

AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 1262
OFFERED BY M . _____

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Give Kids a Chance Act of 2025”.

4 (b) TABLE OF CONTENTS.—The table of contents for
5 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Research into pediatric uses of drugs; additional authorities of Food and Drug Administration regarding molecularly targeted cancer drugs.

Sec. 3. Ensuring completion of pediatric study requirements.

Sec. 4. FDA report on PREA enforcement.

Sec. 5. Extension of authority to issue priority review vouchers to encourage treatments for rare pediatric diseases.

Sec. 6. Limitations on exclusive approval or licensure of orphan drugs.

Sec. 7. Program for pediatric studies of drugs.

Sec. 8. Organ Procurement and Transplantation Network.

Sec. 9. Establishment of Abraham Accords Office within Food and Drug Administration.

Sec. 10. Increasing transparency in generic drug applications.

Sec. 11. Medicare Improvement Fund.

6 SEC. 2. RESEARCH INTO PEDIATRIC USES OF DRUGS; ADDI-
7 TIONAL AUTHORITIES OF FOOD AND DRUG
8 ADMINISTRATION REGARDING MOLECU-
9 LARLY TARGETED CANCER DRUGS.

10 (a) IN GENERAL.—

1 (1) ADDITIONAL ACTIVE INGREDIENT FOR AP-
2 PLICATION DRUG; LIMITATION REGARDING NOVEL-
3 COMBINATION APPLICATION DRUG.—Section
4 505B(a)(3) of the Federal Food, Drug, and Cos-
5 metic Act (21 U.S.C. 355c(a)(3)) is amended—

6 (A) by redesignating subparagraphs (B)
7 and (C) as subparagraphs (C) and (D), respec-
8 tively; and

9 (B) by striking subparagraph (A) and in-
10 serting the following:

11 “(A) IN GENERAL.—For purposes of para-
12 graph (1)(B), the investigation described in this
13 paragraph is a molecularly targeted pediatric
14 cancer investigation of—

15 “(i) the drug or biological product for
16 which the application referred to in such
17 paragraph is submitted; or

18 “(ii) such drug or biological product
19 used in combination with—

20 “(I) an active ingredient of a
21 drug or biological product—

22 “(aa) for which an approved
23 application under section 505(j)
24 under this Act or under section

1 351(k) of the Public Health
2 Service Act is in effect; and

3 “(bb) that is determined by
4 the Secretary, after consultation
5 with the applicant, to be part of
6 the standard of care for treating
7 a pediatric cancer; or

8 “(II) an active ingredient of a
9 drug or biological product—

10 “(aa) for which an approved
11 application under section 505(b)
12 of this Act or section 351(a) of
13 the Public Health Service Act to
14 treat an adult cancer is in effect
15 and is held by the same person
16 submitting the application under
17 paragraph (1)(B); and

18 “(bb) that is directed at a
19 molecular target that the Sec-
20 retary determines to be substan-
21 tially relevant to the growth or
22 progression of a pediatric cancer.

23 “(B) ADDITIONAL REQUIREMENTS.—

24 “(i) DESIGN OF INVESTIGATION.—A
25 molecularly targeted pediatric cancer inves-

1 tigation referred to in subparagraph (A)
2 shall be designed to yield clinically mean-
3 ingful pediatric study data that is gathered
4 using appropriate formulations for each
5 age group for which the study is required,
6 regarding dosing, safety, and preliminary
7 efficacy to inform potential pediatric label-
8 ing.

9 “(ii) LIMITATION.—An investigation
10 described in subparagraph (A)(ii) may be
11 required only if the drug or biological
12 product for which the application referred
13 to in paragraph (1)(B) contains either—

14 “(I) a single new active ingre-
15 dient; or

16 “(II) more than one active ingre-
17 dient, if an application for the com-
18 bination of active ingredients has not
19 previously been approved but each ac-
20 tive ingredient is in a drug product
21 that has been previously approved to
22 treat an adult cancer.

