

(e) Grants for demonstration programs**(1) In general**

The Secretary shall award competitive grants to eligible entities to establish demonstration programs to promote judicious use of antimicrobial drugs or control the spread of antimicrobial-resistant pathogens.

(2) Eligible entities

Eligible entities for grants under paragraph (1) may include hospitals, clinics, institutions of long-term care, professional medical societies, schools or programs that train medical laboratory personnel, or other public or private nonprofit entities.

(3) Technical assistance

The Secretary shall provide appropriate technical assistance to eligible entities that receive grants under paragraph (1).

(f) Supplement not supplant

Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.

(g) Authorization of appropriations

There are authorized to be appropriated to carry out this section, \$40,000,000 for fiscal year 2001, \$25,000,000 for each of the fiscal years 2002 and 2003, and such sums as may be necessary for each of the fiscal years 2004 through 2006.

(July 1, 1944, ch. 373, title III, § 319E, as added Pub. L. 106-505, title I, § 102, Nov. 13, 2000, 114 Stat. 2318; amended Pub. L. 107-188, title I, § 109, June 12, 2002, 116 Stat. 610.)

AMENDMENTS

2002—Subsec. (b). Pub. L. 107-188, § 109(1)(A), in introductory provisions, substituted “shall directly or through awards of grants or cooperative agreements to public or private entities provide for the conduct of” for “shall conduct and support”.

Subsec. (b)(4). Pub. L. 107-188, § 109(1)(B), amended par. (4) generally. Prior to amendment, par. (4) read as follows: “the sequencing of the genomes of priority pathogens as determined by the Director of the National Institutes of Health in consultation with the task force established under subsection (a) of this section; and”.

Subsec. (e)(2). Pub. L. 107-188, § 109(2), inserted “schools or programs that train medical laboratory personnel,” after “professional medical societies,”.

Subsec. (g). Pub. L. 107-188, § 109(3), substituted “\$25,000,000 for each of the fiscal years 2002 and 2003, and such sums as may be necessary for each of the fiscal years 2004 through 2006” for “and such sums as may be necessary for each subsequent fiscal year through 2006”.

§ 247d-5a. Identification of clinically susceptible concentrations of antimicrobials**(a) Definition**

In this section, the term “clinically susceptible concentrations” means specific values which characterize bacteria as clinically susceptible, intermediate, or resistant to the drug (or drugs) tested.

(b) Identification

The Secretary of Health and Human Services (referred to in this section as the “Secretary”),

through the Commissioner of Food and Drugs, shall identify (where such information is reasonably available) and periodically update clinically susceptible concentrations.

(c) Public availability

The Secretary, through the Commissioner of Food and Drugs, shall make such clinically susceptible concentrations publicly available, such as by posting on the Internet, not later than 30 days after the date of identification and any update under this section.

(d) Effect

Nothing in this section shall be construed to restrict, in any manner, the prescribing of antibiotics by physicians, or to limit the practice of medicine, including for diseases such as Lyme and tick-borne diseases.

(Pub. L. 110-85, title XI, § 1111, Sept. 27, 2007, 121 Stat. 975.)

CODIFICATION

Section was enacted as part of the Food and Drug Administration Amendments Act of 2007, and not as part of the Public Health Service Act which comprises this chapter.

§ 247d-6. Public health countermeasures to a bioterrorist attack**(a) All-hazards public health and medical response curricula and training****(1) In general**

The Secretary, in collaboration with the Secretary of Defense, and in consultation with relevant public and private entities, shall develop core health and medical response curricula and trainings by adapting applicable existing curricula and training programs to improve responses to public health emergencies.

(2) Curriculum

The public health and medical response training program may include course work related to—

- (A) medical management of casualties, taking into account the needs of at-risk individuals;
- (B) public health aspects of public health emergencies;
- (C) mental health aspects of public health emergencies;
- (D) national incident management, including coordination among Federal, State, local, tribal, international agencies, and other entities; and
- (E) protecting health care workers and health care first responders from workplace exposures during a public health emergency.

(3) Peer review

On a periodic basis, products prepared as part of the program shall be rigorously tested and peer-reviewed by experts in the relevant fields.

(4) Credit

The Secretary and the Secretary of Defense shall—

- (A) take into account continuing professional education requirements of public health and healthcare professions; and