FabrizioWard

Memorandum

To: Interested Parties
From: Tony Fabrizio and Bob Ward
Date: April 16, 2026
Re: Voters would reward support for accelerated FDA treatment approval for rare diseases

Fabrizio Ward recently polled 1,000 registered voters nationally on the topic of rare diseases.

Bottom Line
Voters want the FDA to use the laws at its disposal to accelerate treatment approvals and have flexibility in trials for rare diseases. There is near unanimous agreement that Americans need access to cutting edge treatments as fast as patients in other countries, and there is strong support for modernizing our approval process to keep up with the rest of the world. Voters' backing for these actions would translate to the voting booth with clear majorities across party lines more likely to vote for a Congressional candidate who supports accelerating the FDA approval process for rare diseases.

The FDA should use the law to accelerate approval of treatments for rare diseases & gain flexibility in trials
There is broad support for the FDA using the law that lets it accelerate approval of rare disease treatments utilizing a smaller clinical trial as the basis for approval, while an additional trial is conducted after approval, 70% support – 16% oppose. By an almost identical 71% - 15% margin, voters support the FDA exercising flexibility in conducting trials for rare disease treatments that allow all patients in the trial to receive the treatment rather than a placebo. Backing for these policies includes sizable majorities of Trump voters, Harris voters, and Swing voters, those who split their tickets from election to election. (Charts 1-2)

Not only is there support, but super majorities of voters call it important that treatments for rare diseases are developed in the U.S. so patients have access to clinical trials, access to approved treatments as soon as possible, and that the FDA fast track the approval process. (Chart 3)

A member or candidate for Congress gets substantial benefit from supporting accelerating the FDA approval process for rare diseases
There is significant benefit and almost no downside to a candidate supporting accelerating the FDA approval process for rare disease treatments, with voters more likely to vote for such a candidate by a 71% - 9% margin. Swing voters, those in the middle of the electorate who split their tickets from election to election, would be more likely to vote for such a candidate by 50-points. (Chart 4)

The FDA needs to evolve along with new science
Despite the flexibility granted to the FDA by law, it still often follows the same procedures established decades ago. Voters overwhelmingly want it to evolve along with new science and faster review methods over sticking with the methods established decades ago, 75% - 10%. (Chart 5)

FDA should focus review on treatments, not costs
When it comes to new treatment approval, 4-in-5 voters say the FDA's role is to remain focused on its mission to review new treatments and get them to patients as quickly as possible rather than delaying or denying based on concerns about them being too expensive. (Chart 6)

Voters think approval for treatments is justified in cases where value is demonstrated shy of full, comprehensive cures
More than 7-in-10 voters say it's justified for the FDA to approve a treatment if it creates a foundation for the development of future, better treatments, shows measurable value even in a small clinical trial, shows initial results for diseases that progress more slowly, slow or halt rather than cure a disease, and shows value in the real world but the results are different across patients. (Chart 7)

There is strong support for patients and families to get access to new treatments and have a say in the process
Three quarters (74%) of voters want the FDA to allow patients and families access to cutting-edge treatments with evidence of effectiveness on an accelerated schedule even before confirmatory larger studies are completed compared to just 15% who want it to require traditional extended studies. (Chart 8)

Additionally, more than 80% of voters agree that rare disease patients and their families should be involved in the decision if the benefits outweigh the risks of a potential therapy, and that the FDA should allow rare disease patients and their families the choice to access new treatments, even if the success of a particular treatment may prove to be minimal or not effective for every patient. Agreement on these points is high and intense across party lines. (Chart 9)

Americans need access to cutting edge treatments as fast as patients in other countries
Voters are almost unanimous in their agreement that American rare disease patients should have access to cutting edge treatments at least as fast as patients in other countries, 93% - 4%, with 73% strongly agreeing. This agreement transcends partisan boundaries. (Chart 10)

Learning that other countries have begun to eliminate red tape and bureaucracy associated with reviewing and approving treatments for rare diseases, making the process smarter and faster is convincing by a 74% - 13% margin for the U.S. needing to modernize its approval process to keep up with the rest of the world. (Chart 11)

Methodology

Fabrizio Ward conducted a survey April 7-9, 2026, of 1,000 registered voters nationally. Quotas were set by region, age, gender, partisan affiliation, education, and race/ethnicity. Data was weighted by region, age, gender, recalled 2024 vote, education, and race/ethnicity. Margin of sampling error for n1,000 is ±3.1% at the 95% confidence level. The interviews were conducted via cell phones (40%), landlines (15%), and SMS-to-Web (45%) to voters sampled from the voter file.