23 “(iii) RESULTS OF ALREADY-COM-
24 PLETED PRECLINICAL STUDIES OF APPLI-
25 CATION DRUG.—With respect to an inves-

1 tigation required pursuant to paragraph
2 (1)(B), the Secretary may require the re-
3 sults of any completed preclinical studies
4 relevant to the initial pediatric study plan
5 be submitted to the Secretary at the same
6 time that the initial pediatric study plan
7 required under subsection (e)(1) is sub-
8 mitted.

9 “(iv) RULE OF CONSTRUCTION RE-
10 GARDING INACTIVE INGREDIENTS.—With
11 respect to a combination of active ingredi-
12 ents referred to in subparagraph (A)(ii),
13 such subparagraph shall not be construed
14 as addressing the use of inactive ingredi-
15 ents with such combination.”.

16 (2) DETERMINATION OF APPLICABLE REQUIRE-
17 MENTS.—Section 505B(e)(1) of the Federal Food,
18 Drug, and Cosmetic Act (21 U.S.C. 355c(e)(1)) is
19 amended by adding at the end the following: “The
20 Secretary shall determine whether subparagraph (A)
21 or (B) of subsection (a)(1) applies with respect to an
22 application before the date on which the applicant is
23 required to submit the initial pediatric study plan
24 under paragraph (2)(A).”.

1 (3) CLARIFYING APPLICABILITY.—Section
2 505B(a)(1) of the Federal Food, Drug, and Cos-
3 metic Act (21 U.S.C. 355c(a)(1)) is amended by
4 adding at the end the following:

5 “(C) RULE OF CONSTRUCTION.—No appli-
6 cation that is subject to the requirements of
7 subparagraph (B) shall be subject to the re-
8 quirements of subparagraph (A), and no appli-
9 cation (or supplement to an application) that is
10 subject to the requirements of subparagraph
11 (A) shall be subject to the requirements of sub-
12 paragraph (B).”.

13 (4) CONFORMING AMENDMENTS.—Section
14 505B(a) of the Federal Food, Drug, and Cosmetic
15 Act (21 U.S.C. 355c(a)) is amended—

16 (A) in paragraph (3)(C), as redesignated
17 by paragraph (1)(A) of this subsection, by
18 striking “investigations described in this para-
19 graph” and inserting “investigations referred to
20 in subparagraph (A)”;

21 (B) in paragraph (3)(D), as redesignated
22 by paragraph (1)(A) of this subsection, by
23 striking “the assessments under paragraph
24 (2)(B)” and inserting “the assessments re-
25 quired under paragraph (1)(A)”.

1 (b) GUIDANCE.—The Secretary of Health and
2 Human Services, acting through the Commissioner of
3 Food and Drugs, shall—

4 (1) not later than 12 months after the date of
5 enactment of this Act, issue draft guidance on the
6 implementation of the amendments made by sub-
7 section (a); and

8 (2) not later than 12 months after closing the
9 comment period on such draft guidance, finalize
10 such guidance.

11 (c) APPLICABILITY.—The amendments made by this
12 section apply with respect to any application under section
13 505(b) of the Federal Food, Drug, and Cosmetic Act (21
14 U.S.C. 355(b)) and any application under section 351(a)
15 of the Public Health Service Act (42 U.S.C. 262(a)), that
16 is submitted on or after the date that is 3 years after the
17 date of enactment of this Act.

18 (d) REPORTS TO CONGRESS.—

19 (1) SECRETARY OF HEALTH AND HUMAN SERV-
20 ICES.—Not later than 6 years after the date of en-
21 actment of this Act, the Secretary of Health and
22 Human Services shall submit to the Committee on
23 Energy and Commerce of the House of Representa-
24 tives and the Committee on Health, Education,
25 Labor, and Pensions of the Senate a report on the

1 Secretary's efforts, in coordination with industry, to
2 ensure implementation of the amendments made by
3 subsection (a).

4 (2) GAO STUDY AND REPORT.—

5 (A) STUDY.—Not later than 8 years after
6 the date of enactment of this Act, the Comp-
7 troller General of the United States shall con-
8 duct a study of the effectiveness of requiring
9 assessments and investigations described in sec-
10 tion 505B of the Federal Food, Drug, and Cos-
11 metic Act (21 U.S.C. 355c), as amended by
12 subsection (a), in the development of drugs and
13 biological products for pediatric cancer indica-
14 tions, including consideration of any benefits to,
15 or burdens on, pediatric cancer drug develop-
16 ment.

