing requirements of scheduling review by the Drug Safety Oversight Board, providing a written recommendation, and issuing an action letter under subparagraphs (B), (F), and (G), respectively.'';

(7) in paragraph (5), as redesignated by paragraph (4)—

(A) in subparagraph (A), by striking ''any of subparagraphs (B) through (D)'' and inserting ''subparagraph (B) or (C)''; and

(B) in subparagraph (C), by striking ''paragraph (4) or (5)'' and inserting ''paragraph (3) or (4)''; and

(8) in paragraph (8), as redesignated by paragraph (4), by striking ''paragraphs (7) and (8)'' and inserting ''paragraphs (6) and (7).''.

(c) GUIDANCE.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall issue guidance that, for purposes of section 505–1(h)(2)(A) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1(h)(2)(A)), describes the types of modifications to approved risk evaluation and mitigation strategies that shall be considered to be minor modifications of such strategies.

SEC. 1133. EXTENSION OF PERIOD FOR FIRST APPLICANT TO OBTAIN TENTATIVE APPROVAL WITHOUT FORFEITING 180-DAY-EXCLUSIVITY PERIOD.

(a) EXTENSION.—

(1) IN GENERAL.—If a first applicant files an application during the 30-month period ending on the date of enactment of this Act and such application initially contains a certification described in paragraph (2)(A)(vii)(IV) of section 505(j) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)), or if a first applicant files an application and the application is amended during such period to first contain such a certification, the phrase ''30 months'' in paragraph (5)(D)(i)(IV) of such section shall, with respect to such application, be read as meaning—

(A) during the period beginning on the date of enactment of this Act, and ending on September 30, 2015, ''40 months''; and

(B) during the period beginning on October 1, 2015, and ending on September 30, 2016, ''36 months''.

(2) CONFORMING AMENDMENT.—In the case of an application to which an extended period under paragraph (1) applies, the reference to the 30-month period under section 505(q)(1)(G) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(q)(1)(G)) shall be read to be the applicable period under paragraph (1).

(b) PERIOD FOR OBTAINING TENTATIVE APPROVAL OF CERTAIN APPLICATIONS.—If an application is filed on or before the date of enactment of this Act and such application is amended during the period beginning on the day after the date of enactment of this Act and ending on September 30, 2017, to first contain a certification described in paragraph (2)(A)(vii)(IV) of section 505(j) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)), the date of the filing of such amendment (rather than the date of the filing of such application) shall be treated as the beginning of the 30-month period described in paragraph (5)(D)(i)(IV) of such section 505(j).

(c) DEFINITIONS.—For the purposes of this section, the terms ''application'' and ''first applicant'' mean application and first applicant, as such terms are used in section 505(j)(5)(D)(i)(IV) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(5)(D)(i)(IV)).

SEC. 1134. DEADLINE FOR DETERMINATION ON CERTAIN PETITIONS.

(a) IN GENERAL.—Section 505 (21 U.S.C. 355) is amended by adding at the end the following:

''(w) DEADLINE FOR DETERMINATION ON CERTAIN PETITIONS.—The Secretary shall issue a final, substantive determination on a petition submitted pursuant to subsection (b) of section 314.161 of title 21, Code of Federal Regulations (or any successor regulations), no later than 270 days after the date the petition is submitted.''.

(b) APPLICATION.—The amendment made by subsection (a) shall apply to any petition that is submitted pursuant to subsection (b) of section 314.161 of title 21, Code of Federal Regulations (or any successor regulations), on or after the date of enactment of this Act.

SEC. 1135. FINAL AGENCY ACTION RELATING TO PETITIONS AND CIVIL ACTIONS.

Section 505(q) (21 U.S.C. 355(q)) is amended—

(1) in paragraph (1)—

(A) in subparagraph (A), by striking ''subsection (b)(2) or (j)'' and inserting ''subsection (b)(2) or (j) of this section or section 351(k) of the Public Health Service Act''; and

(B) in subparagraph (F), by striking ''180 days'' and inserting ''150 days'';

(2) in paragraph (2)(A)—

(A) in the subparagraph heading, by striking ''180'' and inserting ''150''; and

(B) in clause (i), by striking ''180-day'' and inserting ''150-day'';

(3) in paragraph (4)—

(A) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively, and moving such clauses, as so redesignated, 2 ems to the right;

(B) by striking ''This subsection does not apply to—'' and inserting the following:

''(A) This subsection does not apply to—''; and

(C) by adding at the end the following:

''(B) Paragraph (2) does not apply to a petition addressing issues concerning an application submitted pursuant to section 351(k) of the Public Health Service Act.''; and

(4) in paragraph (5), by striking ''subsection (b)(2) or (j)'' inserting ''subsection (b)(2) or (j) of the Act or 351(k) of the Public Health Service Act''.

SEC. 1136. ELECTRONIC SUBMISSION OF APPLICATIONS.

Subchapter D of chapter VII (21 U.S.C. 379k et seq.) is amended by inserting after section 745 the following:

''SEC. 745A. ELECTRONIC FORMAT FOR SUBMISSIONS.

''(a) DRUGS AND BIOLOGICS.—

''(1) IN GENERAL.—Beginning no earlier than 24 months after the issuance of a final guidance issued after public notice and opportunity for comment, submissions under subsection (b), (i), or (j) of section 505 of this Act or subsection (a) or (k) of section 351 of the Public Health Service Act shall be submitted in such electronic format as specified by the Secretary in such guidance.

''(2) GUIDANCE CONTENTS.—In the guidance under paragraph (1), the Secretary may—

''(A) provide a timetable for establishment by the Secretary of further standards for electronic submission as required by such paragraph; and

''(B) set forth criteria for waivers of and exemptions from the requirements of this subsection.

''(3) EXCEPTION.—This subsection shall not apply to submissions described in section 561.

''(b) DEVICES.—

''(1) IN GENERAL.—Beginning after the issuance of final guidance implementing this paragraph, presubmissions and submissions for devices under section 510(k), 513(f)(2)(A), 515(c), 515(d), 515(f), 520(g), 520(m), or 564 of this Act or section 351 of the Public Health Service Act, and any supplements to such presubmissions or submissions, shall include an electronic copy of such presubmissions or submissions.

''(2) GUIDANCE CONTENTS.—In the guidance under paragraph (1), the Secretary may—

''(A) provide standards for the electronic copy required under such paragraph; and

''(B) set forth criteria for waivers of and exemptions from the requirements of this subsection.''.

SEC. 1137. PATIENT PARTICIPATION IN MEDICAL PRODUCT DISCUSSIONS.

Subchapter E of chapter V (21 U.S.C. 360bbb et seq.), as amended by section 1123 of this Act, is further amended by adding at the end the following:

''SEC. 569C. PATIENT PARTICIPATION IN MEDICAL PRODUCT DISCUSSION.

''(a) IN GENERAL.—The Secretary shall develop and implement strategies to solicit the views of patients during the medical product development process and consider the perspectives of patients during regulatory discussions, including by—

''(1) fostering participation of a patient representative who may serve as a special government employee in appropriate agency meetings with medical product sponsors and investigators; and

''(2) exploring means to provide for identification of patient representatives who do not have any, or have minimal, financial interests in the medical products industry.

''(b) PROTECTION OF PROPRIETARY INFORMATION.—Nothing in this section shall be construed to alter the protections offered by laws, regulations, or policies governing disclosure of confidential commercial or trade secret information and any other information exempt from disclosure pursuant to section 552(b) of title 5, United States Code, as such laws, regulations, or policies would apply to consultation with individuals and organizations prior to the date of enactment of this section.

''(c) OTHER CONSULTATION.—Nothing in this section shall be construed to limit the ability of the Secretary to consult with individuals and organizations as authorized prior to the date of enactment of this section.

''(d) NO RIGHT OR OBLIGATION.—Nothing in this section shall be construed to create a legal right for a consultation on any matter or require the Secretary to meet with any particular expert or stakeholder. Nothing in this section shall be construed to alter agreed upon goals and procedures identified in the letters described in section 101(b) of the Prescription Drug User Fee Amendments of 2012. Nothing in this section is intended to increase the number of review cycles as in effect before the date of enactment of this section.

''(e) FINANCIAL INTEREST.—In this section, the term 'financial interest' means a financial interest under section 208(a) of title 18, United States Code.''.

SEC. 1138. ENSURING ADEQUATE INFORMATION REGARDING PHARMACEUTICALS FOR ALL POPULATIONS, PARTICULARLY UNDERREPRESENTED SUBPOPULATIONS, INCLUDING RACIAL SUBGROUPS.

(a) COMMUNICATION PLAN.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary''), acting through the Commissioner of Food and Drugs, shall review and modify, as necessary, the Food and Drug Administration's communication plan to inform and educate health care providers and patients on the benefits and risks of medical products, with particular focus on underrepresented subpopulations, including racial subgroups.

(b) CONTENT.—The communication plan described under subsection (a)—

(1) shall take into account—

(A) the goals and principles set forth in the Strategic Action Plan to Reduce Racial and Ethnic Health Disparities issued by the Department of Health and Human Services;

(B) the nature of the medical product; and

(C) health and disease information available from other agencies within such Department, as well as any new means of communicating health and safety benefits and risks related to medical products;

(2) taking into account the nature of the medical product, shall address the best strategy for communicating safety alerts, labeled indications for the medical products, changes to the label or labeling of medical products (including black-box warnings, health advisories, health and safety benefits and risks), particular actions to be taken by health care professionals and patients, any information identifying particular subpopulations, and any other relevant information as determined appropriate to enhance communication, including varied means of electronic communication; and

(3) shall include a process for implementation of any improvements or other modifications determined to be necessary.

