To amend the Federal Food, Drug, and Cosmetic Act to establish a time-limited provisional approval pathway, subject to specific obligations, for certain drugs and biological products, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 8, 2023

Mr. BRAUN (for himself, Mrs. GILLIBRAND, Mr. WICKER, Mr. CRAMER, and Ms. MURKOWSKI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Federal Food, Drug, and Cosmetic Act to establish a time-limited provisional approval pathway, subject to specific obligations, for certain drugs and biological products, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Promising Pathway Act”.

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SEC. 2. PROVISIONAL APPROVAL OF NEW HUMAN DRUGS.

(a) IN GENERAL.—Subchapter A of chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by adding at the end of the following:

“SEC. 524C. PROVISIONAL APPROVAL OF NEW HUMAN DRUGS.

“(a) PRIORITY REVIEW AND EVALUATION OF APPLICATIONS.—

“(1) IN GENERAL.—The Secretary shall establish a priority review system to evaluate applications submitted under this section for provisional approval within 90 days of receipt of a completed application.

“(2) OTHER DESIGNATIONS.—If a drug submitted for review under this section is eligible for a special designation by the Secretary under this Act, including as a drug for a rare disease or condition under section 526, all benefits of such other designation shall be available for use under provisional approval, including any tax credits and waiving of fees under chapter VII.

“(b) ELIGIBILITY.—A drug may be eligible for provisional approval under this section if the Secretary determines that the drug is intended for the treatment, prevention, or medical diagnosis of a serious or life-threatening disease or condition for which there is a reasonable likelihood that premature death will occur without early med-
ical intervention for an individual contracting or being diagnosed with such disease or condition.

“(c) STANDARD OF REVIEW FOR PROVISIONAL APPROVAL.—

“(1) REQUIREMENTS.—An application for provisional approval under this section may be approved only if the Secretary determines that—

“(A) there is substantial evidence of safety for the drug, such that there is evidence consisting of adequate and well-controlled investigations, including clinical investigations, by experts qualified by scientific training and experience to evaluate the safety of the drug involved, on the basis of which it could fairly and responsibly be concluded that the drug will have the effect it purports or is represented to have under the conditions of use prescribed, recommended, or suggested in the labeling or proposed labeling; and

“(B) there is relevant early evidence based on adequate and well-controlled investigations, including early-stage clinical investigations, to establish that—

“(i) the drug provides a positive therapeutic outcome; and
“(ii) the outcome of the drug is consistent with or greater than currently marketed on-label therapies, with equal or fewer side effects, if there are currently marketed on-label therapies.

“(2) PROTOCOLS.—The Secretary shall promulgate rules that establish the appropriate protocols to enable rolling, real-time, mid-trial submission while preserving the integrity of the ongoing trial and without penalizing the sponsor for seeking provisional approval under this section.

“(3) REAL WORLD EVIDENCE.—The Secretary shall allow the use of real world evidence (as defined in section 505F(b)), including real world data used to generate real world evidence, to support an application for provisional approval under this section, and to fulfill the follow-up requirements and support applications for approval under section 505 or section 351 of the Public Health Service Act, as applicable.

“(4) USE OF SCIENTIFICALLY SUBSTANTIATED SURROGATES.—

“(A) IN GENERAL.—The sponsor of an application for provisional approval under this sec-
tion may use scientifically substantiated surrogates to support such application.

“(B) Definition.—In subparagraph (A), the term ‘scientifically substantiated surrogates’ means surrogate endpoints to predict clinical benefit other than such endpoints previously validated by the Secretary, based on—

“(i) epidemiologic, therapeutic, pathophysiologic, or other evidence; or

“(ii) an effect on a clinical endpoint other than survival or irreversible morbidity of interest.

“(d) Transparency and Patient Monitoring Requirements.—

“(1) Registries.—

“(A) In General.—The sponsor of a drug provisionally approved under this section shall require that all patients who use such drug participate in an observational registry and consent to the sponsor’s collection, and submission to the registry, of data related to the patient’s use of such drug until such drug receives approval under section 505 or section 351 of the Public Health Service Act, or the provisional approval is rescinded.
“(B) Requirements for registries.—

An observational registry described in subparagraph (A) may be run by a third party, such as a government, for profit, or nonprofit organization, and shall track all patients who use the provisionally approved drug.

“(C) Accessibility.—An observational registry described in subparagraph (A) shall be easily accessible for—

“(i) all patients who are participating in any registry related to a provisionally approved drug that allows for easy, unrestricted (or transparent) access for such patients to their patient data and related information regarding their usage of the provisionally approved drug; and

“(ii) approved researchers and medical professionals who may access data maintained in the registry, which access shall be for public health research and only in a de-identified, aggregated manner.