17 (B) FINDINGS.—Not later than 10 years
18 after the date of enactment of this Act, the
19 Comptroller General shall submit to the Com-
20 mittee on Energy and Commerce of the House
21 of Representatives and the Committee on
22 Health, Education, Labor, and Pensions of the
23 Senate a report containing the findings of the
24 study conducted under subparagraph (A).

1 **SEC. 3. ENSURING COMPLETION OF PEDIATRIC STUDY RE-**
2 **QUIREMENTS.**

3 (a) EQUAL ACCOUNTABILITY FOR PEDIATRIC STUDY
4 REQUIREMENTS.—Section 505B(d) of the Federal Food,
5 Drug, and Cosmetic Act (21 U.S.C. 355c(d)) is amend-
6 ed—

7 (1) in paragraph (1), by striking “Beginning
8 270” and inserting “NONCOMPLIANCE LETTER.—
9 Beginning 270”;

10 (2) in paragraph (2)—

11 (A) by striking “The drug or” and insert-
12 ing “EFFECT OF NONCOMPLIANCE.—The drug
13 or”; and

14 (B) by striking “(except that the drug or
15 biological product shall not be subject to action
16 under section 303)” and inserting “(except that
17 the drug or biological product shall be subject
18 to action under section 303 only if such person
19 demonstrated a lack of due diligence in satis-
20 fying the applicable requirement)”; and

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

22 “(3) LIMITATION.—The Secretary shall not
23 issue enforcement actions under section 303 for fail-
24 ures under this subsection in the case of a drug or
25 biological product that is no longer marketed.”.

1 (b) DUE DILIGENCE.—Section 505B(d) of the Fed-
2 eral Food, Drug, and Cosmetic Act (21 U.S.C. 355c(d)),
3 as amended by subsection (a), is further amended by add-
4 ing at the end the following:

5 “(4) DUE DILIGENCE.—Before the Secretary
6 may conclude that a person failed to submit or oth-
7 erwise meet a requirement as described in the mat-
8 ter preceding paragraph (1), the Secretary shall—

9 “(A) issue a noncompliance letter pursuant
10 to paragraph (1);

11 “(B) provide such person with a 45-day
12 period beginning on the date of receipt of such
13 noncompliance letter to respond in writing as
14 set forth in such paragraph; and

15 “(C) after reviewing such written response,
16 determine whether the person demonstrated a
17 lack of due diligence in satisfying such require-
18 ment.”.

19 (c) CONFORMING AMENDMENTS.—Section
20 303(f)(4)(A) of the Federal Food, Drug, and Cosmetic Act
21 (21 U.S.C. 333(f)(4)(A)) is amended by striking “or 505–
22 1” and inserting “505–1, or 505B”.

23 (d) TRANSITION RULE.—The Secretary of Health
24 and Human Services may take enforcement action under
25 section 303 of the Federal Food, Drug, and Cosmetic Act

1 (21 U.S.C. 333) only for failures described in section
2 505B(d) of such Act (21 U.S.C. 355c(d)) that occur on
3 or after the date that is 180 days after the date of enact-
4 ment of this Act.

5 **SEC. 4. FDA REPORT ON PREA ENFORCEMENT.**

6 Section 508(b) of the Food and Drug Administration
7 Safety and Innovation Act (21 U.S.C. 355c–1(b)) is
8 amended—

9 (1) in paragraph (11), by striking the semicolon
10 at the end and inserting “, including an evaluation
11 of compliance with deadlines provided for in defer-
12 rals and deferral extensions;”;

13 (2) in paragraph (15), by striking “and” at the
14 end;

15 (3) in paragraph (16), by striking the period at
16 the end and inserting “; and”; and

17 (4) by adding at the end the following:

18 “(17) a listing of penalties, settlements, or pay-
19 ments under section 303 of the Federal Food, Drug,
20 and Cosmetic Act (21 U.S.C. 353) for failure to
21 comply with requirements under such section 505B,
22 including, for each penalty, settlement, or payment,
23 the name of the drug, the sponsor thereof, and the
24 amount of the penalty, settlement, or payment im-
25 posed; and”.

