#### Purpose

To discuss MDUFA V reauthorization.

#### Attendees

# FDA

- Lauren Roth, OC OP
- Sara Aguel, *CDRH*
- Cherron Blakely, CDRH
- Kathryn Capanna, *CDRH*
- Josh Chetta, *CDRH*
- Owen Faris, CDRH
- Misti Malone, CDRH
- Jonathan Sauer, *CDRH*
- Don St. Pierre, *CDRH*
- Michelle Tarver, *CDRH*
- Eli Tomar, *CDRH*

#### Industry

#### AdvaMed Team

- Janet Trunzo, *AdvaMed*
- Zach Rothstein, *AdvaMed*
- Phil Desjardins, Johnson & Johnson
- Danelle Miller, *Roche*
- Michael Pfleger, Alcon
- Nicole Taylor Smith, *Medtronic*

# MITA Team

- Peter Weems, *MITA*
- Diane Wurzburger, GE Healthcare
- Elisabeth George, *Philips*
- Nicole Zuk, Siemens Healthineers

# Meeting Start Time: 3:00 pm EST

# **Executive Summary**

During the February 24, 2022 user fee negotiation meeting, FDA and Industry continued to discuss the details of the financial and performance goals framework that was supported by two trade associations, AdvaMed and MITA.

- Barbara Zimmerman, *CDRH*
- Cherie Ward-Peralta, CBER
- Angela Granum, *CBER*
- Claire Davies, OCC
- Louise Howe, OCC
- Emily Galloway, OC Econ
- Malcolm Bertoni, Consultant
- Nia Benjamin, CDRH
- Marta Gozzi, CDRH
- Ellen Olson, CDRH
- MDMA Team
  - Mark Leahey, MDMA
  - Melanie Raska, Boston Scientific
  - Elizabeth Sharp, Cook Group

#### ACLA Team

- Don Horton, *Labcorp*
- Shannon Bennett, Mayo Clinic Laboratories
- Amy Leiser, *Covington & Burling*

# Discussion

FDA and Industry discussed the proposed ceiling on the carryover balance, as well as how FDA and Industry could work together during MDUFA V to seek alignment on how best to use carryover balance funds.

Regarding hiring accountability, FDA and Industry discussed how hires would be defined and tracked for purposes of determining whether the annual targets were met. FDA and Industry also further discussed the operational aspects of hiring, since FDA's cost estimates included application of the quarterly on-boarding assumption. In addition, FDA clarified its expectation that the independent assessment of workforce metrics would include evaluating methodologies to define a MDUFA-funded position for purposes, in the future, of being able to determine a vacancy rate for those positions.

FDA and representatives for ACLA discussed the extent to which MDUFA V cost estimates included submissions for laboratory developed tests (LDTs). FDA indicated that cost estimates presented did not include a significant increase in LDT submissions. FDA also noted the MDUFA IV agreement included language relating to LDTs that the Agency would be willing to retain for MDUFA V (i.e., that the Agency "commits to treat LDTs no less favorably than other devices to which MDUFA performance goals apply"). ACLA noted that it continued to support the proposal that Industry presented on February 15<sup>th</sup>, but it would assess the additional information that had been discussed during the February 22<sup>nd</sup> and 24<sup>th</sup> meetings.

FDA and Industry further discussed the options for establishing a 510(k) total time to decision goal. The parties also further discussed the launch of the TAP Pilot, including the potential factors that the Agency could consider in selecting the Offices of Health Technology (OHTs) that would participate in the pilot and in defining the scope of products that would be eligible to participate in the pilot. Industry signaled that they would review the additional details that had been discussed during the February 22<sup>nd</sup> and February 24<sup>th</sup> meetings.

Meeting End Time: 5:05 pm EST