“(2) Funding.—An observational registry under this subsection shall be maintained, as applicable—
“(A) by the sponsor of the drug provision-
ally approved under this section that is the sub-
ject of the registry; or

“(B) by a third party, such as a govern-
ment, for profit, or nonprofit organization.

“(3) SPONSOR REQUIREMENTS.—

“(A) IN GENERAL.—For any drug applica-
tion provisionally approved under this section,
the Secretary shall notify the sponsor of the
exact data such sponsor is required to submit
to an observational registry.

“(B) ANNUAL REVIEW OF THE REGISTRY;
penalties.—The Secretary shall conduct an
annual review of observational registries estab-
lished under this subsection. If, at such an an-
nual review, fewer than 90 percent of patients
are participating in an observational registry
with respect to a drug approved under this sec-
tion, the Secretary shall issue to the sponsor of
such drug a civil monetary penalty of not more
than $100,000. If a violation of this section is
not corrected within the 30-day period following
notification, the sponsor shall, in addition to
any penalty under this subparagraph be subject
to a civil monetary penalty of not more than
$10,000 for each day of the violation after such period until the violation is corrected. If application patient participation in an observational registry is not at or above 90 percent within 6 months of issuance of such penalty, the provisional approval shall be withdrawn.

“(4) ANNUAL REPORT TO CONGRESS.—The Secretary shall submit an annual report to Congress on all drugs granted provisional approval under this section. Such report shall include—

“(A) the number of patients treated with each such drug, and the number of patients tracked in an observational registry with respect to each such drug;

“(B) a discussion of the minimum amount of data required in the registries, including patient treatments and uses, length of use, side effects encountered, relevant biomarkers or scientifically substantiated surrogates, scan results, cause of death and how long the patient lived, and adverse drug effects;

“(C) a list of all such drugs for which an application for approval under section 505 of this Act or section 351 of the Public Health Service Act, or an application for an extension
of provisional approval under this section, has
been submitted; and

“(D) a list of all applications denied provi-
sional approval under this section, together with
an explanation for the decisions to deny each
such application.

“(e) WITHDRAWAL OF PROVISIONAL APPROVAL.—

“(1) IN GENERAL.—The Secretary shall with-
draw provisional approval under this section if there
are a significant numbers of patients who experience
serious adverse effects, compared to the other cur-
rently marketed on-label therapies that are available
for the applicable disease or condition.

“(2) EFFECT OF WITHDRAWAL.—If a provi-
sional approval is withdrawn under this subsection,
the sponsor may not make the drug available to any
new patients, but may be allowed to continue to
make such drug available to patients who started
taking the drug prior to the date of withdrawal, for
as long a period as dictated by patient need, as de-
termined by the Secretary.

“(f) TRANSPARENCY.—Any scientific, medical, aca-
demic, or health care journal publishing an article explain-
ing, releasing, conveying, or announcing research findings
which were funded by the Department of Health and
Human Services shall be prohibited from publishing such research unless—

“(1) such article conveying research findings is made publicly available on the journal’s internet website without a paywall or charge not later than 3 months after the date on which such article was first provided to subscribers of such journal (or first made available for purchase); and

“(2) the article’s author or researcher or author’s institution (or, in the case of multiple authors, researchers, or institutions, all such authors, researchers, or institutions) received less than 30 percent of funding for such research from the Department of Health and Human Services throughout the period of time the research was conducted.

“(g) INFORMED CONSENT.—Prior to receiving a drug provisionally approved under this section, the sponsor of the drug shall receive from each patient, or the patient’s representative, informed consent, through a signed informed consent form, acknowledging that such patient understands that the drug did not undergo the usual process for approval of a drug by the Food and Drug Administration, and that such patient is willing to accept the risks involved in taking such drug.

“(h) POSTMARKET CONTROLS AND LABELING.—
“(1) FDA ANNUAL REVIEW OF REGISTRY DATA.—The Secretary shall annually review the data made available through the observational registries under subsection (d) and make a determination regarding whether the side effect profile of any drug provisionally approved under this section does not support the benefit provided, or the data shows the benefit is less than the benefits offered through other, fully approved drugs.

“(2) LABELING.—The sponsor of the provisionally approved drug shall ensure that all labeling and promotional materials for the drug bear the statement ‘provisionally approved by the FDA pending a full demonstration of effectiveness under application number __________’ (specifying the application number assigned by the Secretary in place of the blank). All promotional, educational and marketing materials for provisionally approved products shall be reviewed and approved by the Secretary before such materials are distributed.