1 **SEC. 5. EXTENSION OF AUTHORITY TO ISSUE PRIORITY RE-**
2 **VIEW VOUCHERS TO ENCOURAGE TREAT-**
3 **MENTS FOR RARE PEDIATRIC DISEASES.**

4 (a) EXTENSION.—Paragraph (5) of section 529(b) of
5 the Federal Food, Drug, and Cosmetic Act (21 U.S.C.
6 360ff(b)) is amended by striking “December 20, 2024, un-
7 less” and all that follows through the period at the end
8 and inserting “September 30, 2029.”.

9 (b) USER FEE PAYMENT.—Section 529(c)(4) of the
10 Federal Food, Drug, and Cosmetic Act (21 U.S.C.
11 360ff(c)(4)) is amended by striking subparagraph (A) and
12 inserting the following:

13 “(A) IN GENERAL.—The priority review
14 user fee required by this subsection shall be due
15 upon the submission of a human drug applica-
16 tion under section 505(b)(1) or section 351(a)
17 of the Public Health Service Act for which the
18 priority review voucher is used. All other user
19 fees associated with the human drug application
20 shall be due as required by the Secretary or
21 under applicable law.”.

22 (c) GAO REPORT ON EFFECTIVENESS OF RARE PE-
23 DIATRIC DISEASE PRIORITY VOUCHER AWARDS IN
24 INCENTIVIZING RARE PEDIATRIC DISEASE DRUG DEVEL-
25 OPMENT.—

26 (1) GAO STUDY.—

1 (A) STUDY.—The Comptroller General of
2 the United States shall conduct a study of the
3 effectiveness of awarding rare pediatric disease
4 priority vouchers under section 529 of the Fed-
5 eral Food, Drug, and Cosmetic Act (21 U.S.C.
6 360ff), as amended by subsection (a), in the de-
7 velopment of human drug products that treat or
8 prevent rare pediatric diseases (as defined in
9 such section 529).

10 (B) CONTENTS OF STUDY.—In conducting
11 the study under subparagraph (A), the Comp-
12 troller General shall examine the following:

13 (i) The indications for each drug or
14 biological product that—

15 (I) is the subject of a rare pedi-
16 atric disease product application (as
17 defined in section 529 of the Federal
18 Food, Drug, and Cosmetic Act (21
19 U.S.C. 360ff)) for which a priority re-
20 view voucher was awarded; and

21 (II) was approved under section
22 505 of the Federal Food, Drug, and
23 Cosmetic Act (42 U.S.C. 355) or li-
24 censed under section 351 of the Pub-

1 lic Health Service Act (42 U.S.C.
2 262).

3 (ii) Whether, and to what extent, an
4 unmet need related to the treatment or
5 prevention of a rare pediatric disease was
6 met through the approval or licensure of
7 such a drug or biological product.

8 (iii) The size of the company to which
9 a priority review voucher was awarded
10 under section 529 of the Federal Food,
11 Drug, and Cosmetic Act (21 U.S.C. 360ff)
12 for such a drug or biological product.

13 (iv) The value of such priority review
14 voucher if transferred.

15 (v) Identification of each drug for
16 which a priority review voucher awarded
17 under such section 529 was used.

18 (vi) The size of the company using
19 each priority review voucher awarded
20 under such section 529.

21 (vii) The length of the period of time
22 between the date on which a priority re-
23 view voucher was awarded under such sec-
24 tion 529 and the date on which it was
25 used.

1 (viii) Whether, and to what extent, an
2 unmet need related to the treatment or
3 prevention of a rare pediatric disease was
4 met through the approval under section
5 505 of the Federal Food, Drug, and Cos-
6 metic Act (42 U.S.C. 355) or licensure
7 under section 351 of the Public Health
8 Service Act (42 U.S.C. 262) of a drug for
9 which a priority review voucher was used.