(c) ISSUANCE AND POSTING OF COMMUNICATION PLAN.—

(1) COMMUNICATION PLAN.—Not later than 1 year after the date of enactment of this Act, the Secretary, acting through the Commissioner of Food and Drugs, shall issue the communication plan described under this section.

(2) POSTING OF COMMUNICATION PLAN ON THE OFFICE OF MINORITY HEALTH WEB SITE.—The Secretary, acting through the Commissioner of Food and Drugs, shall publicly post the communication plan on the Internet Web site of the Office of Minority Health of the Food and Drug Administration, and provide links to any other appropriate Internet Web site, and seek public comment on the communication plan.

SEC. 1139. SCHEDULING OF HYDROCODONE.

(a) IN GENERAL.—Not later than 60 days after the date of enactment of this Act, if practicable, the Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall hold a public meeting to solicit advice and recommendations to assist in conducting a scientific and medical evaluation in connection with a scheduling recommendation to the Drug Enforcement Administration regarding drug products containing hydrocodone, combined with other analgesics or as an antitussive.

(b) STAKEHOLDER INPUT.—In conducting the evaluation under subsection (a), the Secretary shall solicit input from a variety of stakeholders including patients, health care providers, harm prevention experts, the National Institute on Drug Abuse, the Centers for Disease Control and Prevention, and the Drug Enforcement Administration regarding the health benefits and risks, including the potential for abuse and the impact of up-scheduling of these products.

(c) TRANSCRIPT.—The transcript of any public meeting conducted pursuant to this section shall be published on the Internet Web site of the Food and Drug Administration.

SEC. 1140. STUDY ON DRUG LABELING BY ELECTRONIC MEANS.

(a) STUDY.—The Comptroller General of the United States shall conduct a study on the benefits and efficiencies of electronic patient labeling of prescription drugs, as a complete or partial substitute for patient labeling in paper form. The study shall address the implementation costs to the different levels of the distribution system, logistical barriers to utilizing a system of electronic patient labeling, and any anticipated public health impact of movement to electronic labeling.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the Comptroller General shall submit to Congress a report on the results of the study under subsection (a).

SEC. 1141. RECOMMENDATIONS ON INTEROPERABILITY STANDARDS.

(a) IN GENERAL.—The Secretary of Health and Human Services may facilitate, and, as appropriate, may consult with the Attorney General to facilitate, the development of recommendations on interoperability standards to inform and facilitate the exchange of prescription drug information across State lines by States receiving grant funds under—

(1) the Harold Rogers Prescription Drug Monitoring Program established under the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 2002 (Public Law 107–77; 115 Stat. 748); and

(2) the Controlled Substance Monitoring Program established under section 399O of the Public Health Service Act (42 U.S.C. 280g–3).

(b) REQUIREMENTS.—The Secretary of Health and Human Services shall consider the following in facilitating the development of recommendations on interoperability of prescription drug monitoring programs under subsection (a)—

(1) open standards that are freely available, without cost and without restriction, in order to promote broad implementation;

(2) the use of exchange intermediaries, or hubs, as necessary to facilitate interstate interoperability by accommodating State-to-hub, hub-to-hub, and direct State-to-State communication;

(3) the support of transmissions that are fully secured as required, using industry standard methods of encryption, to ensure that protected health information and personally identifiable information are not compromised at any point during such transmission;

(4) access control methodologies to share protected information solely in accordance with State laws and regulations; and

(5) consider model interoperability standards developed by the Alliance of States with Prescription Monitoring Programs.

(c) REPORT.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on enhancing the interoperability of State prescription drug monitoring programs with other technologies and databases used for detecting and reducing fraud, diversion, and abuse of prescription drugs.

(2) CONTENTS.—The report required under paragraph (1) shall include—

(A) an assessment of legal, technical, fiscal, privacy, or security challenges that have an impact on interoperability;

(B) a discussion of how State prescription drug monitoring programs could increase the production and distribution of unsolicited reports to prescribers and dispensers of prescription drugs, law enforcement officials, and health professional licensing agencies, including the enhancement of such reporting through interoperability with other States and relevant technology and databases;

(C) any recommendations for addressing challenges that impact interoperability of State prescription drug monitoring programs in order to reduce fraud, diversion, and abuse of prescription drugs; and

(D) an assessment of the extent to which providers use prescription drug management programs in delivering care and preventing prescription drug abuse.

SEC. 1142. CONFLICTS OF INTEREST.

(a) IN GENERAL.—Section 712 (21 U.S.C. 379d–1) is amended—

(1) by striking subsections (b) and (c) and inserting the following subsections:

''(b) RECRUITMENT FOR ADVISORY COMMITTEES.—

''(1) IN GENERAL.—The Secretary shall—

''(A) develop and implement strategies on effective outreach to potential members of advisory committees at universities, colleges, other academic research centers, professional and medical societies, and patient and consumer groups;

''(B) seek input from professional medical and scientific societies to determine the most effective informational and recruitment activities;

''(C) at least every 180 days, request referrals for potential members of advisory committees from a variety of stakeholders, including—

''(i) product developers, patient groups, and disease advocacy organizations; and

''(ii) relevant—

''(I) professional societies;

''(II) medical societies;

''(III) academic organizations; and

''(IV) governmental organizations; and

''(D) in carrying out subparagraphs (A) and (B), take into account the levels of activity (including the numbers of annual meetings) and the numbers of vacancies of the advisory committees.

''(2) RECRUITMENT ACTIVITIES.—The recruitment activities under paragraph (1) may include—

''(A) advertising the process for becoming an advisory committee member at medical and scientific society conferences;

''(B) making widely available, including by using existing electronic communications channels, the contact information for the Food and Drug Administration point of contact regarding advisory committee nominations; and

''(C) developing a method through which an entity receiving funding from the National Institutes of Health, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, or the Veterans Health Administration can identify a person whom the Food and Drug Administration can contact regarding the nomination of individuals to serve on advisory committees.

''(3) EXPERTISE.—In carrying out this subsection, the Secretary shall seek to ensure that the Secretary has access to the most current expert advice.

''(c) DISCLOSURE OF DETERMINATIONS AND CERTIFICATIONS.—Notwithstanding section 107(a)(2) of the Ethics in Government Act of 1978, the following shall apply:

''(1) 15 OR MORE DAYS IN ADVANCE.—As soon as practicable, but (except as provided in paragraph (2)) not later than 15 days prior to a meeting of an advisory committee to which a written determination as referred to in section 208(b)(1) of title 18, United States Code, or a written certification as referred to in section 208(b)(3) of such title, applies, the Secretary shall disclose (other than information exempted from disclosure under section 552 or section 552a of title 5, United States Code (popularly known as the Freedom of Information Act and the Privacy Act of 1974, respectively)) on the Internet Web site of the Food and Drug Administration—

''(A) the type, nature, and magnitude of the financial interests of the advisory committee member to which such determination or certification applies; and

''(B) the reasons of the Secretary for such determination or certification, including, as appropriate, the public health interest in having the expertise of the member with respect to the particular matter before the advisory committee.

''(2) LESS THAN 30 DAYS IN ADVANCE.—In the case of a financial interest that becomes known to the Secretary less than 30 days prior to a meeting of an advisory committee to which a written determination as referred to in section 208(b)(1) of title 18, United States Code, or a written certification as referred to in section 208(b)(3) of such title applies, the Secretary shall disclose (other than information exempted from disclosure under section 552 or 552a of title 5, United States Code) on the Internet Web site of the Food and Drug Administration, the information described in subparagraphs (A) and (B) of paragraph (1) as soon as practicable after the Secretary makes such determination or certification, but in no case later than the date of such meeting.'';

(2) in subsection (d), by striking ''subsection (c)(3)'' and inserting ''subsection (c)'';

(3) by amending subsection (e) to read as follows:

''(e) ANNUAL REPORT.—

''(1) IN GENERAL.—Not later than February 1 of each year, the Secretary shall submit to the Committee on Appropriations and the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Appropriations and the Committee on Energy and Commerce of the House of Representatives, a report that describes—

''(A) with respect to the fiscal year that ended on September 30 of the previous year, the number of persons nominated for participation at meetings for each advisory committee, the number of persons so nominated, and willing to serve, the number of vacancies on each advisory committee, and the number of persons contacted for service as members on each advisory committee meeting for each advisory committee who did not participate because of the potential for such participation to constitute a disqualifying financial interest under section 208 of title 18, United States Code;

''(B) with respect to such year, the number of persons contacted for services as members for each advisory committee meeting for each advisory committee who did not participate because of reasons other than the potential for such participation to constitute a disqualifying financial interest under section 208 of title 18, United States Code;

''(C) with respect to such year, the number of members attending meetings for each advisory committee; and

''(D) with respect to such year, the aggregate number of disclosures required under subsection (d) and the percentage of individuals to whom such disclosures did not apply who served on such committee.

