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Food and Drug Administration Mission Reform Act of 2011

**Congress:** 112 (2011–2013, Ended)

**Chamber:** Senate

**Policy Area:** Health

**Introduced:** Dec 8, 2011

**Current Status:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

**Latest Action:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions. (Dec 8, 2011)

**Official Text:** <https://www.congress.gov/bill/112th-congress/senate-bill/1972>

### Sponsor

**Name:** Sen. Coats, Daniel [R-IN]

**Party:** Republican • **State:** IN • **Chamber:** Senate

### Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Ayotte, Kelly [R-NH]	R · NH		Dec 8, 2011

### Committee Activity

Committee	Chamber	Activity	Date
Health, Education, Labor, and Pensions Committee	Senate	Referred To	Dec 8, 2011

### Subjects & Policy Tags

#### Policy Area:

Health

### Related Bills

Bill	Relationship	Last Action
112 HR 3214	Related bill	<b>Oct 18, 2011:</b> Referred to the Subcommittee on Health.

### Summary (as of Dec 8, 2011)

Food and Drug Administration Mission Reform Act of 2011 - Amends the Federal Food, Drug, and Cosmetic Act (FFDCA) to revise the mission of the Food and Drug Administration (FDA) to include establishment of a regulatory system that: (1) advances medical innovation by incorporating modern scientific tools, standards, and approaches; (2) protects the public health and enables patients to access novel products while promoting economic growth, innovation, competitiveness, and job creation among the industries regulated by the FFDCA; (3) is based on the best available science; (4) allows for public participation and an open exchange of ideas; (5) promotes predictability, allows flexibility, and reduces uncertainty; (6) identifies and uses the most innovative and least burdensome tools for achieving regulatory ends; (7) ensures that regulations are accessible, consistent, transparent, written in plain language, and easy to understand; (8) measures, and seeks to improve, the actual results of regulatory requirements; and (9) incorporates a patient-focused benefit-risk framework that accounts for varying degrees of risk tolerance.

## Actions Timeline

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- **Dec 8, 2011:** Introduced in Senate
- **Dec 8, 2011:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

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