10 (ix) Whether, and to what extent,
11 companies were motivated by the avail-
12 ability of priority review vouchers under
13 section 529 of the Federal Food, Drug,
14 and Cosmetic Act (21 U.S.C. 360ff) to at-
15 tempt to develop a drug for a rare pedi-
16atric disease.

17 (x) Whether, and to what extent, pedi-
18atric review vouchers awarded under such
19section were successful in stimulating de-
20velopment and expedited patient access to
21drug products for treatment or prevention
22of a rare pediatric disease that wouldn't
23otherwise take place without the incentive
24provided by such vouchers.

1 (xi) The impact of such priority re-
2 view vouchers on the workload, review
3 process, and public health prioritization ef-
4 forts of the Food and Drug Administra-
5 tion.

6 (xii) Any other incentives in Federal
7 law that exist for companies developing
8 drugs or biological products described in
9 clause (i).

10 (2) REPORT ON FINDINGS.—Not later than 5
11 years after the date of the enactment of this Act, the
12 Comptroller General of the United States shall sub-
13 mit to the Committee on Energy and Commerce of
14 the House of Representatives and the Committee on
15 Health, Education, Labor, and Pensions of the Sen-
16 ate a report containing the findings of the study
17 conducted under paragraph (1).

18 **SEC. 6. LIMITATIONS ON EXCLUSIVE APPROVAL OR LICEN-**
19 **SURE OF ORPHAN DRUGS.**

20 (a) IN GENERAL.—Section 527 of the Federal Food,
21 Drug, and Cosmetic Act (21 U.S.C. 360cc) is amended—

22 (1) in subsection (a), in the matter following
23 paragraph (2), by striking “same disease or condi-
24 tion” and inserting “same approved use or indica-
25 tion within such rare disease or condition”;

1 (2) in subsection (b)—

2 (A) in the matter preceding paragraph (1),
3 by striking “same rare disease or condition”
4 and inserting “same approved use or indication
5 for which such 7-year period applies to such al-
6 ready approved or licensed drug”; and

7 (B) in paragraph (1), by inserting “, relat-
8 ing to the approved use or indication,” after
9 “the needs”;

10 (3) in subsection (c)(1), by striking “same rare
11 disease or condition as the already approved drug”
12 and inserting “same use or indication for which the
13 already approved or licensed drug was approved or
14 licensed”; and

15 (4) by adding at the end the following:

16 “(f) APPROVED USE OR INDICATION DEFINED.—In
17 this section, the term ‘approved use or indication’ means
18 the use or indication approved under section 505 of this
19 Act or licensed under section 351 of the Public Health
20 Service Act for a drug designated under section 526 for
21 a rare disease or condition.”.

22 (b) APPLICATION OF AMENDMENTS.—The amend-
23 ments made by subsection (a) shall apply with respect to
24 any drug designated under section 526 of the Federal
25 Food, Drug, and Cosmetic Act (21 U.S.C. 360bb), regard-

1 less of the date on which the drug was so designated, and
2 regardless of the date on which the drug was approved
3 under section 505 of such Act (21 U.S.C. 355) or licensed
4 under section 351 of the Public Health Service Act (42
5 U.S.C. 262).

6 **SEC. 7. PROGRAM FOR PEDIATRIC STUDIES OF DRUGS.**

7 Section 409I(d)(1) of the Public Health Service Act
8 (42 U.S.C. 284m(d)(1)) is amended by striking “section,”
9 and all that follows through the period at the end and
10 inserting “section, \$25,000,000 for each of fiscal years
11 2026 through 2028.”.