''(2) PUBLIC AVAILABILITY.—Not later than 30 days after submitting any report under paragraph (1) to the committees specified in such paragraph, the Secretary shall make each such report available to the public.'';

(4) in subsection (f), by striking ''shall review guidance'' and all that follows through the end of the subsection and inserting the following: ''shall—

''(1) review guidance of the Food and Drug Administration with respect to advisory committees regarding disclosure of conflicts of interest and the application of section 208 of title 18, United States Code; and

''(2) update such guidance as necessary to ensure that the Food and Drug Administration receives appropriate access to needed scientific expertise, with due consideration of the requirements of such section 208.''; and

(5) by adding at the end the following:

''(g) GUIDANCE ON REPORTED DISCLOSED FINANCIAL INTEREST OR INVOLVEMENT.—The Secretary shall issue guidance that describes how the Secretary reviews the financial interests and involvement of advisory committee members that are disclosed under subsection (c) but that the Secretary determines not to meet the definition of a disqualifying interest under section 208 of title 18, United States Code for the purposes of participating in a particular matter.''.

(b) APPLICABILITY.—The amendments made by subsection (a) apply beginning on October 1, 2012.

SEC. 1143. NOTIFICATION OF FDA INTENT TO REGULATE LABORATORY-DEVELOPED TESTS.

(a) IN GENERAL.—The Food and Drug Administration may not issue any draft or final guidance on the regulation of laboratory-developed tests under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) without, at least 60 days prior to such issuance—

(1) notifying the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate of the Administration's intent to take such action; and

(2) including in such notification the anticipated details of such action.

(b) SUNSET.—Subsection (a) shall cease to have force or effect on the date that is 5 years after the date of enactment of this Act.

Subtitle D—Synthetic Drugs

SEC. 1151. SHORT TITLE.

This subtitle may be cited as the ''Synthetic Drug Abuse Prevention Act of 2012''.

SEC. 1152. ADDITION OF SYNTHETIC DRUGS TO SCHEDULE I OF THE CONTROLLED SUBSTANCES ACT.

(a) CANNABIMIMETIC AGENTS.—Schedule I, as set forth in section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) is amended by adding at the end the following:

''(d)(1) Unless specifically exempted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of cannabimimetic agents, or which contains their salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

''(2) In paragraph (1):

''(A) The term 'cannabimimetic agents' means any substance that is a cannabinoid receptor type 1 (CB1 receptor) agonist as demonstrated by binding studies and functional assays within any of the following structural classes:

''(i) 2-(3-hydroxycyclohexyl)phenol with substitution at the 5-position of the phenolic ring by alkyl or alkenyl, whether or not substituted on the cyclohexyl ring to any extent.

''(ii) 3-(1-naphthoyl)indole or 3-(1-naphthylmethane)indole by substitution at the nitrogen atom of the indole ring, whether or not further substituted on the indole ring to any extent, whether or not substituted on the naphthoyl or naphthyl ring to any extent.

''(iii) 3-(1-naphthoyl)pyrrole by substitution at the nitrogen atom of the pyrrole ring, whether or not further substituted in the pyrrole ring to any extent, whether or not substituted on the naphthoyl ring to any extent.

''(iv) 1-(1-naphthylmethylene)indene by substitution of the 3-position of the indene ring, whether or not further substituted in the indene ring to any extent, whether or not substituted on the naphthyl ring to any extent.

''(v) 3-phenylacetylindole or 3-benzoylindole by substitution at the nitrogen atom of the indole ring, whether or not further substituted in the indole ring to any extent, whether or not substituted on the phenyl ring to any extent.

''(B) Such term includes—

''(i) 5-(1,1-dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol (CP–47,497);

''(ii) 5-(1,1-dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol (cannabicyclohexanol or CP–47,497 C8-homolog);

''(iii) 1-pentyl-3-(1-naphthoyl)indole (JWH–018 and AM678);

''(iv) 1-butyl-3-(1-naphthoyl)indole (JWH–073);

''(v) 1-hexyl-3-(1-naphthoyl)indole (JWH–019);

''(vi) 1-[2-(4-morpholinyl)ethyl]-3-(1-naphthoyl)indole (JWH–200);

''(vii) 1-pentyl-3-(2-methoxyphenylacetyl)indole (JWH–250);

''(viii) 1-pentyl-3-[1-(4-methoxynaphthoyl)]indole (JWH–081);

''(ix) 1-pentyl-3-(4-methyl-1-naphthoyl)indole (JWH–122);

''(x) 1-pentyl-3-(4-chloro-1-naphthoyl)indole (JWH–398);

''(xi) 1-(5-fluoropentyl)-3-(1-naphthoyl)indole (AM2201);

''(xii) 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole (AM694);

''(xiii) 1-pentyl-3-[(4-methoxy)-benzoyl]indole (SR–19 and RCS–4);

''(xiv) 1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (SR–18 and RCS–8); and

''(xv) 1-pentyl-3-(2-chlorophenylacetyl)indole (JWH–203).''.

(b) OTHER DRUGS.—Schedule I of section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) is amended in subsection (c) by adding at the end the following:

''(18) 4-methylmethcathinone (Mephedrone).

''(19) 3,4-methylenedioxypyrovalerone (MDPV).

''(20) 2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (2C–E).

''(21) 2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (2C–D).

''(22) 2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (2C–C).

''(23) 2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (2C–I).

''(24) 2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (2C–T–2).

''(25) 2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (2C–T–4).

''(26) 2-(2,5-Dimethoxyphenyl)ethanamine (2C–H).

''(27) 2-(2,5-Dimethoxy-4-nitrophenyl)ethanamine (2C–N).

''(28) 2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (2C–P).''.

SEC. 1153. TEMPORARY SCHEDULING TO AVOID IMMINENT HAZARDS TO PUBLIC SAFETY EXPANSION.

Section 201(h)(2) of the Controlled Substances Act (21 U.S.C. 811(h)(2)) is amended—

(1) by striking ''one year'' and inserting ''2 years''; and

(2) by striking ''six months'' and inserting ''1 year''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. UPTON) and the gentleman from California (Mr. WAXMAN) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. UPTON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. UPTON. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, I want to thank Mr. WAXMAN, Chairman HARKIN, Senator ENZI, and Members on both sides of the aisle in both the House and the Senate who played a role in this process. S. 3187 is a reflection of the hard work put in by both Members and staff, and of everyone's willingness to put partisanship aside to look at the issues together. Because of that outstanding dedication, we have a bill today that will make a real difference in the lives of so many patients and provide much-needed support for innovators across our great country.

At the outset of this Congress, I set a goal of enacting this bill by the end of June—and here we are, well before the clock expires for this month—in order to provide certainty for American patients and innovators. I never lost confidence that we could deliver the bipartisan reforms we needed, and I am so proud that we will accomplish that goal.

Mr. Speaker, this is a jobs bill, and it's a medical innovation bill. And as we put this package together, our goal was to improve the predictability, consistency, transparency, and efficiency of FDA regulation. These reforms will help get new treatments to patients more quickly. They will help us not only keep jobs in Michigan and all across the country, but also to create new ones. In order to get it right, we turned to patients, innovators, and job creators who provided firsthand experience of how the current system is broken. And we included many of their suggestions in the bill.

This bill includes significant accountability and reform measures designed to hold the FDA responsible for its performance. The measure includes independent assessments of FDA's drug and device review process. It also includes requiring quarterly reporting from the device center so we don't have to wait a year to find out FDA's progress. The bill is about patients, and that's why so many patient advocates have spoken out in support of these reforms. Whether it is steps that we took to support treatments for rare diseases or mitigate drug shortages or speed up the approval of devices that will improve a patient's quality of life, these are steps that will make a real and significant difference.

□ 1430

They're going to keep the U.S. at the forefront of medical innovation where we belong.

This bill is just the first step. This bill provides the resources and the game plans so that FDA can improve its performance.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. UPTON. I yield myself an additional minute.

It is now up to the FDA to execute that game plan. And I give my commitment today that our committee will continue to monitor and hold the FDA accountable for its performance. So, together, the Members of the House and the Senate have produced a bill that is a win for American patients, innovation, and job creation.

Before I conclude, I would like to recognize Warren Burke and Megan Renfrew from the Legislative Counsel's Office for their tireless work. The role of Legislative Counsel often goes unnoticed. I also want to appreciate our staff, starting with our staff director, Gary Andres, for pushing this legislation over the finish line; Clay Alspach, on the majority staff; Rachel Sher, on the minority staff; and in particular, Ryan Long, the chief counsel for the Health Subcommittee.

This bill, when it becomes law, patients will benefit from faster, newer, and better treatments, and American workers will keep us on the cutting edge of medical innovation.

I reserve the balance of my time.

Mr. WAXMAN. Mr. Speaker, I yield myself 3 minutes.

Today, the House considers a bill that represents a significant bipartisan and bicameral achievement.

On May 30 of this year, the House passed its user fee legislation by a dramatic vote of 387–5. That bill was a strong one, but through our collaborative process with the Senate, we have made it even better.

It has been a pleasure to work not only with Mr. UPTON, Mr. PITTS, Mr. PALLONE, and Mr. DINGELL, among many involved House colleagues, but also with our Senate colleagues, Senators HARKIN and ENZI.

When we began this process, there were divergent views on the various issues contained in this bill. But we worked together and found ways to bridge our differences in a fashion that protects patients and fosters innovation.

This legislation contains many provisions that are critical to the functioning of major parts of the FDA. We reauthorize the FDA's drug and medical device user fee programs which will provide resources to enable the efficient review of applications and give patients rapid access to new therapies. We're also reauthorizing two pediatric programs which foster the development and safe use of prescription drugs in children.

