June 30, 2026

The Honorable Jake Auchincloss
1524 Longworth House Office Building
Washington, DC 20515

Dear Congressman Auchincloss,

The EveryLife Foundation for Rare Diseases is pleased to submit comments in response to the legislative discussion draft on modernizing clinical development to accelerate innovation and bring new, life-saving therapies to patients with rare diseases. We are encouraged by the release of the Cures in Care Initiative that recognizes the critical regulatory inflection point we are at in therapy development and the potential of innovative policy to unlock therapies for complex, rare diseases and save lives.

The EveryLife Foundation for Rare Diseases is powered by the rare disease community to improve health outcomes by driving change through evidence-based policy, leading science-driven policy and regulatory research, activating the community to advocate for their rights and needs, and strengthening the rare disease community. Our comments reflect the insights and experiences of our diverse coalition, comprised of patient organizations, industry leaders, and other stakeholders who together inform our policy efforts.

More than 30 million Americans live with one or more rare diseases[1]. While these conditions individually affect smaller populations compared to common diseases, estimates suggest that one in every 10 Americans lives with a rare disease[2]. Interest in developing therapies for rare diseases has grown significantly since the passage of the historic Orphan Drug Act over 40 years ago, resulting in over 1,200 approved indications for rare diseases, including recent breakthroughs in cell and gene therapy and CRISPR technologies[3]. Despite these advancements, at least 95% of the over 10,000 known rare diseases still lack approved treatments[4].

Navigating the average 15-year-plus process to develop treatments for rare diseases presents numerous challenges[5]. The current regulatory systems struggle to effectively address the unique complexities inherent in rare diseases. With over 10,000 rare diseases affecting more

[1] National Institutes of Health- National Center for Advancing Translational Sciences. (n.d.). Genetic and rare diseases information center. Genetic and Rare Diseases Information Center. https://rarediseases.info.nih.gov/
[2] National Institutes of Health- National Center for Advancing Translational Sciences. (n.d.). Genetic and rare diseases information center. Genetic and Rare Diseases Information Center. https://rarediseases.info.nih.gov/
[3] Food and Drug Administration. (n.d.). Search orphan drug designations and approvals. Orphan Drug Product Designation Database. https://www.accessdata.fda.gov/scripts/opdlisting/oopd/listResult.cfm
[4] National Institutes of Health- National Center for Advancing Translational Sciences. (n.d.). Genetic and rare diseases information center. Genetic and Rare Diseases Information Center. https://rarediseases.info.nih.gov/
[5] Lumsden JM, Urv TK. The Rare Diseases Clinical Research Network: a model for clinical trial readiness. Ther Adv Rare Dis. 2023 Dec 26. doi: 10.1177/26330040231219272.

than 30 million Americans, the need for a streamlined and focused approach to regulatory science and review processes cannot be overstated[6].

We are encouraged by what was included in the discussion draft and offer the following comments on the provisions with the greatest impact on the rare disease community.

Codification and Resourcing of the Rare Disease Innovation Hub

The EveryLife Foundation supports codification of the FDA Rare Disease Innovation Hub as a part of the Cures in Care Initiative. After years of bipartisan support and community advocacy, the FDA launched the Hub in late 2024 to strengthen collaboration on rare disease activities across all FDA Centers and review divisions, drive consistency in regulatory decision-making, and build FDA staff expertise in rare diseases. The Rare Disease Innovation Hub is a strategic and efficient approach to improve the FDA's rare disease actions and impact. Codifying the Hub in statute will ensure its permanence and will also provide Congress with the opportunity to more fully shape this necessary function.