12 **SEC. 8. ORGAN PROCUREMENT AND TRANSPLANTATION**
13 **NETWORK.**

14 Section 372 of the Public Health Service Act (42
15 U.S.C. 274) is amended—

16 (1) in subsection (b)(2)—

17 (A) by moving the margins of subpara-
18 graphs (M) through (O) 2 ems to the left;

19 (B) in subparagraph (A)—

20 (i) in clause (i), by striking “, and”
21 and inserting “; and”; and

22 (ii) in clause (ii), by striking the
23 comma at the end and inserting a semi-
24 colon;

1 (C) in subparagraph (C), by striking
2 “twenty-four-hour telephone service” and in-
3 serting “24-hour telephone or information tech-
4 nology service”;

5 (D) in each of subparagraphs (B) through
6 (M), by striking the comma at the end and in-
7 serting a semicolon;

8 (E) in subparagraph (N), by striking
9 “transportation, and” and inserting “transpor-
10 tation;”;

11 (F) in subparagraph (O), by striking the
12 period and inserting a semicolon; and

13 (G) by adding at the end the following:

14 “(P) encourage the integration of elec-
15 tronic health records systems through applica-
16 tion programming interfaces (or successor tech-
17 nologies) among hospitals, organ procurement
18 organizations, and transplant centers, including
19 the use of automated electronic hospital refer-
20 rals and the grant of remote, electronic access
21 to hospital electronic health records of potential
22 donors by organ procurement organizations, in
23 a manner that complies with the privacy regula-
24 tions promulgated under the Health Insurance
25 Portability and Accountability Act of 1996, at

1 part 160 of title 45, Code of Federal Regula-
2 tions, and subparts A, C, and E of part 164 of
3 such title (or any successor regulations); and

4 “(Q) consider establishing a dashboard to
5 display the number of transplants performed,
6 the types of transplants performed, the number
7 and types of organs that entered the Organ
8 Procurement and Transplantation Network sys-
9 tem and failed to be transplanted, and other
10 appropriate statistics, which should be updated
11 more frequently than annually.”; and

12 (2) by adding at the end the following:

13 “(d) REGISTRATION FEES.—

14 “(1) IN GENERAL.—The Secretary may collect
15 registration fees from any member of the Organ
16 Procurement and Transplantation Network for each
17 transplant candidate such member places on the list
18 described in subsection (b)(2)(A)(i). Such registra-
19 tion fees shall be collected and distributed only to
20 support the operation of the Organ Procurement
21 and Transplantation Network. Such registration fees
22 are authorized to remain available until expended.

23 “(2) COLLECTION.—The Secretary may collect
24 the registration fees under paragraph (1) directly or
25 through awards made under subsection (b)(1)(A).

1 “(3) DISTRIBUTION.—Any amounts collected
2 under this subsection shall—

3 “(A) be credited to the currently applicable
4 appropriation, account, or fund of the Depart-
5 ment of Health and Human Services as discre-
6 tionary offsetting collections; and

7 “(B) be available, only to the extent and in
8 the amounts provided in advance in appropria-
9 tions Acts, to distribute such fees among
10 awardees described in subsection (b)(1)(A).

11 “(4) TRANSPARENCY.—The Secretary shall—

12 “(A) promptly post on the website of the
13 Organ Procurement and Transplantation Net-
14 work—

15 “(i) the amount of registration fees
16 collected under this subsection from each
17 member of the Organ Procurement and
18 Transplantation Network; and

19 “(ii) a list of activities such fees are
20 used to support; and

21 “(B) update the information posted pursu-
22 ant to subparagraph (A), as applicable for each
23 calendar quarter for which fees are collected
24 under paragraph (1).

1 “(5) GAO REVIEW.—Not later than 2 years
2 after the date of enactment of this subsection, the
3 Comptroller General of the United States shall, to
4 the extent data are available—

5 “(A) conduct a review concerning the ac-
6 tivities under this subsection; and

7 “(B) submit to the Committee on Health,
8 Education, Labor, and Pensions and the Com-
9 mittee on Finance of the Senate and the Com-
10 mittee on Energy and Commerce of the House
11 of Representatives, a report on such review, in-
12 cluding related recommendations, as applicable.

13 “(6) SUNSET.—The authority to collect reg-
14 istration fees under paragraph (1) shall expire on
15 the date that is 3 years after the date of enactment
16 of the Give Kids a Chance Act of 2025.”.