This year, we're establishing two new programs to help the FDA speed up their review of new generics and biosimilars. These provisions illustrate our bipartisan commitment to ensuring a vibrant generic marketplace. All

of us will see the benefits when more low-cost generics are on the market.

One of the most important improvements to the House-passed bill is in the area of antibiotics. We accepted the Senate language that directs incentives for the development of antibiotics toward serious and life-threatening infections.

This bill also includes provisions to modernize FDA's authorities with respect to the drug supply chain. Today, 80 percent of active ingredients and bulk chemicals used in U.S. drugs come from abroad and 40 percent of finished drugs are manufactured abroad. FDA has been trying to keep pace with this increasingly globalized drug supply change using an outdated statute. This legislation will give the FDA critical new tools to police this dramatically different marketplace.

We have also worked to address the area of drug shortages, which is a complex and multifaceted problem, but this legislation takes some sensible first steps.

I want to thank my colleagues on both sides of the aisle and their staffs for the hard work they've put into making this a strong bipartisan bill. I particularly want to thank Mr. PALLONE and Mr. DINGELL's staff members, Tiffany Guarascio and Kim Trzeciak, as well as Mr. UPTON and Mr. PITT'S staff, Ryan Long and Clay Alspach.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. WAXMAN. I yield myself an additional 30 seconds.

Warren Burke and Megan Renfrew have done tremendous work on this bill. I'd like to express my appreciation for their efforts. I want to thank my own staff: Karen Nelson, Rachel Sher, Eric Flamm, and Arun Patel.

The American public will benefit from the provisions of this bill. The FDA will have the resources to remain the gold standard for the future. This is an important bill, a good one. I urge its support.

I reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the chairman emeritus of the Energy and Commerce Committee, the gentleman from Texas (Mr. BARTON).

(Mr. BARTON of Texas asked and was given permission to revise and extend his remarks.)

Mr. BARTON of Texas. I thank the distinguished chairman.

Mr. Speaker, I rise in strong support of this bill. When the American public asks, ''Why can't Congress just work together?'' we should hold this bill up as Exhibit A that it is possible.

As the ranking member just pointed out, this is a bipartisan, bicameral preconference agreement for a very complicated bill. We reauthorize the Food and Drug Administration user fee program for 5 years. We also reauthorize the medical device user fee program for 5 years, and, I believe for the first time, do one for generic and biosimilars. This is a complicated, complex piece of legislation, but it has been worked out in a bipartisan agreement.

I have had some concerns about the extent and the cost of the user fees. I will continue to monitor that, Mr. Speaker. But this is a good piece of legislation. The chairman and ranking member and the subcommittee chairman and ranking member and all the others who have worked on this should be commended. This is an excellent bill, and I hope that the Congress will unanimously support it and the Senate will agree when we send it to the other body.

Mr. WAXMAN. Mr. Speaker, at this time, I'd like to yield 3 minutes to the gentleman from New Jersey (Mr. PALLONE), the ranking member of the Health Subcommittee, the subcommittee that was responsible for this legislation in its first instance.

I ask unanimous consent that Mr. PALLONE be permitted to manage the rest of the time on our side of the aisle.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. PALLONE. Thank you, Chairman WAXMAN.

I want to say I'm very proud to support the bill before us, which would reauthorize and revitalize a number of different programs at the FDA.

This bill really represents a great compromise between the House and the Senate and strikes the right balance by including strong provisions that will be good for both innovation and patient safety.

When we passed the House version of this bill, I spoke highly of a great cordial process, and I'm happy to be able to echo those sentiments again here today. This process should be a model for congressional bipartisan cooperation in the future. Not only did we all work so well together, staffs were able to rectify the differences among the two Chambers' versions of the bill in a matter of 2 weeks. That's commendable. It's a clear indication that Congress is certainly capable of greatness if we just allow ourselves to set politics aside and simply legislate.

I want to thank Chairman UPTON and Ranking Member WAXMAN for your leadership. And to all the staff who worked around the clock—and of course particularly Tiffany Guarascio, who is my staff person—they were all dedicated to achieving a comprehensive and consensus product, and they've done just that.

The bill before us today provides the FDA with more than $6 billion over 5 years to pay for the timely and efficient reviews of medical products. Together, these agreements will ensure that Americans have access to safe and effective new medicines and medical devices. It will reduce the drug costs for consumers by speeding the approval of lower cost generic drugs with the establishment of a new user fee program for generic drugs and for lower cost versions of biotech drugs as well.

It also includes promising provisions that address the safety of the supply chain, help to foster the development and safe use of prescription drugs for children, increase efforts to address drug shortages, change conflict of interest rules so that the FDA has access to the best expertise on their advisory panels, and other provisions which are important to the pubic health of our Nation.

This bill is good for the FDA; it's good for industry; it's good for patients alike. I'm confident we will pass this critical bill overwhelmingly today and that the Senate will act early next week so we can send it to the President for his signature as soon as possible.

I urge all Members to support this bill, and I reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the distinguished chairman of the Health Subcommittee, the gentleman from Pennsylvania (Mr. PITTS).

Mr. PITTS. Mr. Speaker, I stand to strongly support this legislation.

This bipartisan agreement represents over 18 months of work from the Energy and Commerce Health Subcommittee, and I'm especially proud and appreciative of the hard work of Ryan Long and Clay Alspach for their diligent and tireless efforts in helping to make this bill possible.

The FDA Safety and Innovation Act is critical to saving lives, improving regulatory operations, and sustaining a vital and dynamic American industry.

□ 1440

American companies are the leading developers of new medical devices and drugs to save and sustain life. To ensure that products are both safe and effective, we've tasked the Food and Drug Administration with reviewing products before they make their way into the market, and this is a critical responsibility.

The device and drug industries are dynamic and innovative. Companies spend hundreds of millions of dollars and years of research and work to develop products. The review stage is a critical time for any company. Inconsistent reviews mean that the true cost of developing new products is hidden, making it difficult to properly prepare.

When our Health Subcommittee began considering this legislation last year, we heard from a number of individuals about the increasing difficulty of working through the review process. American patients were waiting almost 4 years longer for new devices that had already been approved in Europe. And despite the slower U.S. review process, the safety outcomes were comparable.

The FDA Safety and Innovation Act contains important reforms to the Medical Device User Fee Act and will hold the FDA accountable and keep reviews on schedule. There are many reforms in this bill.

Finally, we include language to help patients and doctors and hospitals deal with drug shortages. Mr. Speaker, I'm

proud of the work we've done. I'm proud that we have such a bipartisan effort.

I'd like to especially thank Ranking Member FRANK PALLONE and his staff for patiently working with us, for Mr. DINGELL, Mr. WAXMAN. We've accomplished much with this legislation, and it will help save lives, create jobs—two goals that we can all agree on. Thanks to our chairman, Mr. UPTON.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to our chairman emeritus, the gentleman from Michigan (Mr. DINGELL), who worked so hard on this bill, particularly with regard to the safety provisions.

(Mr. DINGELL asked and was given permission to revise and extend his remarks.)

Mr. DINGELL. Mr. Speaker, this is a good bill. I urge my colleagues to support it. I rise in strong support of it, and I urge my colleagues to join.

This legislation enjoys broad bipartisan support on both sides of the Capitol and from industry and patient groups. We should also be proud of the work we have done to get it here today.

I would observe that it has been done because the Members worked together in the finest traditions of this body. And I'm also proud of the work that my colleagues on the committee and the staff have done on this matter. I was pleased to work with them to include strong upstream drug supply chain provisions, something that's been a long priority of mine.

I'm also pleased that, for the first time, commercial importers will be required to register, so we'll know who's bringing what in and whether it's safe or not. There will also be parity between inspections of domestic and foreign drug facilities, something which is a major problem because foreign facilities and foreign manufacturers now import much into this country, much of which is unsafe and improperly inspected.

FDA will be able to maintain a practice in which they will detain and destruct counterfeit drugs and those which are unsafe or intentionally or otherwise adulterated, and they will be able to impose increased penalties on those who adulterate these drugs and pharmaceuticals.

These provisions, which mirror safety provisions in my drug safety bill, will equip FDA with the authorities it needs to better oversee our increasingly globalized drug supply chain and will give American families comfort that the pharmaceuticals that they are taking are safe, and help to deter and to respond to any future heparin-like incidents which killed some 80 Americans and hurt thousands more.

While I am disappointed we were unable to come forward with a consensus on a national track-and-trace standard, it's my hope that we will continue to work on this in coming days. And I want to commend my colleagues, Mr. MATHESON and Mr. BILBRAY, for the fine work they have done on this matter.

I've also been working on this issue for many years, and we've come closer than ever before to finding a consensus. Given additional time, I think we could have resolved this issue; but because of time pressures, we were not able to.

I also want to thank my friends, Mr. UPTON, Mr. HARKIN, Ranking Members WAXMAN and ENZI, and their staff for the hard work they did to send this critical bill to the President before July 4. I also want to thank Kimberly Trzeciak of my staff for her diligence on the supply chain provisions and other matters.

I urge my colleagues to support this bill. It will be something of which we will be proud. It will confer much safety on the American people in areas of very substantial danger; and it will see to it that, to a modest degree at least, the industry-supported provisions, including those which involved the collection of fees, will begin to work for the benefit of the American people.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. BURGESS), the distinguished vice chair of the Health Subcommittee.

