



July 16, 2021

The Honorable Diana DeGette
US House of Representatives
Washington, DC 20515

The Honorable Fred Upton
US House of Representatives
Washington, DC 20515

Dear Representatives DeGette and Upton,

Thank you for the opportunity to comment on the discussion draft of 21st Century Cures 2.0. As with the original 21st Century Cures Act, we applaud you for taking such a broad-ranging approach to supporting and improving biomedical innovation, which has proved vital over the last 18 months to our national and global security in the most compelling way.

As you know, FasterCures, a center of the Milken Institute, is driven by a singular goal: to save lives by speeding scientific advancements to all patients. With an independent voice, FasterCures is working to build a system that is effective, efficient, and driven by a clear vision: working with our partners to build a patient-centric system where science is accelerated, unnecessary barriers are overcome, and lifesaving and life-enhancing treatments get to those who need them as rapidly and as safely as possible.

Our comments address a number of sections of the bill that intersect most closely with our current work and interests, including increasing diversity in clinical research, building better business models for the development of new antibiotics, and supporting development of and access to cell and gene therapies.

In addition, in January 2021, FasterCures released a report on [“Lessons Learned from COVID-19: Are There Silver Linings for Biomedical Innovation?”](#) While the response to the pandemic exposed many of the fault lines in the biomedical innovation ecosystem that have slowed progress for decades, we also showed ourselves collectively capable of innovating in ways we perhaps did not think possible. FasterCures wants to ensure that the lessons of this crisis are not lost when the current urgency subsides—not only for combatting future infectious disease outbreaks but also for conducting every other aspect of biomedical R&D. We believe 21st Century Cures 2.0 may provide opportunities to advance some of the recommendations we made as part of that initiative.

Sec. 105: Developing Antimicrobial Innovations

FasterCures welcomes the inclusion of the Pioneering Antimicrobial Subscriptions to End Upsurging Resistance (PASTEUR) Act into Sec. 105. A subscription model would offer drug developers a predictable return on their investments, which would support the future development of new and innovative antibiotics. This will help overcome the financial barriers that have resulted in a lack of new antibiotics becoming available as bacteria increasingly become resistant to the treatments we have. Delinking returns from sales and ensuring contracts have conditions that support appropriate use will help stewardship activities that will preserve new antibiotics for longer.

However, the PASTEUR Act alone will not be enough to support the development of innovative antibiotics. FasterCures and colleagues across the Milken Institute are currently conducting a project to examine how we can utilize incentive models alongside innovative finance solutions to revitalize the antibiotic pipeline and attract private capital to ensure it is sustainable for the long term. Other initiatives, like the Developing an Innovative Strategy for Antimicrobial Resistant Microorganisms (DISARM) Act, will be crucial to ensuring antibiotic development is de-risked further and adequate reimbursement is in place so that access is maintained alongside stewardship.

Sec. 203: Increasing Diversity in Clinical Trials

FasterCures has initiated a body of work seeking to change the culture of the systems within the biomedical research ecosystem to focus on and value diversity and representation within the development and execution of clinical trials. Within that workstream, we are focused specifically on:

- pinpointing concrete actions and strategies for greater diversity in the execution of clinical trial planning, design, recruitment, enrollment; and
- addressing the importance of diversity and inclusion in the health research workforce focusing on board governance and executive leaders, academic researchers and principal investigators, contract research organizations (CROs), and clinical research program staff.

We are thrilled to see so much focus in 21st Century Cures 2.0 and other legislative proposals, including the proposed Diverse and Equitable Participation in Clinical Trials (DEPICT) Act initiated by Congresswoman Anna Eshoo (CA-18), on rectifying the long and deep inequities in our health-care and research systems. With regards to the proposals in this discussion draft, we recommend the following:

- FDA address barriers inhibiting accurate reporting of diversity in clinical trials and also provide an update on patient and community-engaged efforts to improve diversity in clinical research and R&D, including the barriers scientists face that justify the lack of diversity in their clinical trials;
- GAO study the barriers that patients from the most underrepresented groups in trials face related to the social determinants of health and other social or environmental factors that impact participation in clinical trials;
- Any public awareness campaign should include a focus on health education and promotion for specific communities with low health literacy;
- HHS provide educational resources that will expand awareness about clinical trials and how to access them and promote health education that focuses on the role clinical trials can play in seeking the most effective treatments and therapeutics for the minority communities with the highest burden of poor health outcomes; and
- A federal task force should include the expertise from the patient community's perspective through focus groups and/or by the creation of a patient- and community-based advisory council to determine what is most important to patients and communities that are under-represented, to make [clinicaltrials.gov](https://www.clinicaltrials.gov) more patient-friendly.