17 **SEC. 9. ESTABLISHMENT OF ABRAHAM ACCORDS OFFICE**
18 **WITHIN FOOD AND DRUG ADMINISTRATION.**

19 (a) IN GENERAL.—Chapter X of the Federal Food,
20 Drug, and Cosmetic Act (21 U.S.C. 391 et seq.) is amend-
21 ed by adding at the end the following:

22 **“SEC. 1015. ABRAHAM ACCORDS OFFICE.**

23 “(a) IN GENERAL.—The Secretary, acting through
24 the Commissioner of Food and Drugs, shall establish with-
25 in the Food and Drug Administration an office, to be

1 known as the Abraham Accords Office, to be headed by
2 a director.

3 “(b) OFFICE.—Not later than two years after the
4 date of enactment of this section, the Secretary shall—

5 “(1) in consultation with the governments of
6 Abraham Accords countries, as well as appropriate
7 United States Government diplomatic and security
8 personnel—

9 “(A) select the location of the Abraham
10 Accords Office in an Abraham Accords country;
11 and

12 “(B) establish such office; and

13 “(2) assign to such office such personnel of the
14 Food and Drug Administration as the Secretary de-
15 termines necessary to carry out the functions of
16 such office.

17 “(c) DUTIES.—The Secretary, acting through the Di-
18 rector of the Abraham Accords Office, shall—

19 “(1) after the Abraham Accords Office is estab-
20 lished—

21 “(A) as part of the Food and Drug Admin-
22 istration’s work to strengthen the international
23 oversight of regulated commodities, provide
24 technical assistance to regulatory partners in
25 Abraham Accords countries on strengthening

1 regulatory oversight and converging regulatory
2 requirements for the oversight of regulated
3 products, including good manufacturing prac-
4 tices and other issues relevant to manufacturing
5 medical products that are regulated by the
6 Food and Drug Administration; and

7 “(B) facilitate interactions between the
8 Food and Drug Administration and interested
9 parties in Abraham Accords countries, including
10 by sharing relevant information regarding
11 United States regulatory pathways with such
12 parties, and facilitate feedback on the research,
13 development, and manufacturing of products
14 regulated in accordance with this Act; and

15 “(2) carry out other functions and activities as
16 the Secretary determines to be necessary to carry
17 out this section.

18 “(d) ABRAHAM ACCORDS COUNTRY DEFINED.—In
19 this section, the term ‘Abraham Accords country’ means
20 a country identified by the Department of State as having
21 signed the Abraham Accords Declaration.

22 “(e) NATIONAL SECURITY.—Nothing in this section
23 shall be construed to require any action inconsistent with
24 a national security recommendation provided by the Fed-
25 eral Government.”.

1 (b) REPORT TO CONGRESS.—

2 (1) IN GENERAL.—Not later than 3 years after
3 the date of enactment of this Act, the Secretary of
4 Health and Human Services shall submit to the
5 Congress a report on the Abraham Accords Office,
6 including—

7 (A) an evaluation of how the Office has ad-
8 vanced progress toward conformance with Food
9 and Drug Administration regulatory require-
10 ments by manufacturers in the Abraham Ac-
11 cords countries;

12 (B) a numerical count of parties that the
13 Office has helped facilitate interactions or feed-
14 back pursuant to section 1015(c)(1)(B) of the
15 Federal Food, Drug, and Cosmetic Act (as
16 added by subsection (a));

17 (C) a summary of technical assistance pro-
18 vided to regulatory partners in Abraham Ac-
19 cords countries pursuant to subparagraph (A)
20 of such section 1015(c)(1); and

21 (D) recommendations for increasing and
22 improving coordination between the Food and
23 Drug Administration and entities in Abraham
24 Accords countries.

1 (2) ABRAHAM ACCORDS COUNTRY DEFINED.—

2 In this subsection, the term “Abraham Accords
3 country” has the meaning given such term in section
4 1015(d) of the Federal Food, Drug, and Cosmetic
5 Act (as added by subsection (a)).