Mr. BURGESS. I thank the chairman for yielding and the Speaker for the recognition.

Today, we are considering the Food and Drug Administration's Safety Innovation Act, and I urge my colleagues to support it. This bill reauthorizes Food and Drug Administration's user fee programs. The bill will allow industry to continue to partner in providing our physicians the tools they need to prevent and alleviate human suffering.

The legislation retains significant reforms that were made in our House bill and enhances other provisions, such as those on drug shortages. The bill will ensure that the Food and Drug Administration has the scientific and medical expertise they need when reviewing products utilizing emerging science, or for those populations with very rare diseases.

This bill will spur innovation for antibiotics, will help those with rare diseases, and be particularly helpful to the community of physicians that takes care of our pediatric cancer patients.

The Food and Drug Administration is now required to notify Congress before issuing guidance regarding the regulation of laboratory-developed tests. I still believe we should strengthen and improve CLIA's oversight of laboratory-developed tests, instead of even contemplating any type of duplicative regulation.

The bill avoids provisions added by the other Chamber that I thought crossed the line into the practice of medicine by Congress and actually threatened patient treatment. It will address numerous other issues to enhance the work of the FDA, while correcting missteps of the Agency in such areas as public input, good guidance practices, and the manufacture of custom devices.

The process to this vote from the very beginning was respectful and resulted from hundreds of hours of negotiations. Chairman UPTON, thank you, and Chairman PITTS, Ranking Members WAXMAN and PALLONE. I specifically want to thank Ryan Long and Clay Alspach on the staff of the majority who sacrificed much to get this product to the floor today.

This vote is really about patients who will be served by the passage of this bill, and I urge its expeditious passage.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Colorado (Ms. DEGETTE), who worked very hard on the drug shortage provisions of the legislation.

Ms. DEGETTE. Mr. Speaker, I'm delighted to support this bipartisan legislation which addresses critical problems affecting the safety of drugs and medical devices in this country. There are several highlights I'd like to talk about, like Dr. GINGREY's incentives for antibiotic development, or the supply chain legislation that Mr. DINGELL has worked on tirelessly for years.

But there's one issue that I've been working on on a bipartisan basis throughout this Congress that I want to discuss briefly. Drug shortages have rattled our hospitals, our doctors, and our families. Figures recently released by the University of Utah show there were 56 more newly reported drug shortages in the U.S. last year than in 2010 when there were 211.

So, again, let me say 211 drugs in shortage. How can this be happening, and what can we do about it?

Representative TOM ROONEY from Florida and I introduced the bipartisan Preserving Access to Life-Saving Medications Act, which eventually had 85 cosponsors. The bill creates an early warning system between the FDA, drug companies, and providers so a community can respond to a drug shortage quickly and efficiently. It won't solve the root problems of the drug shortage crisis, but it will help providers and doctors and hospitals identify those crises and help with the patient.

This February, for example, under a voluntary program, the FDA stepped in to allow for temporary emergency importation of the cancer drug, Doxil, which was in shortage. And at the same time, the FDA prioritized the review of a new manufacturer of the same drug when the cancer drug went into shortage.

So what our bill will do is make this program mandatory. What we think it will do is it will help patients across the spectrum get the drugs they need. It will help the hospitals and the providers identify potential shortages, and it will help the manufacturers better make sure that they get the drugs to the patients that need them.

I'm thrilled that this is contained, and I want to thank the chairman.

□ 1450

Mr. UPTON. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Florida (Mr. STEARNS).

Mr. STEARNS. My colleagues, this reauthorization of the FDA's user fees will provide stability for the FDA's new product review as companies submit new and innovative drugs, medical devices, and biologics for approval.

I am especially proud that my bill, the Faster Access to Specialized Treatments, H.R. 4132, FAST, was included in the FDA Reform Act. FAST modernizes the FDA's accelerated approval pathway to reflect scientific developments that have occurred over the past 20 years. This will allow for new drugs for people suffering from rare diseases. There are 30 million Americans suffering from one of over 7,000 rare diseases, but only 250 currently have any treatment. FAST will save lives.

I am pleased also that the bill includes the EXPERRT Act, H.R. 4156. This will help the FDA consult with medical experts when evaluating drugs designed for rare diseases, such as cystic fibrosis. As the cofounder of the Cystic Fibrosis Caucus, I am glad we are finally providing this tool to the FDA.

I obviously support the passage of this bill.

Mr. Speaker, the Food and Drug Administration Safety and Innovation Act (S. 3187) is based on user fee negotiations between FDA and the prescription drug, generic drug, biologic, and medical device industry. This reauthorization of the FDA user fees will provide stability with FDA's new product review as companies submit new and innovative devices and drugs for approval.

This bill is the result of hard work and negotiations between industry and FDA, and the hard work between Republicans and Democrats, and between the House and the Senate. This bill is a true bipartisan, bicameral bill that will serve the American people well.

In codifying the User Fee Agreement, this committee has included additional provisions designed to address some of the defects of the regulatory structure and overreach by the FDA. Under my Chairmanship of the Oversight and Investigation Subcommittee, we held a hearing into FDA's regulatory efforts in the medical device space. During our hearing, many of the witnesses talked about the reluctance of FDA to approve devices and how FDA continually moved the goalposts for approval. I am glad that Title VI of this bill includes a significant number of reform provisions designed to bring certainty to the medical device field.

In addition to reforming approaches to medical devices through Title VI, the FDA's approach to rare diseases must also be modernized.

I want to take this opportunity to thank Dr. Emil Kakkis, Julia Jenkins, Harry Sporidis, Tim Perrin, Steve Stranne, everyone at the EveryLife Foundation for Rare Diseases, Pat Furlong, Nick Manetto, everyone at the Parent Project Muscular Dystrophy, and the other 150 rare disease groups that supported FAST and ULTRA. In 2011, I met with Dr. Kakkis who introduced me to two parents who had children with rare diseases and limited options as most rare diseases do not have treatments. One parent talked about his frustration at not having any treatments, except for a drug trial happening in Europe, not the United States. We talked about how we need FDA to properly address the issue of drug approval for the rare disease community, which led to examining the Accelerated Approval pathway and trying to modernize it. We developed the Unlocking Lifesaving Treatments for Rare-Diseases Act (ULTRA, H.R. 3737), which I introduced with my friend and colleague, Rep. ED TOWNS, to nudge the FDA into using Accelerated Approval for rare diseases.

However, after further review of the law, FDA's history of usage of Accelerated Approval and the feedback we received from stakeholders, we realized that amending the law was not sufficient. Instead, we worked with all the stakeholders to rewrite the entirety of the Accelerated Approval statute. In March, Representative TOWNS and I introduced the Faster Access to Specialized Treatments Act (FAST, H.R. 4132). FAST updates and modernizes Section 506 of the Food, Drug & Cosmetic Act, and updates the Accelerated Approval statute to reflect two decades worth of medical sciences that has occurred since Accelerated Approval was first created. FAST will help FDA implement broadly effective processes for the expedited development and review of innovative new medicines intended to address unmet medical needs for serious or life-threatening diseases by using modern scientific tools.

The use of surrogate endpoints may result in fewer, smaller or shorter clinical trials without compromising FDA's existing high standards for safety or efficacy. Surrogate and clinical endpoints only need to be reasonable predictors of clinical benefit to support accelerated approval. They do not need to be validated or proven first. The changes made to current law permitting the Secretary to require validation of surrogates following accelerated approval is not intended to change FDA's long history of granting accelerated approval based on unvalidated, but predictive, surrogate endpoints.

Additionally, FAST includes explicit language for FDA to think about the challenges of rare diseases when developing their guidance and gives the rare disease community an opportunity to publically comment on FDA's draft guidance. FAST ensures that the voices of the 30 million Americans with a rare disease will be heard by FDA. There are about 7,000 rare diseases and only about 250 have any treatment. FAST will save lives, and give a voice to the voiceless; and I am glad it is in the final bill.

Lastly, the committee included the Expanding and Promoting Expertise in Review of Rare Treatments, (EXPERRT Act, H.R. 4156), a bill my fellow Co-Chairs of the Cystic Fibrosis Caucus and I introduced. EXPERRT will have the FDA consult with experts in rare diseases. This will ensure that FDA has access to the knowledge needed when dealing with drug approvals for diseases where FDA may lack subject matter expertise. As one of the Co-Founders of the Cystic Fibrosis Caucus, I am glad that we are giving this tool to the FDA. I also want to thank Stephanie Krenrich and the Cystic Fibrosis Foundation for all their hard work in developing EXPERRT.

I would like to submit these letters from the EveryLife Foundation for Rare Diseases and the Parent Project Muscular Dystrophy into the RECORD.

S. 3187 is a good bill that will help new drugs and new medicines get into the market and be available to patients. I support passage of the FDA Safety and Innovation Act.

PARENT PROJECT
MUSCULAR DYSTROPHY,
Hackensack, NJ, June 20, 2012.