Funding

Recognizing the importance of the Hub, we urge the bill to include specific authorization of appropriations beginning with a minimum of $5 million for Fiscal Year 2027, the target that a bipartisan group of Members of Congress has already requested. In its first year, with only one full-time employee and loaned staff, the Hub built cross-center collaborations through the Rare Disease Policy and Portfolio Counsel, published a Strategic Agenda, hosted two RISE Workshops, and led development of new Rare Disease Evidence Principles. Without targeted and sustained resources, the Hub will be unable to fulfill the critical functions outlined in its Strategic Agenda and fully optimize its role. With appropriate resources, the Hub can transform how rare disease community stakeholders, clinical and scientific experts, and product developers engage with the Agency.

Cross-Center Consistency

The bill should include details on the Hub's duties, which should explicitly include enhancing the consistency of review operations and improving the predictability of how any office, division, or center approaches the use of tailored regulatory approaches for rare disease products. We recommend that the bill direct the Hub to establish cross-functional consultation processes, create a knowledge management system that increases access to information on how FDA has applied regulatory flexibility, leverage the Rare Disease Policy and Portfolio Council to inform annual reviewer training and other information dissemination opportunities, and infuse rare disease perspectives in cross-cutting guidance across all three product Centers.

Rare Disease and Condition Advisory Committee

[6] National Institutes of Health- National Center for Advancing Translational Sciences. (n.d.). Genetic and rare diseases information center. Genetic and Rare Diseases Information Center. https://rarediseases.info.nih.gov/

We recommend that the bill establish a non-product-specific FDA Rare Disease and Condition Advisory Committee. Coordinated by the Hub, this Committee would create an opportunity to harness expertise outside the Agency to inform policy on challenging rare disease regulatory science issues and to unleash the Agency's ability to take innovative and efficient approaches to rare disease therapy development. This Committee would advise on novel approaches for product development – including clinical trial design, endpoints, biomarkers and surrogate endpoints, and natural history studies – with the goal of expediting rare disease therapy development.

Knowledge Management, Dissemination, and Guidance Operationalization

The bill should authorize the Hub to develop robust knowledge management systems to memorialize reviewer decisions for shared learning and support consistent approaches in similar cases. This includes disseminating pilot program learnings and expanding case studies illustrating how FDA has approached key regulatory decisions, including instances that did not result in approval.

The Hub is ideally positioned to serve as the cross-center convener for sponsors and patient organizations seeking to apply recent guidance, including the Plausible Mechanism Framework, and to host ongoing dialogue among sponsors, academic developers, patient organizations, and FDA reviewers to ensure that guidance is operationalized consistently across review divisions. In our recent Scientific Workshop, panelists frequently remarked that advancements in the Agency's formal guidance documents on topics relevant to rare disease medical product development were helpful, but there was a gap in information on how to apply the guidance in different scenarios. The Hub could also lead or consult on drafting guidance on other topics where rare disease perspectives or examples should be incorporated.

Cures in Care Initiative (CCI): Embedding Clinical Studies into Routine Healthcare

We support the bill's directive to modernize clinical development through embedding clinical trials into routine care. When designing clinical trials for a small patient population, there are unique challenges such as participant identification and recruitment, access to sites, identifying appropriate endpoints, accounting for substantial population heterogeneity, and the additional complexities involved in pediatric trials. There is no separate, lower, or lesser legal or regulatory standard for the approval of orphan products, so researchers, product developers, and the FDA alike must confront these issues throughout all phases of development, relying on alternative clinical trial designs and tailored regulatory approaches that Congress has authorized over multiple decades. Unfortunately, over half of randomized controlled trials for rare diseases are

not completed or remain unpublished 4 years after trial completion, due to difficulties with patient recruitment[7].

Community Representation and Innovative Trial Design
The bill should include meaningful representation of rare and ultra-rare disease communities in platform governance, design, and evaluation. Designing innovative new clinical trials will require feedback from stakeholders across the regulatory landscape. The inclusion of members of the rare disease community will ensure that the platforms are designed to benefit patients in a meaningful way and to collect patient experience data suitable for use during the regulatory process. Patient involvement in the regulatory process has helped to develop endpoints, clinical outcomes assessments, and natural history studies that have served as the control arm of clinical trials.