6 **SEC. 10. INCREASING TRANSPARENCY IN GENERIC DRUG**
7 **APPLICATIONS.**

8 (a) IN GENERAL.—Section 505(j)(3) of the Federal
9 Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(3)) is
10 amended by adding at the end the following:

11 “(H)(i) Upon request (in controlled correspondence
12 or an analogous process) by a person that has submitted
13 or intends to submit an abbreviated application under this
14 subsection for a drug that is required by regulation to con-
15 tain one or more of the same inactive ingredients in the
16 same concentrations as the listed drug referred to, or for
17 which the Secretary determines there is a scientific jus-
18 tification for an approach that is in vitro, in whole or in
19 part, to be used to demonstrate bioequivalence for a drug
20 if such a drug contains one or more of the same inactive
21 ingredients in the same concentrations as the listed drug
22 referred to, the Secretary shall inform the person whether
23 such drug is qualitatively and quantitatively the same as
24 the listed drug. The Secretary may also provide such infor-
25 mation to such a person on the Secretary’s own initiative

1 during the review of an abbreviated application under this
2 subsection for such drug.

3 “(ii) Notwithstanding section 301(j), if the Secretary
4 determines that such drug is not qualitatively or quan-
5 titatively the same as the listed drug, the Secretary shall
6 identify and disclose to the person—

7 “(I) the ingredient or ingredients that cause
8 such drug not to be qualitatively or quantitatively
9 the same as the listed drug; and

10 “(II) for any ingredient for which there is an
11 identified quantitative deviation, the amount of such
12 deviation.

13 “(iii) If the Secretary determines that such drug is
14 qualitatively and quantitatively the same as the listed
15 drug, the Secretary shall not change or rescind such deter-
16 mination after the submission of an abbreviated applica-
17 tion for such drug under this subsection unless—

18 “(I) the formulation of the listed drug has been
19 changed and the Secretary has determined that the
20 prior listed drug formulation was withdrawn for rea-
21 sons of safety or effectiveness; or

22 “(II) the Secretary makes a written determina-
23 tion that the prior determination must be changed
24 because an error has been identified.

1 “(iv) If the Secretary makes a written determination
2 described in clause (iii)(II), the Secretary shall provide no-
3 tice and a copy of the written determination to the person
4 making the request under clause (i).

5 “(v) The disclosures authorized under clauses (i) and
6 (ii) are disclosures authorized by law, including for pur-
7 poses of section 1905 of title 18, United States Code. This
8 subparagraph shall not otherwise be construed to author-
9 ize the disclosure of nonpublic qualitative or quantitative
10 information about the ingredients in a listed drug, or to
11 affect the status, if any, of such information as trade se-
12 cret or confidential commercial information for purposes
13 of section 301(j) of this Act, section 552 of title 5, United
14 States Code, or section 1905 of title 18, United States
15 Code.”.

16 (b) GUIDANCE.—

17 (1) IN GENERAL.—Not later than one year
18 after the date of enactment of this Act, the Sec-
19 retary of Health and Human Services shall issue
20 draft guidance, or update guidance, describing how
21 the Secretary will determine whether a drug is quali-
22 tatively and quantitatively the same as the listed
23 drug (as such terms are used in section
24 505(j)(3)(H) of the Federal Food, Drug, and Cos-

1 metic Act, as added by subsection (a)), including
2 with respect to assessing pH adjusters.

3 (2) PROCESS.—In issuing guidance under this
4 subsection, the Secretary of Health and Human
5 Services shall—

6 (A) publish draft guidance;

7 (B) provide a period of at least 60 days for
8 comment on the draft guidance; and

9 (C) after considering any comments re-
10 ceived and not later than one year after the
11 close of the comment period on the draft guid-
12 ance, publish final guidance.

13 (c) APPLICABILITY.—Section 505(j)(3)(H) of the
14 Federal Food, Drug, and Cosmetic Act, as added by sub-
15 section (a), applies beginning on the date of enactment
16 of this Act, irrespective of the date on which the guidance
17 required by subsection (b) is finalized.

18 **SEC. 11. MEDICARE IMPROVEMENT FUND.**

19 Section 1898(b)(1) of the Social Security Act (42
20 U.S.C. 1395iii(b)(1)) is amended—

21 (1) by striking “fiscal year 2026” and inserting
22 “fiscal year 2027”; and

23 (2) by striking “\$1,804,000,000” and inserting
24 “\$3,047,000,000”.