Hon. CLIFF STEARNS,
U.S. Congress, Washington, DC.
Rayburn House Office Building,

DEAR REPRESENTATIVE STEARNS: On behalf of all patients and families living with Duchenne muscular dystrophy—the most common form of muscular dystrophy and the most common lethal genetic condition diagnosed in childhood—Parent Project Muscular Dystrophy (PPMD) would like to express its deep gratitude for your efforts to include provisions of deep interest to the rare disease community in S. 3187, the Food and Drug Administration Safety and Innovation Act. The final user fee reconciliation package between the House of Representatives and Senate includes a number of measures that will accelerate the Food and Drug Administration (FDA) process of reviewing potential therapies for serious life-threatening conditions like Duchenne, will ensure that the patient voice has a seat at the table when key decisions are made, and will incent industry to develop treatments for pediatric rare diseases.

As you know, Duchenne muscular dystrophy exemplifies the challenges faced by many patients and families afflicted by rare diseases. It is a fatal condition with most patients not living past their late 20s, and the only approved therapies are steroids, which cause significant complications long-term. With nearly 20 potential therapies in various stages of clinical trials, our community is hopeful that better times are ahead, and we recognize that a more efficient FDA attuned to the needs of the rare disease patient population is critical to our success. Again, we are most appreciative of your efforts to ensure that the above mentioned provisions were included in the final legislation. On behalf of Duchenne and the broader rare disease community, thank you for your leadership and support.

Sincerely,

PAT FURLONG,
Founding President and CEO.

EVERYLIFE FOUNDATION
FOR RARE DISEASES,
Novato, CA, June 19, 2012.

Hon. CLIFF STEARNS,
House of Representatives, Rayburn House Office Building, Washington, DC.
Hon. EDOLPHUS TOWNS,
House of Representatives, Rayburn House Office Building, Washington, DC.

DEAR REPRESENTATIVES STEARNS AND TOWNS: On behalf of the EveryLife Foundation for Rare Diseases and our 180 patient organization partners, thank you for championing the FAST Act which is included in The Food and Drug Administration Safety and Innovation Act, S. 3187. This essential legislation will improve access to the Accelerated Approval pathway for rare diseases and spur the development of lifesaving treatments.

Currently, there are fewer than 400 approved treatments for 7,000 rare diseases affecting more than 30 million Americans. Without a treatment, diagnosis of a rare disease can be a death sentence for these patients, many of whom are young children. The science exists for many of these diseases to be treated, and the inclusion of this legislation will provide a more predictable development and regulatory pathway to unlock the investment potential for rare disease treatments.

The language from the FAST Act will fix a ''catch–22'' that prevents very rare diseases

from accessing the Accelerated Approval pathway. We applaud you both for your tremendous leadership in ensuring that this essential provision be included in the FDA user fee legislation. This provision provides FDA the ability to utilize all the tools available to them to help bring new drugs to market to treat rare and ultra-rare diseases while maintaining the FDA's strong safety and efficacy standards. Access to the Accelerated Approval pathway will significantly decrease the time and cost to develop a treatment and has been extremely successful in getting treatments approved for cancer and AIDS patients. Additionally, this provision has an added benefit of promoting private investment in new biotechnology companies and job growth in the United States.

We thank you for your strong commitment to accelerating the delivery of safe and effective therapies to patients in need. We also would like to thank the more than 200 patient organizations including Parent Project Muscular Dystrophy, and the thousands of patient advocates who worked to support this legislation. Passage of this legislation is testament of perseverance of the rare disease community and the commitment of the Congress to promote the development of life-saving treatments.

Sincerely,

EMIL KAKKIS,
President.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. I thank my colleague for yielding.

Mr. Speaker, I rise today in strong support of the FDA Safety and Innovation Act. This bipartisan effort will improve the health and safety of the American people; and at the same time, it will support good jobs and innovation in the health care industry. I am especially pleased that this bill includes two provisions which I authored:

The first is modeled on my SAFE Devices Act, which will improve the postmarket surveillance of medical devices and the implementation of the unique device identifier program. This essential provision will allow us to identify potential device problems early, thereby protecting patients and identifying issues when they are easier and less costly to address;

The second provision I authored comes from my bipartisan HEART for Women Act, which the House has passed two times. It requires the FDA to report on the availability of new drug and device safety and efficacy data by sex, age, and racial and ethnic subgroups. Drugs and devices can have dissimilar effects among various populations, and this provision will help reduce substantial disparities in health care, especially for women and minorities.

So I thank the chairmen and ranking members for their leadership on the FDA Safety and Innovation Act and for their support of these two provisions. I urge my colleagues to support this bipartisan bill.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the distinguished gentlewoman from North Carolina, the vice chair of the Energy and Commerce Committee, Mrs. MYRICK.

Mrs. MYRICK. Thank you, Mr. Chairman.

The bill before us contains critical improvements to the current law. Among them is the creation of a priority review voucher program for companies that develop treatments for rare pediatric diseases. I am pleased with this and other advances.

Yet the long-term success or failure of crucial drug and device approvals doesn't just depend on approving new funds and guidelines for the FDA. It also depends on instilling a culture at the FDA that seeks out practical solutions to the diseases that our constituents face. The FDA must recognize that patients, especially those with fatal illnesses, deserve to have potential treatments made available.

Whenever possible, the FDA should use all the tools it has available to appropriately warn doctors and patients of risks associated with a treatment without removing patient access. Patients facing fatal diagnoses, whether it's metastatic cancer, ALS or others, should be given the benefit of the doubt unless treatments are very risky. This should be a guiding principle of the FDA and not simply a consideration.

I urge the support of the bill.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. I thank my friend for yielding to me.

I rise in strong support of S. 3187, the Food and Drug Administration Safety and Innovation Act of 2012.

This is one of these rare occasions these days when Congress is working in a bipartisan manner to get good things done. This bipartisan, bicameral agreement is something of which we can all be proud; and it is a prime example, again, of the good legislative work that can be done by this body when compromises are accepted.

In particular, I would like to thank the chairmen and ranking members of the full Energy and Commerce Committee and of the Health Subcommittee for their hard work to finalize this bill in such a timely manner. I would also like to thank them for including the reauthorization of the Critical Path Public-Private Partnerships in this legislation, something for which I pushed for a long time so that needed improvements in regulatory science can continue.

I believe this bill will help meet the needs of the FDA industry and, most importantly, of the patients. I look forward to its passage.

Mr. UPTON. I yield 1 minute to the distinguished gentleman from Pennsylvania, Dr. MURPHY.

Mr. MURPHY of Pennsylvania. Mr. Speaker, what good are life-saving drugs if you can't afford them?

That's why real reform of the Nation's health care system begins with promoting quality and affordability. I am excited this legislation is moving forward because the FDA will finally have a system for bringing more life-saving generic drugs to market.

Today's bill authorizes the first generic drug user-fee program in order to expedite the approval of generics, which are only a fraction of the cost of brand-name drugs. Generic medications can save a patient $1,000 a year on medication alone, but it may well yield billions in savings across our Nation when affordable generic drugs are used to treat acute and chronic illness. Right now, consumers are spending millions, if not billions, more in out-of-pocket costs because the FDA doesn't have the resources to tackle 2,800 generic applications awaiting review.

There will be fewer strokes, heart attacks, and cases of cardiovascular disease when this bill moves forward into law, and we will be assured the medicines our families take are of the highest quality. Under this bill, regulators will no longer be able to look past China's history of tainted drugs, like the 2007 heparin scare that killed 200 people.

I would like to thank Congressmen DINGELL and WAXMAN and Chairman UPTON for moving forward with this bipartisan bill. I urge its adoption.

Mr. PALLONE. Mr. Speaker, I inquire of how much time remains on both sides.

The SPEAKER pro tempore. The gentleman from New Jersey has 6½ minutes remaining, and the gentleman from Michigan has 9 minutes remaining.

Mr. PALLONE. I now yield 1½ minutes to the gentleman from North Carolina (Mr. BUTTERFIELD).

Mr. BUTTERFIELD. Let me thank you, Mr. PALLONE, for yielding the time, and I thank you so very much for your leadership on the Health Subcommittee. You do extraordinary work on our committee.

Mr. Speaker, I rise today in support of S. 3187, the amended version of the Food and Drug Administration Safety and Innovation Act. I strongly support this bill, and I am particularly pleased that the intent of H.R. 3059, the Creating Hope Act, sponsored by my good friend from Texas (Mr. MCCAUL) and myself, was included in the final bill.

I am thrilled to highlight section 908, the Rare Pediatric Disease Priority Review Voucher Incentive program. The program will incentivize pharmaceutical companies to develop new drugs for children with rare pediatric diseases, such as childhood cancers and sickle cell disease, by expanding the cost-neutral priority review voucher program. Expanding the voucher program will allow pharmaceutical companies to expedite the FDA review of more profitable drugs in return for developing treatments for rare pediatric diseases. I think that is a good trade-off.

I would like to thank Mr. MCCAUL, Mr. WAXMAN, Mrs. MYRICK, and all of those who have worked on this bill with us. I want to thank our Senate colleagues, Messrs. CASEY and BROWN, for working diligently with me and our

colleagues to see to its inclusion. Finally, I want to recognize Nancy Goodman, with Kids Versus Cancer, who continues to be a tireless advocate for this issue.

Mr. UPTON. Mr. Speaker, I yield 1 minute to a member of the committee, the distinguished gentleman from California (Mr. BILBRAY).

Mr. BILBRAY. Mr. Speaker, I stand in support of this bill.

I want to thank Chairman UPTON and the leadership on both sides of the aisle for getting together and doing what's right for the American people.

In this time that we talk about economic strife, we've got to remember that the FDA can be a friend or an enemy of not only our health but also of our jobs and our economic opportunities. In California alone, Mr. Speaker, we have over 267 people working in the pharmaceutical industry.