Sec. 204: Patient Experience Data

21st Century Cures facilitated a sea change in how sponsors and the FDA engage with patients in clinical research and product evaluation. We appreciate the expansion of that vision in 21st Century Cures 2.0 by requiring sponsors to collect and report on patient experience data and, importantly, for FDA to consider those data in its decision-making. Additional definition and detail will likely be required to ensure the goals of this effort are understood, appropriate standards are available, and FDA's process is transparent.

Sec. 205: Ensuring Coverage for Clinical Trials Under Existing Standard of Care

We recognize the Patient-Centered Outcomes Research Institute's (PCORI) mandate to engage patients and stakeholders in the research process. With regards to this discussion draft, FasterCures also recognizes the importance of patient-centered outcomes research and comparative effectiveness research (CER) and the application of it, including the meaningful engagement of the patient community and stakeholder perspective, particularly as it relates to coverage of care for clinical trials as a treatment continuum including:

- Establishing reimbursement for providers participating in clinical trials by allowing for a permanent add-on payment for providers. We support Congress in focusing on coverage for beneficiaries for PCORI-funded clinical trials as a continuum of care when other therapeutics or treatments are not currently available and/or when CER is needed to determine the most effective treatments as a result of participating in a clinical trial.

Sec. 302: Grants for Novel Trial Designs and Other Innovations in Drug Development

Innovative trial designs and approaches have been proliferating during COVID-19. These approaches are not new, but they had not been widely adopted because of unfamiliarity or concerns about their risk from a regulatory standpoint. The pandemic's urgency pushed researchers to use these approaches more broadly, increasing familiarity and the potential for more routine use across therapeutic areas. While we welcome grants for further research into these models, we encourage you to consider the following actions that could leverage the COVID-19 experience and drive faster adoption:

- FDA should review and report on the experience of sponsors and the agency during the pandemic with **master protocols and other adaptive designs** and should update its guidances to reflect learnings and promote greater adoption of these approaches;
- FDA should consider whether there are additional ways the agency can incentivize adoption, including **enhanced engagement by sponsors** with the agency; and
- FDA should review pandemic guidance on non-COVID trial conduct, track sponsors' experience using remote tools during COVID, and determine the need for post-pandemic guidance/flexibilities to enable more **decentralized/hybrid trials**.

Sec. 303: FDA Cell and Gene Therapy

Cell and gene therapies hold tremendous promise to treat and potentially cure many diseases. FasterCures supports activities that can deliver these therapies to the individuals that need them more quickly and safely. Fully understanding obstacles to developing and accessing cell and gene therapies is essential to achieving this goal. Thus we support section 303 in the discussion draft that tasks the HHS secretary with producing a report to Congress on the current state of cell and gene therapy regulation. However, this should only be the first step. We urge Congress to include a requirement that HHS develop action plans to address any of the gaps and challenges that are ultimately described in this report; this could include issues such as the most effective patient and family support services for patients eligible for cell/gene therapy to support travel, etc. The report must identify challenges and serve as an impetus for addressing them.

Over the past 18 months, FasterCures has convened multiple workshops to explore some of the challenges that stakeholders foresee in the area of cell and gene therapy. Through these convenings, we identified manufacturing of cell and gene therapies as a major obstacle to development. It is well understood that the manufacturing process for cell and gene therapies is fundamentally different from traditional small molecules or even other biologics. Manufacturing cell and gene therapies is inherently complex, time-consuming, and expensive. One way to facilitate the development of new therapies is to leverage non-clinical data and manufacturing information from one product to another. Recognizing this, Congress granted FDA this authority in section 3012 of the 21st Century Cures Act. We urge Congress to expand this section to include cell and gene therapies explicitly.

Sec. 304: Increasing Use of Real-World Evidence

FasterCures supports efforts to further integrate the collection and use of real-world data and evidence in product development and evaluation. The pandemic has demonstrated both the challenges to drawing sound conclusions from evidence not generated in a rigorous, randomized way and the necessity of being able to learn as much and as quickly as we can about disease and treatments under real-world conditions and timeframes. We have seen “the good, the bad, and the ugly” of the use of RWD and RWE during COVID-19. But we as an ecosystem have learned a tremendous amount about its utility and have brought together some remarkable initiatives to collaborate on standards and methods and improve the quality of both the data from real-world sources and the analytics. The Reagan-Udall Foundation’s Evidence Accelerator in particular proved to be an extraordinarily successful forum for real-time problem-solving, and we hope it will continue to exist as an ongoing “think tank” to troubleshoot RWD/RWE solutions with FDA’s support in the future.