Key Demographics

Party Affiliation

Republican	35%
Independent	26
Democrat	32
Other/Refused	6

2024 Vote

Donald Trump	41%
Kamala Harris	39
Someone else	4
Did not vote	12
Refused	4

Race/Ethnicity

White	67%
Latino/Hispanic	12
African American/Black	12
Asian American	4
Native American	3
Other (SPECIFY)	1
Refused	2

Age

18-34	26%
35-44	15
45-54	15
55-64	16
65-74	12
75+	14
Refused	2

Education

High School or Less	21%
Some College	41
4-Year College	23
Post-Grad degree	15
Refused	<1

Gender

Male	48%
Female	51
Other	1

Chart 1

Q. Medical innovation is advancing at a rapid pace. Over the last year, the FDA was presented with potential treatments for 150,000 U.S. patients who are living with serious and life-threatening rare diseases, but approvals have not kept pace. The law currently allows the FDA to accelerate approval of rare disease treatments using a smaller clinical trial as the basis for approval, while an additional trial is conducted after approval. Do you support or oppose the FDA using this law?

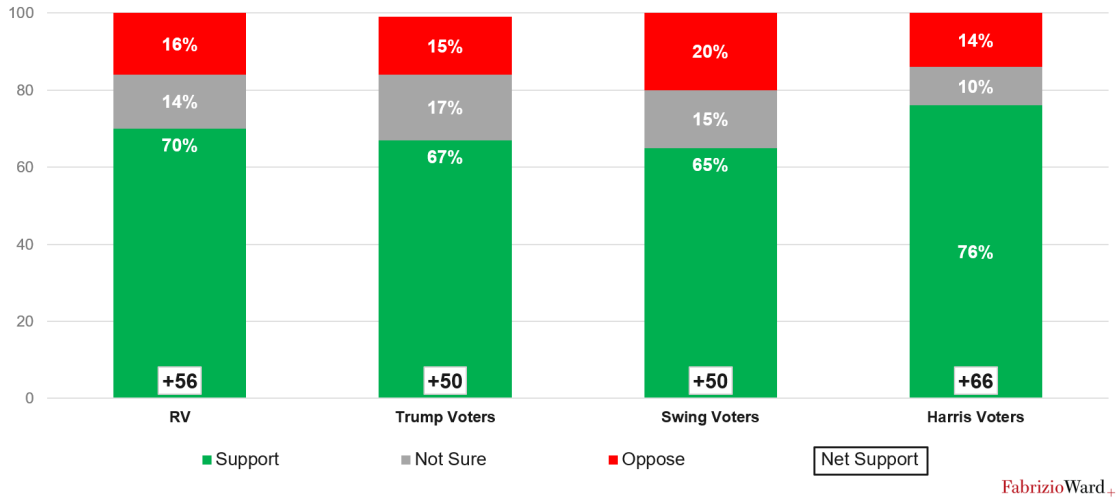

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Chart 2

Q. The same law that allows the FDA to move very quickly in approving treatments for rare diseases also gives the FDA flexibility in the design of clinical trials required for approval. The FDA will often require a placebo study, which has only some patients in the clinical trial receiving the treatment. But for many rare diseases, this approach is typically not feasible or ethical, so the law allows the FDA to accept different scientific measures that allow all patients in the trial to receive the treatment and still approve the treatment on an accelerated timeline. Do you support or oppose the FDA exercising this flexibility for rare disease clinical trials?