□ 1500

We have over 42,000 just working in San Diego County.

This bill will not only help to protect jobs, but this bill is a bipartisan bill to save lives. What better message can we send to the American people than Washington is listening to the fact that they want bipartisan support and bipartisan efforts and bipartisan successes on things that matter?

This bill is something that matters. We're talking about preserving the economic opportunities of our fellow citizens, and we're talking about saving the lives of our family members and our neighbors.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Massachusetts (Mr. MARKEY).

Mr. MARKEY. I would like to thank Chairman UPTON and Chairman PITTS and Ranking Member WAXMAN and Ranking Member PALLONE and their staffs for their work in bringing the FDA Safety and Innovation Act to the floor today.

Passing this bill will allow the FDA to continue its critical mission of bringing safe and effective drugs and medical devices to the patients who need them. Reviewing drug and device applications has become increasingly challenging. Medical breakthroughs of today often target rare diseases or genetic subsets of those diseases. FDA reviewers must now assess a growing pipeline of very specialized treatments.

I'm pleased that this bill includes language I helped author to improve collaboration between FDA and external experts in rare diseases like cystic fibrosis and sickle cell disease.

The bill before us today also includes an important provision I helped author to ensure that the millions of Americans who are blind or visually impaired have safe and independent access to the information on prescription drug labels. No one should have to sacrifice their privacy or independence to access the vital information on these bottles, and I'm glad we're taking steps to address that here today.

Finally, this bill helps increase the availability of pediatric medical devices and ensures that medications are tested and labeled appropriately for children. I was proud to work on these provisions with my colleagues, Congresswoman ESHOO and Congressman ROGERS.

I would have liked to have seen additional measures included in this bill to ensure the safety of medical devices based on defective models that have already been approved by the FDA, that unfortunately continue to be sold and jeopardize patients' health all across this country. I am going to continue to work on this critical issue. I believe it's a problem that we must solve. Once the FDA approves a device and then it turns out that there's a defect, there should be no excuse for allowing new companies to build their devices based upon the old approved defective model that the FDA had approved. Tens of thousands of Americans are put in jeopardy, and I would like to work to solve that problem.

Nonetheless, this is an excellent piece of legislation, and I hope that the House gives it its overwhelming approval.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Georgia, Dr. GINGREY, a member of the committee.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman for yielding.

The FDA Safety and Innovation Act of 2012 may not be a great bill, but it is a darn good bill. And as a physician and a member of the Energy and Commerce Committee, I strongly support it.

As my colleagues have said on both sides, this is a bicameral, bipartisan piece of legislation, and yes, we can get our work done. I want to particularly thank Chairman UPTON, Ranking Member WAXMAN, Health Subcommittee Chairman PITTS, Ranking Member PALLONE, and all of the Members that have worked so hard on this really vast, huge bill that covers a lot of things, not the least of which, of course, is to provide 65 percent of the funding for the FDA so they can, indeed, hire the best and brightest scientists so they get their work done in a timely manner, get new drugs to the market, medical devices, and bottom line, keep the health care system in this country the best in the world for our constituents and our patients.

Mr. Speaker, I want to mention one particular aspect of the bill that I was very much involved in, and that's this issue of antibiotic shortage. The bill as it stood alone was called the GAIN Act, and I had a tremendous amount of help on both sides of the aisle. On the Democratic side, there was Congresswoman ESHOO, Congresswoman DEGETTE, and Congressman GENE GREEN. On my side of the aisle, there was MIKE ROGERS of Michigan, Mr. SHIMKUS, and Mr. WHITFIELD. What we do with that portion of the bill is to provide an opportunity for the manufacturers of antibiotics to have an additional 5 years of exclusivity so they can bring these innovative fifth- and sixth-generation antibiotics to the market and still have an opportunity to recoup the investment and the expense of doing so.

I want to just say to my colleagues on both sides of the aisle, it's a proud day, I think, for all of us, for Chairman Emeritus DINGELL, the former chairman on our side of the aisle, Mr. BARTON, and everybody involved in this bill. I thank all of you. Let's all unanimously support this bill.

Mr. PALLONE. Mr. Speaker, I have no additional speakers, so I will reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. LANCE), a member of the committee.

Mr. LANCE. Thank you, Mr. Chairman.

Mr. Speaker, such legislation will ensure that patients get improved access to innovative, lifesaving therapies and medical devices while protecting and creating U.S. jobs. The bill is critically important to New Jersey, where we have a high concentration of medical device, pharmaceutical, and life science employees.

I'm pleased that the conference report contains provisions important to streamline and modernize FDA regulations while promoting patient safety. Just as important, today's measure is fiscally responsible, reducing the deficit by $311 billion over the next 10 years according to the CBO.

I thank Chairman UPTON, Chairman PITTS, Ranking Member WAXMAN, Ranking Member PALLONE, and members of the Energy and Commerce Committee for working together in a bipartisan capacity on a final bill that protects patients and brings much needed certainty to the medical and biopharmaceutical industries. This is the way Congress should work.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. GUTHRIE).

Mr. GUTHRIE. Mr. Speaker, I appreciate the gentleman for yielding.

I rise today in support of the legislation to reauthorize the Prescription Drug and Medical Device User Fee Act and authorize new user fee programs for generic drugs and biosimilars. The legislation also includes important reforms to grant patients improved access to new therapies and promotes innovation and job creation.

Jobs and the economy are top issues for most Americans, and this bill focuses on that. As a manufacturer, I've heard many stories from many device manufacturers across the country about problems they face with the FDA and how those struggles are making it harder for them to manufacture in America.

This bill includes important changes, including one that I championed, to reform the FDA's guidance process that will inject certainty into the process and create more American jobs.

This bill is an example of working in a bipartisan way to achieve a quality product that creates jobs. I thank the chairman and the ranking member for their work. And, Mr. Speaker, I urge my colleagues to support this bill.

The SPEAKER pro tempore (Mr. DANIEL E. LUNGREN of California). The gentleman from New Jersey has 3 minutes remaining, and the gentleman from Michigan has 4 minutes remaining.

Mr. PALLONE. Mr. Speaker, I yield 30 seconds to the gentleman from Virginia (Mr. MORAN).

Mr. MORAN. Mr. Speaker, I don't oppose the bill, but I do have concerns about one element of this bill, and that is the provision that affects whistleblowers in the Public Health Service.

The law that would apply to these employees is that of the military, the Defense Department, which, frankly, is weaker than that which applies to protecting whistleblowers who are in the civil service, civilian whistleblowers.

I do think protection of whistleblowers needs to be a priority. In this case, I would hope that we could work in subsequent legislation to protect the rights of whistleblowers who are essential to our being able to do our job, as well as those people in the executive branch. I just wanted to make note of that point.

□ 1510

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from New Hampshire (Mr. BASS), a member of the committee.

Mr. BASS of New Hampshire. I thank the distinguished chairman of the committee for recognizing me for 1 minute.

Mr. Speaker, I rise in strong support of the Food and Drug Administration Safety and Innovation Act.

The user fee process at the FDA is a vital element in maintaining operations at the FDA to bring valuable drugs and devices through the approval pathway and to market. I am optimistic that, with the enhanced financial incentives and resources available to the FDA included in the user fee agreements, we will see shorter approval times and more products available to patients.

Throughout this process, there has been a commitment to addressing the unique issues associated with the rare disease community and bringing it to the forefront of this debate. And I am proud to have had my bill, the Humanitarian Device Reform Act, included as a provision in this device regulatory section. This language will make it easier for medical device manufacturers to create devices specifically for the treatment of individuals, both children and adults, who are afflicted with very rare diseases.

With this increased focus on providing incentives to manufacturers to invest in the development of these devices and drugs, it can be an attainable goal for an individual and family affected by rare diseases to not only improve the quality of life but possibly even find a cure.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Minnesota (Mr. PAULSEN).

Mr. PAULSEN. Mr. Speaker, I want to applaud, first of all, the chairman, the subcommittee chairman, and the ranking members for their leadership in bringing this bipartisan package to the floor.

Mr. Speaker, nearly every week, I get a chance to tour a medical device company in my district. And almost every week, I hear a similar story from these companies that talk about how the FDA has become so burdensome and bureaucratic and inefficient that they move the goalpost in the process of the device approval process. As a result, some of these companies are closing their doors. Some of these companies are investing overseas and moving jobs, as opposed to keeping them in their home State of Minnesota or here in the United States.

Unfortunately, it seems that Washington tends to thrive on these types of bureaucracies and inefficiencies. And I think the package that is before us today is designed to help correct that. The FDA review process needs to be rigorous, but it also needs to be relevant. You have heard that message time and time again: We have to find ways to streamline and modernize the FDA so that the United States can remain the leader in global medical innovation.

This package absolutely moves us closer to meeting all of those goals. These reforms will make the device approval process much more transparent, much more consistent, and much more predictable. And specifically, I'm happy that my provisions to streamline the third-party review process were included as well.

I want to thank the chairman and Members for their bipartisan support, and I urge the support of my colleagues.

Mr. UPTON. Mr. Speaker, may I ask how much time remains on each side?

The SPEAKER pro tempore. The gentleman from Michigan has 2 minutes remaining, and the gentleman from New Jersey has 2½ minutes remaining.