“(3) RESCISSION OF PROVISIONAL APPROVAL.—If the Secretary determines that the side effect profile of any drug included in such observational registries does not support the benefit provided by such drug, or that the data shows that the
benefit is less than the benefits offered through other, drugs approved under section 505 of this Act or section 351 of the Public Health Service Act, the Secretary shall rescind such provisional approval.

“(i) DURATION OF PROVISIONAL APPROVAL; REQUIREMENT TO BRING DRUG TO MARKET.—

“(1) DURATION; RENEWALS.—The provisional approval for a drug under this section is effective for a 2-year period. The sponsor may request renewal for provisional approval status for up to 3 subsequent 2-year periods. Provisional approval status with respect to a drug shall not exceed a total of 8 years from the initial date the sponsor was awarded provisional approval status.

“(2) MARKETING REQUIREMENT.—If any drug that receives provisional approval under this section is not brought to market within 180 days of the provisional approval, such provisional approval shall be rescinded.

“(j) LIMITATION ON LIABILITY.—With respect to any claim under State law alleging that a drug sold or otherwise made available pursuant to a grant of provisional approval under this section is unsafe or ineffective, no liability in a cause of action shall lie against a sponsor or manufacturer, unless the relevant conduct constitutes reckless
or willful misconduct, gross negligence, or an intentional
tort under any applicable State law.

“(k) Right To Petition An Advisory Committee
For Approval.—

“(1) In General.—The sponsor of a drug
granted provisional approval pursuant to this section
may request, at any time after provisional approval
is granted under this section, a meeting with the ap-
propriate advisory committee (or advisory commit-
tees) to present safety and efficacy data for the pur-
poses of receiving a recommendation from such an
advisory committee for approval under section 505
of this Act or section 351 of the Public Health Serv-
ice Act of the provisionally approved drug. Such a
requested meeting shall be granted not later than 90
days after a request is made. Nothing in this para-
graph shall be construed to alter the processes and
timeframes for recommendation for approval by such
an advisory committee of the provisionally approved
drug or for approval of the provisionally approved
drug under section 505 of this Act or section 351
of the Public Health Service Act.

“(2) Waiver Of Adequate And Well-con-
trolled Study Requirements.—
“(A) IN GENERAL.—In considering whether to recommend a drug that was provisionally approved under this section for approval under section 505, the Director of the Center for Drug Evaluation and Research shall consider the option to waive requirements for adequate and well-controlled studies in accordance with the process described in section 314.126(c) of title 21, Code of Federal Regulations (or successor regulations).

“(B) BIOLOGICAL PRODUCTS.—In considering whether to recommend a biological product that was provisionally approved under this section for licensure under section 351 of the Public Health Service Act, the Director of the Center for Biologics Evaluation and Research may, and shall consider the option to, waive requirements, as applicable, for adequate and well-controlled studies for such biological product in accordance with the process described in section 314.126(c) of title 21, Code of Federal Regulations (or successor regulations).”.

(b) CONFORMING AMENDMENT.—Section 505(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(a)) is amended by inserting “, or there is in effect
a provisional approval under section 524C with respect to such drug” before the period.

(c) REIMBURSEMENT.—

(1) PRIVATE HEALTH INSURERS.—Section 2719A of the Public Health Service Act (42 U.S.C. 300gg–19a) is amended by adding at the end the following:

“(f) TREATMENT OF CERTAIN DRUGS.—A group health plan or health insurance issuer of group or individual health insurance coverage shall not deny coverage of any drug provisionally approved under section 524C of the Federal Food, Drug, and Cosmetic Act on the basis of such drug being experimental. In determining coverage under the applicable plan or coverage, a group health plan or health insurance issuer shall treat a drug provisionally approved under such section in the same manner as such plan or coverage would treat a drug approved under section 505 of the Federal Food, Drug, and Cosmetic Act or section 351 of this Act. Nothing in this subsection shall be construed to require a group health plan or health insurance issuer to cover any specific drug provisionally approved under such section 524C.”.

(2) FEDERAL HEALTH CARE PROGRAMS.—The requirement under subsection (f) of section 2719A of the Public Health Service Act (as added by para-
graph (1)) shall apply with respect to coverage de-
terminations under a Federal health care program
(as defined in section 1128B(f) of the Social Secu-
rity Act (42 U.S.C. 1320a–7b(f))) in the same man-
ner such requirement applies under such subsection
(f).

(3) CONFORMING AMENDMENT.—Section
1927(k)(2)(A)(i) of the Social Security Act (42
U.S.C. 1396r–8(k)(2)(A)(i)) is amended—

(A) by striking “or which” and inserting “,
which”; and

(B) by inserting “, or which is provision-
ally approved under section 524C of such Act”
before the semicolon.