The trial platforms must accommodate innovative trial designs essential for small populations – including surrogate endpoints, patients serving as their own controls, and alternatives to placebo controls, such as natural history data, Model-Informed Drug Development, and crossover designs. Placebo arms may be infeasible and unethical for many rare conditions, particularly in pediatric populations.

We were pleased to see the legislative draft specifically call for accelerating initiatives to validate biomarkers and clinical outcomes assessments. We urge the legislation to leverage the Orphan Products Grants Program (OPGP) within the FDA's Office of Orphan Products Development. The OPGP, comprised of the Clinical Trials Grant Program and the Natural History Studies Grants Program, has led to over 80 FDA-approved therapies. The OPGP regularly receives more meritorious applications than it can fund, as the program is consistently underfunded relative to its authorized levels.

Real-World Evidence and the Rare Disease Innovation Hub's Role
The platforms should enable real-time use of real-world evidence through interoperable standards and scalable data sharing. For rare diseases, real-world evidence may provide valuable and, in some cases, more persuasive evidence than controlled clinical trial results. We urge the bill to support interoperable data standards that enable the aggregation and reuse of rare disease data across sponsors, institutions, and patient groups. We also support the bill's direction that the Rare Disease Innovation Hub participate in the Cures in Care Initiative as a coordinating entity for rare disease platform activities, convening medical experts, sponsors, scientific organizations, and patient organizations to align on novel approaches.

Implementation

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[7] Rees CA, Pica N, Monuteaux MC, Bourgeois FT. Noncompletion and nonpublication of trials studying rare diseases: A cross-sectional analysis. PLoS Med. 2019 Nov 21;16(11):e1002966. doi: 10.1371/journal.pmed.1002966. PMID: 31751330; PMCID: PMC6871779.

We support the bill's directive to implement at least three lead point-of-care platform opportunities and are pleased it explicitly includes rare disease applications. The emphasis on feasibility for providers at non-academic-centers serving high-risk populations aligns with the realities of geographically dispersed rare disease communities. Given the gaps in reaching such populations, we encourage the authorization of resources, such as grants, to support outreach or build infrastructure to facilitate these activities.

We encourage the legislation to leverage the work of the National Institutes of Health's Rare Disease Clinical Trial Network (RDCRN) when directing platform implementation. The RDCRN currently supports 21 active consortia at 280 sites worldwide, studying 180 rare diseases in collaboration with 127 patient advocacy groups[8]. This network facilitates large-scale clinical trials, natural history studies, and data-sharing for rare conditions.

Resolving Clinical Holds and Improving Trial Efficiency

We support the bill's requirement that GAO report on the use of existing FDA resources to advance clinical trial efficiency and consistency of regulatory guidance for rare disease development. The report should also assess the utilization of advisory committees for rare disease products. In 2025, the FDA held 65% fewer advisory committee meetings than in 2024, and meetings expected to discuss rare disease products that later received negative decisions were canceled[9]. Product-specific advisory committees provide one of the few avenues for patient communities and clinical experts to share experiences critical to informing decisions on challenging rare-disease products. The bill should encourage the resumption of these committees when relevant.

We welcome the opportunity for continued dialogue and are available to discuss any aspect of these comments in further detail. For additional information, please contact Dylan Simon at dsimon@everylifefoundation.org.

Sincerely,

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[8] National Institutes of Health: National Center for Advancing Translational Sciences . (n.d.). *Our network | rare diseases clinical research network*. Rare Diseases Clinical Research Network. https://www.rarediseasesnetwork.org/about/our-network

[9] Gingery, D. (2025, December 19). *US FDA sees Advisory Committee volume collapse in 2025*. PinkSheet. https://insights.citeline.com/pink-sheet/product-reviews/us-advisory-committees/us-fda-sees-advisory-committee-volume-collapse-in-2025-T265ZITIFREIRBHA7PFGREWACM/

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