

107TH CONGRESS
1ST SESSION

S. 838

To amend the Federal Food, Drug, and Cosmetic Act to improve the safety and efficacy of pharmaceuticals for children.

IN THE SENATE OF THE UNITED STATES

MAY 7, 2001

Mr. DODD (for himself and Mr. DEWINE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Federal Food, Drug, and Cosmetic Act to improve the safety and efficacy of pharmaceuticals for children.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Best Pharmaceuticals
5 for Children Act”.

6 **SEC. 2. PEDIATRIC STUDIES OF ALREADY-MARKETED**
7 **DRUGS.**

8 Section 505A of the Federal Food, Drug, and Cos-
9 metic Act (21 U.S.C. 355a) is amended—

1 (1) by striking subsection (b); and

2 (2) in subsection (c)—

3 (A) by inserting after “the Secretary” the
4 following: “determines that information relating
5 to the use of an approved drug in the pediatric
6 population may produce health benefits in that
7 population and”; and

8 (B) by striking “concerning a drug identi-
9 fied in the list described in subsection (b)”.

10 **SEC. 3. RESEARCH FUND FOR THE STUDY OF OFF-PATENT**
11 **DRUGS.**

12 Part B of title IV of the Public Health Service Act
13 (42 U.S.C. 284 et seq.) is amended—

14 (1) by redesignating the second section 409C,
15 relating to clinical research (42 U.S.C. 284k), as
16 section 409G;

17 (2) by redesignating the second section 409D,
18 relating to enhancement awards (42 U.S.C. 284l), as
19 section 409H; and

20 (3) by adding at the end the following:

21 **“SEC. 409I. PROGRAM FOR PEDIATRIC STUDIES OF OFF-**
22 **PATENT DRUGS.**

23 “(a) LIST OF OFF-PATENT DRUGS FOR WHICH PE-
24 DIATRIC STUDIES ARE NEEDED.—

1 “(1) IN GENERAL.—Not later than 1 year after
2 the date of enactment of this section, the Secretary,
3 acting through the Director of the National Insti-
4 tutes of Health and in consultation with the Com-
5 missioner of Food and Drugs and experts in pedi-
6 atric research (including United States Pharma-
7 copoeia), shall develop, prioritize, and publish a list
8 of approved drugs for which—

9 “(A) there is no patent or market exclu-
10 sivity protection; and

11 “(B) additional studies are needed to as-
12 sess the safety and effectiveness of the use of
13 the drug in the pediatric population.

14 “(2) CONSIDERATION OF AVAILABLE INFORMA-
15 TION.—In developing the list under paragraph (1),
16 the Secretary shall consider, for each drug on the
17 list—

18 “(A) the availability of information con-
19 cerning the safe and effective use of the drug
20 in the pediatric population;

21 “(B) whether additional information is
22 needed; and

23 “(C) whether new pediatric studies con-
24 cerning the drug may produce health benefits in
25 the pediatric population.

1 “(b) CONTRACTS FOR PEDIATRIC STUDIES.—The
2 Secretary shall award contracts to entities that have the
3 expertise to conduct pediatric clinical trials (including
4 qualified universities, hospitals, laboratories, contract re-
5 search organizations, federally funded programs such as
6 pediatric pharmacology research units, other public or pri-
7 vate institutions, or individuals) to enable the entities to
8 conduct pediatric studies concerning one or more drugs
9 identified in the list described in subsection (a).

10 “(c) PROCESS FOR CONTRACTS AND LABELING
11 CHANGES.—

12 “(1) WRITTEN REQUEST TO HOLDERS OF AP-
13 PROVED APPLICATIONS FOR OFF-PATENT DRUGS.—

14 “(A) IN GENERAL.—The Commissioner of
15 Food and Drugs, in consultation with the Di-
16 rector of National Institutes of Health, may
17 issue a written request for pediatric studies
18 concerning a drug identified in the list de-
19 scribed in subsection (a) to all holders of an ap-
20 proved application for the drug under section
21 505 of the Federal Food, Drug, and Cosmetic
22 Act. Such a request shall be made in accord-
23 ance with section 505A of the Federal Food,
24 Drug, and Cosmetic Act.

1 “(B) PUBLICATION OF REQUEST.—If the
2 Commissioner of Food and Drugs does not re-
3 ceive a response to a written request issued
4 under subparagraph (A) within 30 days of the
5 date on which a request was issued, the Sec-
6 retary, acting through the Director of National
7 Institutes of Health, shall publish a request for
8 contract proposals to conduct the pediatric
9 studies described in the written request.

10 “(2) CONTRACTS.—A contract under this sec-
11 tion may be awarded only if a proposal for the con-
12 tract is submitted to the Secretary in such form and
13 manner, and containing such agreements, assur-
14 ances, and information as the Secretary determines
15 to be necessary to carry out this section.

16 “(3) REPORTING OF STUDIES.—

17 “(A) Upon completion of a pediatric study
18 in accordance with a contract awarded under
19 this section, a report concerning the study shall
20 be submitted to the Director of National Insti-
21 tutes of Health and the Commissioner of Food
22 and Drugs. The report shall include all data
23 generated in connection with the study.

