

114TH CONGRESS  
1ST SESSION

# H. R. 2338

To amend the Federal Food, Drug, and Cosmetic Act to provide for the development and use of patient experience data to enhance the structured risk-benefit assessment framework, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 14, 2015

Mr. PITTS introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Federal Food, Drug, and Cosmetic Act to provide for the development and use of patient experience data to enhance the structured risk-benefit assessment framework, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. DEVELOPMENT AND USE OF PATIENT EXPERI-**  
4 **ENCE DATA TO ENHANCE STRUCTURED RISK-**  
5 **BENEFIT ASSESSMENT FRAMEWORK.**

6 (a) IN GENERAL.—Section 505 of the Federal Food,  
7 Drug, and Cosmetic Act (21 U.S.C. 355) is amended—

1           (1) in subsection (d), by striking “The Sec-  
2           retary shall implement” and all that follows through  
3           “premarket approval of a drug.”; and

4           (2) by adding at the end the following new sub-  
5           sections:

6           “(x) STRUCTURED RISK-BENEFIT ASSESSMENT  
7 FRAMEWORK.—

8           “(1) IN GENERAL.—The Secretary shall imple-  
9           ment a structured risk-benefit assessment frame-  
10          work in the new drug approval process—

11                  “(A) to facilitate the balanced consider-  
12                  ation of benefits and risks; and

13                  “(B) to develop and implement a con-  
14                  sistent and systematic approach to the discus-  
15                  sion of, regulatory decisionmaking with respect  
16                  to, and the communication of, the benefits and  
17                  risks of new drugs.

18           “(2) RULE OF CONSTRUCTION.—Nothing in  
19           paragraph (1) shall alter the criteria for evaluating  
20           an application for premarket approval of a drug.

21           “(y) DEVELOPMENT AND USE OF PATIENT EXPERI-  
22 ENCE DATA TO ENHANCE STRUCTURED RISK-BENEFIT  
23 ASSESSMENT FRAMEWORK.—

24           “(1) IN GENERAL.—Not later than two years  
25           after the date of the enactment of this subsection,

1 the Secretary shall establish and implement proc-  
2 esses under which—

3 “(A) an entity seeking to develop patient  
4 experience data may submit to the Secretary—

5 “(i) initial research concepts for feed-  
6 back from the Secretary; and

7 “(ii) with respect to patient experience  
8 data collected by the entity, draft guidance  
9 documents, completed data, and sum-  
10 maries and analyses of such data;

11 “(B) the Secretary may request such an  
12 entity to submit such documents, data, and  
13 summaries and analyses; and

14 “(C) patient experience data may be devel-  
15 oped and used to enhance the structured risk-  
16 benefit assessment framework under subsection  
17 (x).

18 “(2) PATIENT EXPERIENCE DATA.—In this sub-  
19 section, the term ‘patient experience data’ means  
20 data collected by patients, parents, caregivers, pa-  
21 tient advocacy organizations, disease research foun-  
22 dations, medical researchers, research sponsors or  
23 other parties determined appropriate by the Sec-  
24 retary that is intended to facilitate or enhance the  
25 Secretary’s risk-benefit assessments, including infor-

1 mation about the impact of a disease or a therapy  
2 on patients' lives.”.

3 (b) GUIDANCE.—

4 (1) IN GENERAL.—The Secretary of Health and  
5 Human Services shall publish guidance on the imple-  
6 mentation of subsection (y) of section 505 of the  
7 Federal Food, Drug, and Cosmetic Act (21 U.S.C.  
8 355), as added by subsection (a). Such guidance  
9 shall include—

10 (A) with respect to draft guidance docu-  
11 ments, data, or summaries and analyses sub-  
12 mitted to the Secretary under paragraph (1)(A)  
13 of such subsection, guidance—

14 (i) specifying the timelines for the re-  
15 view of such documents, data, or sum-  
16 maries and analyses by the Secretary; and

17 (ii) on how the Secretary will use such  
18 documents, data, or summaries and anal-  
19 yses to update any guidance documents  
20 published under this subsection or publish  
21 new guidance;

22 (B) with respect to the collection and anal-  
23 ysis of patient experience data (as defined in  
24 paragraph (2) of such subsection (y)), guidance  
25 on—

1 (i) methodological considerations for  
2 the collection of patient experience data,  
3 which may include structured approaches  
4 to gathering information on—

5 (I) the experience of a patient liv-  
6 ing with a particular disease;

7 (II) the burden of living with or  
8 managing the disease;

9 (III) the impact of the disease on  
10 daily life and long-term functioning;  
11 and

12 (IV) the effect of current thera-  
13 peutic options on different aspects of  
14 the disease; and

15 (ii) the establishment and mainte-  
16 nance of registries designed to increase un-  
17 derstanding of the natural history of a dis-  
18 ease;

19 (C) methodological approaches that may be  
20 used to assess patients' beliefs with respect to  
21 the benefits and risks in the management of the  
22 patient's disease; and

23 (D) methodologies, standards, and poten-  
24 tial experimental designs for patient-reported  
25 outcomes.

1           (2) TIMING.—Not later than three years after  
2 the date of the enactment of this Act, the Secretary  
3 of Health and Human Services shall issue draft  
4 guidance on the implementation of subsection (y) of  
5 section 505 of the Federal Food, Drug, and Cos-  
6 metic Act (21 U.S.C. 355), as added by subsection  
7 (a). The Secretary shall issue final guidance on the  
8 implementation of such subsection not later than one  
9 year after the date on which the comment period for  
10 the draft guidance closes.

11           (3) WORKSHOPS.—

12           (A) IN GENERAL.—Not later than 6  
13 months after the date of the enactment of this  
14 Act and once every 6 months during the fol-  
15 lowing 12-month period, the Secretary of  
16 Health and Human Services shall convene a  
17 workshop to obtain input regarding methodolo-  
18 gies for developing the guidance under para-  
19 graph (1), including the collection of patient ex-  
20 perience data.

21           (B) ATTENDEES.—A workshop convened  
22 under this paragraph shall include—

23           (i) patients;

1 (ii) representatives from patient advo-  
2 cacy organizations, biopharmaceutical com-  
3 panies, and disease research foundations;

4 (iii) representatives of the reviewing  
5 divisions of the Food and Drug Adminis-  
6 tration; and

7 (iv) methodological experts with sig-  
8 nificant expertise in patient experience  
9 data.

10 (4) PUBLIC MEETING.—Not later than 90 days  
11 after the date on which the draft guidance is pub-  
12 lished under this subsection, the Secretary of Health  
13 and Human Services shall convene a public meeting  
14 to solicit input on the guidance.

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