

Food and Drug Administration (FDA)

The federal agency responsible for determining whether medical products are safe and effective, and for continuing to monitor them once they reach patients.

What FDA does

FDA regulates medical products rather than funding research, so its decisions depend on evidence generated by others. That makes the strength of the evidence infrastructure surrounding those decisions critical to FDA's work.

Where it is vulnerable

Three structural weaknesses limit that infrastructure.

- **The framework for using real-world evidence, meaning data drawn from actual patient care rather than clinical trials, remains underspecified for regulatory decisions.** FDA has developed substantial guidance on the quality and analysis of real-world evidence, but there is still no clear public framework for when that evidence is strong enough to support different types of regulatory decisions.
- **Pre-market review and post-market surveillance operate too separately.** FDA may approve a product with remaining questions about its safety or effectiveness, expecting those questions to be addressed after approval. But approval and ongoing monitoring operate largely on separate tracks. A 2022 study of high-risk cardiovascular devices found that the 21st Century Cures Act, which Congress passed in 2016 in part to strengthen post-approval evidence, has not produced the stronger evidence base its drafters expected.
- **Clinical trials do not always reflect the patients who will ultimately use a product.** A drug might be tested in a trial where only 5 percent of participants are over 75, even though that age group could eventually account for 40 percent of prescriptions. When the patients studied do not reflect the patients treated, a product can be less effective, or cause more harm, in the people who actually take it, and the approval will not say so because the trial never asked.

What the Blueprint recommends

1. Establish a transparent framework for how real-world evidence supports different FDA decisions. FDA should set public criteria for determining when real-world evidence is sufficient for different regulatory questions while preserving scientific judgment. (Can begin under existing authority.)
2. Create a formal evidence lifecycle connecting approval to post-market surveillance. FDA should identify remaining uncertainties at approval, establish how they will be studied afterward, and specify consequences if those questions are not resolved, such as narrowing the approved use, updating labeling to disclose remaining uncertainties, adding safety restrictions or withdrawal of approval. (Can begin under existing authority; some elements may require Congress.)
3. Put the clinical trial enrollment requirement Congress passed in 2022 into effect. The requirement is meant to help ensure clinical trials include patients who reflect the populations likely to use a product, but it cannot take effect until FDA issues final guidance. FDA's deadline to issue that guidance passed in June 2025. FDA should issue that guidance, track whether sponsors comply, and enforce the requirement. When trials study a narrow population, approved uses and labeling should reflect who was actually studied. (Can begin under existing authority; future statutory refinements may require Congress.)

Why it matters

FDA decisions need evidence that remains strong across the full lifecycle of a medical product. More transparent standards, stronger post-market learning, and trials that better reflect the patients who will actually use a product would help ensure those decisions remain both fast and rigorous.

Questions to track progress

Questions that can help Congress, media, and the public follow where these recommendations stand.

- When FDA relies on real-world evidence, how does it decide whether that evidence is strong enough for the regulatory decision at hand?
- When important questions remain at the time a product is approved, who is responsible for making sure they are answered after the product reaches patients?
- Are clinical trials enrolling the patients most likely to use the product, and what happens when they do not?

Drawn from the FDA section of Modernizing Federal Health Evidence. AcademyHealth has worked across the health evidence enterprise for decades. Full section and sourcing available at **blueprint.academyhealth.org**.