24 “(B) AVAILABILITY OF REPORTS.—Each
25 report submitted under subparagraph (A) shall

1 be considered to be in the public domain, and
2 shall be assigned a docket number by the Com-
3 missioner of Food and Drugs. An interested
4 person may submit written comments con-
5 cerning such pediatric studies to the Commis-
6 sioner of Food and Drugs, and the written com-
7 ments shall become part of the docket file with
8 respect to each the drug.

9 “(C) ACTION BY COMMISSIONER.—The
10 Commissioner of Food and Drugs shall take ap-
11 propriate action in response to the reports sub-
12 mitted under subparagraph (A) in accordance
13 with paragraph (4).

14 “(4) REQUEST FOR LABELING CHANGES.—Dur-
15 ing the 180-day period after the date on which a re-
16 port is submitted under paragraph (3)(A), the Com-
17 missioner of Food and Drugs shall—

18 “(A) review the report and such other data
19 as are available concerning the safe and effec-
20 tive use in the pediatric population of the drug
21 studied; and

22 “(B) negotiate with the holders of ap-
23 proved applications for the drug studied for any
24 labeling changes that the Commissioner of Food

1 and Drugs determines to be appropriate and re-
2 quests the holders to make; and

3 “(C)(i) place in the public docket file a
4 copy of the report and of any requested labeling
5 changes; and

6 “(ii) publish in the Federal Register a
7 summary of the report and a copy of any re-
8 quested labeling changes.

9 “(5) DISPUTE RESOLUTION.—If, not later than
10 the end of the 180-day period specified in paragraph
11 (4), the holder of an approved application for the
12 drug involved does not agree to any labeling change
13 requested by the Commissioner of Food and Drugs
14 under that paragraph—

15 “(A) the Commissioner of Food and Drugs
16 shall immediately refer the request to the Pedi-
17 atric Advisory Subcommittee of the Anti-Infec-
18 tive Drugs Advisory Committee; and

19 “(B) not later than 60 days after receiving
20 the referral, the Subcommittee shall—

21 “(i) review the available information
22 on the safe and effective use of the drug
23 in the pediatric population, including study
24 reports submitted under this section; and

1 “(ii) make a recommendation to the
2 Commissioner of Food and Drugs as to ap-
3 propriate labeling changes, if any.

4 “(6) FDA DETERMINATION.—Not later than 30
5 days after receiving a recommendation from the
6 Subcommittee under paragraph (5)B(ii) with respect
7 to a drug, the Commissioner of Food and Drugs
8 shall consider the recommendation and, if appro-
9 priate, make a request to the holders of approved
10 applications for the drug to make any labeling
11 change that the Commissioner of Food and Drugs
12 determines to be appropriate.

13 “(7) FAILURE TO AGREE.—If a holder of an
14 approved application for a drug, within 30 days
15 after receiving a request to make a labeling change
16 under paragraph (6), does not agree to make a re-
17 quested labeling change, the Commissioner may
18 deem the drug to be misbranded under the Federal
19 Food, Drug, and Cosmetic Act.

20 “(d) AUTHORIZATION OF APPROPRIATIONS.—

21 “(1) IN GENERAL.—There are authorized to be
22 appropriated to carry out this section—

23 “(A) \$200,000,000 for fiscal year 2002;
24 and

1 “(B) such sums as are necessary for each
2 of the 5 succeeding fiscal years.

3 “(2) AVAILABILITY.—Any amount appropriated
4 under paragraph (1) shall remain available to carry
5 out this section until expended.”.

6 **SEC. 4. TIMELY LABELING CHANGES FOR DRUGS GRANTED**
7 **EXCLUSIVITY; DRUG FEES.**

8 (a) ELIMINATION OF USER FEE WAIVER FOR PEDI-
9 ATRIC SUPPLEMENTS.—Section 736(a)(1) of the Federal
10 Food, Drug, and Cosmetic Act (21 U.S.C. 379h(A)(1))
11 is amended—

12 (1) by striking subparagraph (F); and

13 (2) by redesignating subparagraph (G) as sub-
14 paragraph (F).

15 (b) LABELING CHANGES.—Section 505A of the Fed-
16 eral Food, Drug, and Cosmetic Act (21 U.S.C. 355a) is
17 amended by adding at the end the following:

18 “(1) LABELING SUPPLEMENTS.—

19 “(1) PRIORITY STATUS FOR PEDIATRIC SUP-
20 PLEMENTS.—Any supplement to a human drug ap-
21 plication submitted under this section—

22 “(A) shall be considered to be a priority
23 supplement; and

1 “(B) shall be subject to the performance
2 goals established by the Commissioner for pri-
3 ority drugs.

