

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, patients, and payors 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 healthcare 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 WEBSITE.**—The Secretary, acting through the Commissioner of Food and Drugs, shall publicly post the communication plan on the Internet website of the Office of Minority Health of the Food and Drug Administration, and provide links to any other appropriate webpage, and seek public comment on the communication plan.

SA 2126. Mr. REED submitted an amendment intended to be proposed by him to 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; which was ordered to lie on the table; as follows:

At the end of title XI, add the following:

SEC. 11. 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.

NOTICE OF HEARING

COMMITTEE ON INDIAN AFFAIRS

Mr. AKAKA. Mr. President, I would like to announce that the Committee on Indian Affairs will meet on May 24, 2012, in room SD-628 of the Dirksen Senate Office Building, at 2:15 p.m., to conduct a hearing entitled “Programs and Services for Native Veterans.”

Those wishing additional information may contact the Indian Affairs Committee at (202) 224-2251.

AUTHORITY FOR COMMITTEES TO MEET

SUBCOMMITTEE ON OVERSIGHT OF GOVERNMENT MANAGEMENT, THE FEDERAL WORKFORCE, AND THE DISTRICT OF COLUMBIA

Ms. LANDRIEU. Mr. President, I ask unanimous consent that the Committee on Homeland Security and Governmental Affairs’ Subcommittee on Oversight of Government Management, the Federal Workforce, and the District of Columbia be authorized to meet during the session of the Senate on May 21, 2012, at 2:30 p.m. to conduct a hearing entitled, “A National Security Crisis: Foreign Language Capabilities in the Federal Government.”

The PRESIDING OFFICER. Without objection, it is so ordered.

PRIVILEGES OF THE FLOOR

Mr. HARKIN. Mr. President, I ask unanimous consent that William McConagha and Kathleen Wise be granted the privilege of the floor for the duration of consideration of S. 3187, the Food and Drug Administration Safety and Innovation Act.

The PRESIDING OFFICER. Without objection, it is so ordered.

NATIONAL PEDIATRIC STROKE AWARENESS MONTH

Mr. BROWN of Ohio. Madam President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 468, which was submitted earlier today by Senator BLUMENTHAL.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 468) expressing the sense of the Senate with respect to childhood stroke and recognizing May as “National Pediatric Stroke Awareness Month.”

There being no objection, the Senate proceeded to consider the resolution.

Mr. BROWN of Ohio. Madam President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and any related statements be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 468) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 468

Whereas a stroke, also known as a cerebrovascular accident, is an acute neurologic injury that occurs when the blood supply to a part of the brain is interrupted by a clot in the artery or a burst of the artery;

Whereas a stroke is a medical emergency that can cause permanent neurologic damage or even death if not promptly diagnosed and treated;

Whereas stroke occurs in approximately 1 out of every 4,000 live births, and the risk of stroke from birth through age 18 is nearly 11 out of every 100,000 children per year;

Whereas an individual can have a stroke before birth;

Whereas stroke is among the top 10 causes of death for children in the United States;

Whereas between 20 percent and 40 percent of children who suffer a stroke die as a result;

Whereas stroke recurs in 20 percent of children who have experienced a stroke;

Whereas the death rate for children who experience a stroke before the age of 1 year is the highest out of all age groups;

Whereas the average time from onset of symptoms to diagnosis of stroke is 24 hours, putting many affected children outside the window of 3 hours for the most successful treatment;

Whereas between 50 and 85 percent of infants and children who have a pediatric stroke will have serious, permanent neurological disabilities, including paralysis, seizures, speech and vision problems, and attention, learning, and behavioral difficulties;

Whereas those disabilities may require ongoing physical therapy and surgeries;

Whereas the permanent health concerns and treatments resulting from strokes that occur during childhood and young adulthood have a considerable impact on children, families, and society;

Whereas very little is known about the cause, treatment, and prevention of pediatric stroke;

Whereas medical research is the only means by which the citizens of the United States can identify and develop effective treatment and prevention strategies for pediatric stroke; and

Whereas early diagnosis and treatment of pediatric stroke greatly improves the chances that the affected child will recover and not experience a recurrence: Now, therefore, be it

Resolved, That the Senate—

(1) acknowledges May as “National Pediatric Stroke Awareness Month”;

(2) urges the people of the United States to support the efforts, programs, services, and advocacy of organizations that work to enhance public awareness of childhood stroke;

(3) supports the work of the National Institutes of Health in pursuit of medical progress on the matter of pediatric stroke; and

(4) urges continued coordination and cooperation between government, researchers, families, and the public to improve treatments and prognoses for children who suffer strokes.