Perhaps as part of the requirement in the discussion draft that HHS outline approaches to maximizing and expanding the use of RWE, Congress could direct FDA to undertake an internal review to reevaluate in light of the COVID-19 experience its existing plans and frameworks around how RWD and RWE are collected, analyzed, and used in decision-making, as well as its Technology Modernization Plan.

Sec. 305: Improving FDA-CMS Communication Regarding Transformative New Therapies

Another challenge that emerged through our work is the collection of data on cell and gene therapies once they are approved. For cell and gene therapies currently approved in the US, FDA requires cell and gene therapy developers to monitor patients for up to 15 years. Collecting data on safety and the patient experience during this period is crucial to addressing many uncertainties about cell and gene therapies. However, data collection activities can be uncoordinated and siloed, creating unnecessary burdens on patients and providers and impeding efforts of researchers to glean learnings that can further benefit patients. With this in mind, FasterCures urges Congress to expand the language in section 305 in the discussion draft to establish a communication link between FDA and CMS on the topic of data collection requirements, particularly in the context of cell and gene therapies. Increased coordination between FDA and CMS can offer product developers greater clarity and consistency on the evidence needed to secure both regulatory approval and reimbursement and, by doing so, expedite access to therapies.

Sec. 405: Secretary of Health and Human Services Report on Coverage for Innovative Technologies

Finally, we support section 405 in the discussion draft, which requires the HHS secretary to submit a report to Congress on the viability of establishing alternative coverage pathways for innovative technologies. We urge Congress to take a step further in this section by requiring that any alternative coverage pathways deemed viable be granted a path to implementation through the Center for Medicare & Medicaid Innovation (CMMI).

Sec. 501: Advanced Research Projects Agency for Health

FasterCures will submit comments separately in response to the Request for Information on ARPA-H.

Other Recommendations

As noted above, FasterCures is committed to ensuring that positive lessons and developments from our collective experience during the pandemic are not lost. In addition to the above comments, FasterCures has additional recommendations, some of which do not fit neatly into the existing sections of this draft; however, we wanted to share them here for your consideration. We will be releasing a more comprehensive “Implementation Roadmap” in the near future, which we will share with you as well.

- To support the goal of preserving and repurposing infrastructure created during the pandemic and target it at other urgent public health needs, Congress should provide funding (through **ARPA-H** and/or other existing agencies and programs) for research challenges prioritized by a “grand challenges working group” to be established by HHS.
- To support the goal of prioritizing investment in platform technologies and research infrastructure that can benefit many researchers and developers, Congress should:
 - Fund the President’s Budget proposal for an **ARPA-H** program to define and invest in critical platform technologies and research infrastructure.
 - Provide stable and predictable funding to **BARDA** to “de-risk” novel scientific platforms and promote innovation.
 - Consider extending **BARDA Ventures** as a model to leverage additional private-sector investment in critical health technologies beyond infectious disease.
 - With the Administration, identify clinical trials networks as “**national critical research infrastructure**” and ensure funding for the maintenance and expansion of standing research capacity and its readiness.
 - Consider whether clinical research is adequately represented within the [federal government’s “Critical Infrastructure Sectors”](#) Healthcare and Public Health Sector definitions and action plans, as well as other federal efforts aimed at sustaining critical national infrastructure.
- To support the goal of initiating a public dialogue about how regulation can become more agile based on need, in light of the COVID experience, Congress should:
 - Call for a report on the ways in which FDA was able to accelerate processes during the pandemic and their appropriateness and applicability in non-emergency conditions.
 - Consider linking this analysis to the **PDUFA authorization** process.
 - This analysis should specifically focus on the **types of meetings** available to sponsors, how they were used in the context of COVID-19, and the potential for more rapid and regular interaction with the agency going forward.
 - This analysis should also identify ways in which the agency was able to create more **cross-disciplinary collaboration** within the agency.

Thank you for the opportunity to provide comments on this discussion draft and, again, thank you for your leadership on these important issues.

Sincerely,

Esther Krofah
Executive Director, FasterCures