4 “(2) DISPUTE RESOLUTION.—If the Commis-
5 sioner determines that a supplemental application
6 submitted under this section is approvable and that
7 the only open issue for final action on the supple-
8 ment is the reaching of an agreement between the
9 sponsor of the application and the Commissioner on
10 appropriate changes to the labeling for the drug that
11 is the subject of the application—

12 “(A) not later than 180 days after the date
13 of submission of the supplemental application—

14 “(i) the Commissioner shall request
15 that the sponsor of the application make
16 any labeling change that the Commissioner
17 determines to be appropriate; and

18 “(ii) if the sponsor of the application
19 does not agree to make a labeling change
20 requested by the Commissioner by that
21 date, the Commissioner shall immediately
22 refer the matter to the Pediatric Advisory
23 Subcommittee of the Anti-Infective Drugs
24 Advisory Committee;

1 “(B) not later than 60 days after receiving
2 the referral, the Pediatric Advisory Sub-
3 committee of the Anti-Infective Drugs Advisory
4 Committee shall—

5 “(i) review the pediatric study reports;

6 and

7 “(ii) make a recommendation to the
8 Commissioner concerning appropriate la-
9 beling changes, if any;

10 “(C) the Commissioner shall consider the
11 recommendations of the Pediatric Advisory
12 Subcommittee of the Anti-Infective Drugs Advi-
13 sory Committee and, if appropriate, not later
14 than 30 days after receiving the recommenda-
15 tion, make a request to the sponsor of the ap-
16 plication to make any labeling change that the
17 Commissioner determines to be appropriate;
18 and

19 “(D) if the sponsor of the application,
20 within 30 days after receiving a request under
21 subparagraph (D), does not agree to make a la-
22 beling change requested by the Commissioner,
23 the Commissioner may deem the drug that is
24 the subject of the application to be mis-
25 branded.”.

1 **SEC. 5. OFFICE OF PEDIATRIC THERAPEUTICS.**

2 (a) ESTABLISHMENT.—The Secretary of Health and
3 Human Services shall establish an Office of Pediatric
4 Therapeutics within the Office of the Commissioner of
5 Food and Drugs.

6 (b) DUTIES.—The Office of Pediatric Therapeutics
7 shall be responsible for oversight and coordination of all
8 activities of the Food and Drug Administration that may
9 have any effect on a pediatric population or the practice
10 of pediatrics or may in any other way involve pediatric
11 issues.

12 (c) STAFF.—The staff of the Office of Pediatric
13 Therapeutics shall include—

14 (1) 1 or more individuals with expertise con-
15 cerning ethical issues presented by the conduct of
16 clinical research in the pediatric population; and

17 (2) 1 or more individuals with expertise in pedi-
18 atrics who shall consult with all components of the
19 Food and Drug Administration concerning activities
20 described in subsection (b).

21 **SEC. 6. NEONATES.**

22 Section 505A(g) of the Federal Food, Drug, and Cos-
23 metic Act (21 U.S.C. 355a(g)) is amended by inserting
24 “(including neonates in appropriate cases)” after “pedi-
25 atric age groups”.

1 **SEC. 7. SUNSET.**

2 Section 505A of the Federal Food, Drug, and Cos-
3 metic Act (21 U.S.C. 355a) is amended by striking sub-
4 section (j) and inserting the following:

5 “(j) SUNSET.—A drug may not receive any 6-month
6 period under subsection (a) or (c) unless—

7 “(1) on or before October 1, 2007, the Sec-
8 retary makes a written request for pediatric studies
9 of the drug;

10 “(2) on or before October 1, 2007, an applica-
11 tion for the drug is submitted under section
12 505(b)(1); and

13 “(3) all requirements of this section are met.”.

14 **SEC. 8. DISSEMINATION OF PEDIATRIC INFORMATION.**

15 Section 505A of the Federal Food, Drug, and Cos-
16 metic Act (21 U.S.C. 355a) (as amended by section 4(b))
17 is amended by adding at the end the following:

18 “(m) DISSEMINATION OF PEDIATRIC INFORMA-
19 TION.—

20 “(1) IN GENERAL.—Not later than 180 days
21 after the date of submission of a supplemental appli-
22 cation under this section, the Commissioner shall
23 make available to the public a summary of the med-
24 ical and clinical pharmacology reviews of pediatric
25 studies conducted for the supplement, including by
26 publication in the Federal Register.

1 “(2) EFFECT OF SUBSECTION.—Nothing in this
2 subsection alters or amends in any way section 552
3 of title 5 or section 1905 of title 18, United States
4 Code.”.

5 **SEC. 9. TECHNICAL AND CONFORMING AMENDMENTS.**

6 Section 505A of the Federal Food, Drug, and Cos-
7 metic Act (21 U.S.C. 355a) (as amended by sections 2(1),
8 4(b), 7, and 8) is amended—

9 (1) by redesignating subsections (a), (g), (h),
10 (i), (j), (l), and (m) as subsections (b), (a), (g), (h),
11 (l), (i), and (j), respectively;

12 (2) by moving the subsections so as to appear
13 in alphabetical order; and

14 (3) in paragraphs (1), (2), and (3) of sub-
15 section (d) and subsections (e), (g) (as redesignated
16 by paragraph (1)), and (l) (as redesignated by para-
17 graph (1)), by striking “subsection (a) or (e)” and
18 inserting “subsection (b) or (c)”.

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