Mr. UPTON. Mr. Speaker, I have no further requests for time. So if the gentleman wants to close, then I will close.

The SPEAKER pro tempore. The gentleman from New Jersey is recognized for 2½ minutes.

Mr. PALLONE. Thank you, Mr. Speaker. I won't use all the time.

I just want to stress, again, that the process of getting this bill passed and moved both here and in the Senate has been just a great model, if you will, for what we can do when we want to get together and work together on a bipartisan, bicameral basis. So I can't say enough about everyone who was involved on both sides of the aisle and staff for making this happen today.

I also want to reiterate some of the things that some of my colleagues have said about how important this is. Because it's on a suspension, some people may say, Well, how important is it? It is extremely important. And some of those sentiments have been echoed by those who talk about the drug and medical device industry, which is really so important to this country.

We pride ourselves on innovation. As some of you know, many of these companies are in my district. And we pride ourselves on the fact that Thomas Edison had his lab at Menlo Park, in my district, and that we are an innovative area in New Jersey, and New Jersey as a whole. But innovation can't continue to happen in this industry unless we continue to have an FDA process that runs smoothly and effectively.

The fact of the matter is that this legislation is designed to make sure that that continues to happen, that the money is available so we can have an efficient process that continues to make the United States the innovator in the area of pharmaceuticals and medical devices.

I'm very proud to have been part of this today. I urge everyone to support the bill. I thank my colleagues.

I yield back the balance of my time.

The SPEAKER pro tempore. The gentleman from Michigan is recognized for 2 minutes.

Mr. UPTON. Thank you, Mr. Speaker.

Mr. Speaker, I just want to say that with all of the positive comments here, this bill was not a piece of cake. There was a lot of hard work on both sides of the aisle, particularly by the staff on both sides of the aisle. Again, I want to cite Clay and Ryan on our staff.

But let's face it: All of us particularly involved on the health side of the issues, as we meet with different folks afflicted with different diseases, we want to find a cure. And it would be great to find that cure here in America because we have outstanding pharmaceutical industries that have the talent and the staff to work with the different departments, whether it be the NIH, the CDC, certainly the FDA.

So we really did set out last summer to embark on a good listening session to find out what it is that we needed to do not only to find the cures and the prescriptions but the right process for them to be approved so that those companies that are willing to make that investment would stay here in America and not go overseas. Because we really do want it made in America. We have the best folks here. And that's what this bill does.

The hard work in so many of the hearings that JOE PITTS led with Mr. PALLONE, the work, the amendments, the subcommittee, the full committee, that whole process to get it done before it really expired later on this year is so important not only to the workers but, more importantly, to the patients.

So dealing with the drug shortages and working with Mr. MCCAUL and the different rare diseases, all of those different elements, we were able to weave

into what I think is a mighty fine, strong bill. And to then, of course, work with our counterparts in the Senate, whom we often bash here, but they actually stayed with us, and we were able to work in a very strong bipartisan way to get our two bills refined and done in order to bring up on the House floor this afternoon.

I want to compliment everyone—and certainly Mr. WAXMAN, who is back on the floor—our leadership, the team that we had on both sides of the aisle and, again, our hardworking staff that really worked so hard to get this done, which impacts millions of lives.

I urge my colleagues to support this bill, and I yield back the balance of my time.

Mr. RAHALL. Mr. Speaker, I support the passage of the Food and Drug Administration Reform Act, which reauthorizes vital programs that will ensure the FDA continues to study and approve life-saving drugs and medical devices and work to prevent drug shortages of much needed medications.

I am concerned, however, that the Congress is not doing more to fight prescription drug abuse. Members of the House were not permitted to offer amendments to address prescription drug addiction when this measure came before us last month, even though the FDA has a vital role in regulating the addictive qualities of drugs that are manufactured and ensuring sufficient education and awareness for health care providers and the general public.

This conference report is a bittersweet pill to swallow. While it includes a provision that will ban the sale of dangerous synthetic drugs, which I support and the House of Representatives passed late last year, the FDA's programs could have been strengthened significantly to address substance abuse and its impact on our Nation's economic and security needs.

If one reads any newspaper in southern West Virginia, you will undoubtedly find downright scary stories of families, children and seniors devastated by prescription drug abuse, and the crime that it engenders. As many of my colleagues know, fighting back against this unending wave of abuse will take the action of all—local, state and federal governments. I have introduced legislation, as have a number of my colleagues who serve in the Prescription Drug Abuse Caucus, which would arm our law enforcement, physicians, and local communities in this fight—making it harder for pills to get into the wrong hands and be misused, and ensuring that all prescriptions are properly monitored.

Though this bill mentions the need to combat abuse of prescription drugs, it is not nearly strong enough, nor should we consider it sufficient, in addressing what has become a crisis in too many Appalachian communities. Our families and communities need more than recommendations—they need action, and they simply cannot wait any longer for help.

I urge House leadership to work with members of this body who are committed to fighting back against this plague and saving our communities to consider legislation that will stop this scourge.

Mr. DENT. Mr. Speaker, I rise in support of the Food and Drug Administration Safety and Innovation Act and particularly the provisions related to synthetic drugs.

I introduced H.R. 1254, the Synthetic Drug Control Act, after the issue of synthetic or designer drugs was first brought to my attention by a constituent whose son had been abusing legal substitutes for marijuana.

H.R. 1254 passed the House by a strong, bipartisan vote of 317 to 98 this past December.

After months of hard work, I am glad to see that similar language has been included in the House Amendment to the Senate-passed FDA reform bill. I would like to thank Chairmen UPTON and SMITH for their diligent efforts in advancing this legislation.

This legislation will finally add a long list of dangerous drugs to Schedule I of the Controlled Substances Act.

It covers synthetic cannabinoids, which affect the brain in a manner similar to marijuana but can actually be even more harmful, as well as many of the chemicals used in so-called ''bath salts,'' which have properties similar to cocaine, methamphetamine, LSD, and other hard street drugs.

It will also double the amount of time that DEA may temporarily ban a new substance while working to prove that the drug in question should be banned permanently.

As we speak, the proliferators of these deadly chemicals are working on new formulas to circumvent Federal law.

This additional time will enhance DEA's ability to combat new and emerging substances.

This legislation is especially timely given the recent reports of inhuman and psychotic acts committed by individuals high on bath salts.

Last month, we all heard the horrifying story of a Miami man who stripped naked, assaulted another individual, and chewed his face off before being shot dead by the police.

Last year, a man in my district was arrested after injecting himself with bath salts and firing a gun out of his window in a university neighborhood. He later attributed his actions to a drug-induced state of paranoia.

Poison control centers nationwide have reported exponential increases in calls related to synthetic drugs, and far too many deaths have resulted both from overdoses and the Psychotic behavior that the drugs induce.

For the inclusion of this important public safety language and for the many ways this legislation will spur economic growth and medical innovation, I urge all of my colleagues to vote in favor of the underlying bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. UPTON) that the House suspend the rules and pass the bill, S. 3187, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

□ 1520

MOTION TO INSTRUCT CONFEREES ON H.R. 4348, SURFACE TRANSPORTATION EXTENSION ACT OF 2012, PART II

Mr. MCKINLEY. Mr. Speaker, I have a motion at the desk.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. MCKINLEY moves that the managers on the part of the House at the conference on the disagreeing votes of the two houses on the Senate amendment to the bill H.R. 4348 be instructed to insist on the provisions contained in title V of the House bill (relating to coal combustion residuals).

The SPEAKER pro tempore. Pursuant to clause 7 of rule XXII, the gentleman from West Virginia (Mr. MCKINLEY) and the gentleman from California (Mr. WAXMAN) each will control 30 minutes.

The Chair recognizes the gentleman from West Virginia.

Mr. MCKINLEY. Mr. Speaker, I yield myself 7 minutes.

Concrete is a fundamental element of roads, bridges, and infrastructure projects, and an important element of concrete is coal ash. This is now the fourth time the House has affirmed and reaffirmed its support for the beneficial use of recycling coal ash.

Currently, the conference committee on H.R. 4348 is deep in productive negotiations, and strong bipartisan compromises have occurred relative to the coal ash provision. My intent today is to urge the conferees to continue these bipartisan negotiations and retain this important, cost-saving provision in the final bill.

We're not here to rehash the same ideologically motivated arguments that we have heard from the extremists. Simply put, we are here to help put people back to work, to give American businesses certainty, and to protect the health and environment of our families and friends.

For those who say coal ash is irrelevant to roads and bridges, they couldn't be further from the truth. Concrete suppliers have been incorporating coal ash into concrete mixtures since the construction of the Hoover Dam over 80 years ago. Without coal ash, the cost of construction projects would increase by $100 billion, according to the American Road and Transportation Builders Association, thereby reducing the amount of moneys available for roads and bridges and infrastructure in America.

Keep in mind, less construction results in fewer jobs. By retaining this bipartisan section of the highway bill, Congress will be also protecting the 316,000 jobs that are at stake in the recycling of fly ash—jobs involving concrete block, brick, drywall, ceramic tile, bowling balls, and even in the cosmetics industry. For those who have been asking where the jobs bills are, this is a jobs bill.

Among the supporters of this language are the Chamber of Commerce, the National Association of Manufacturers, the International Brotherhood of Electrical Workers, the United Mine Workers, the United Transportation Union, the American Road and Transportation Builders Association, the International Brotherhood of Boilermakers, and the AFL–CIO's building and construction trades.