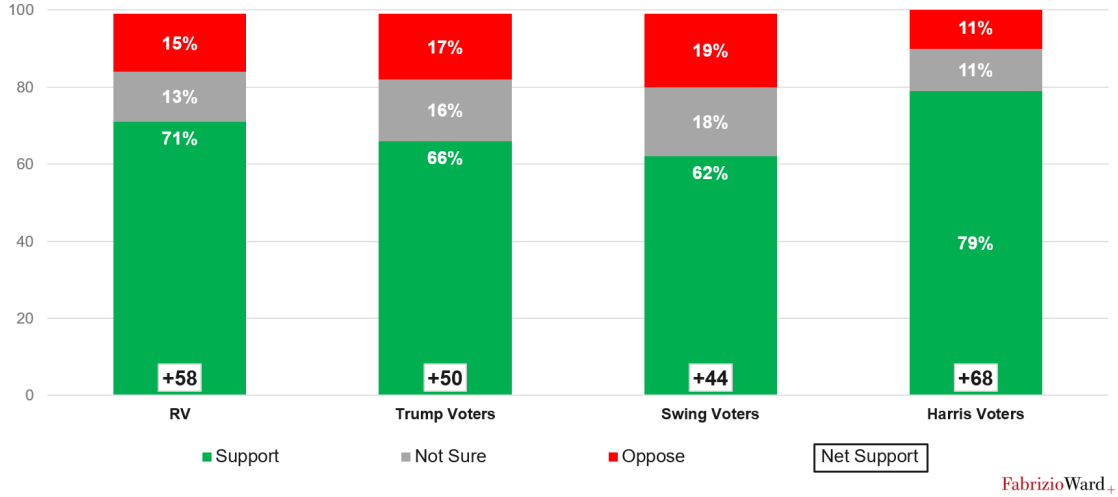

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Chart 3

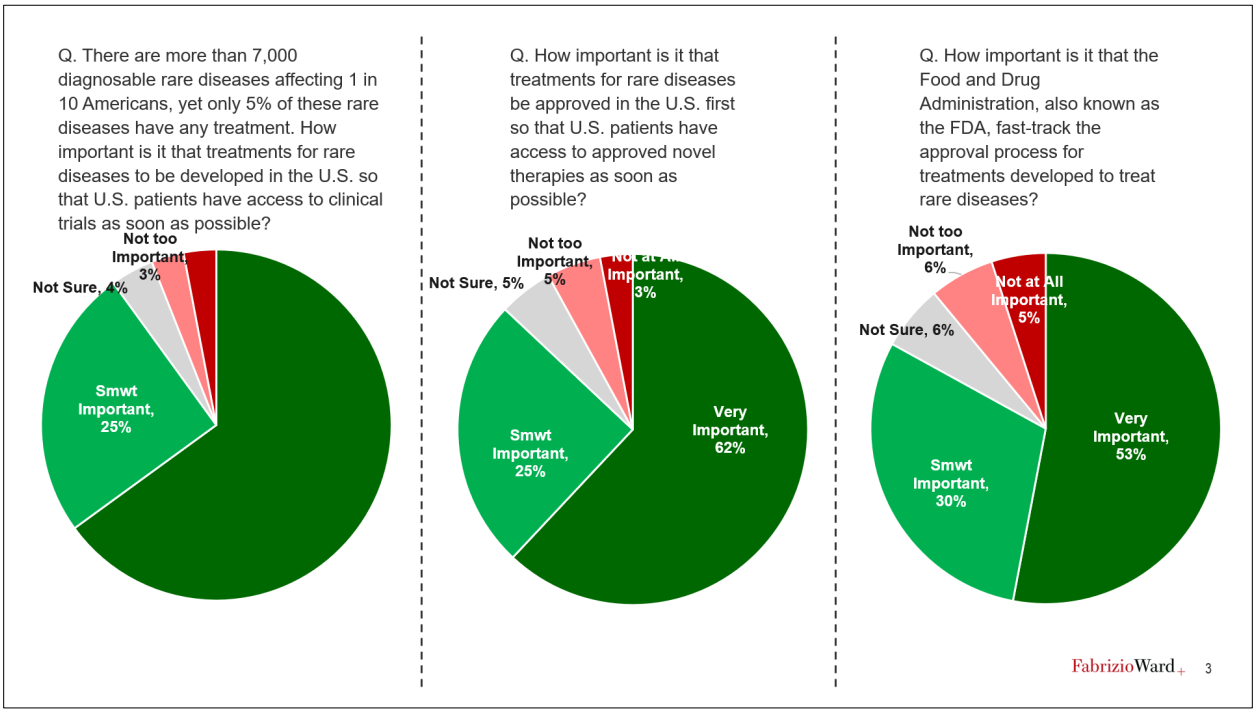

Chart 4

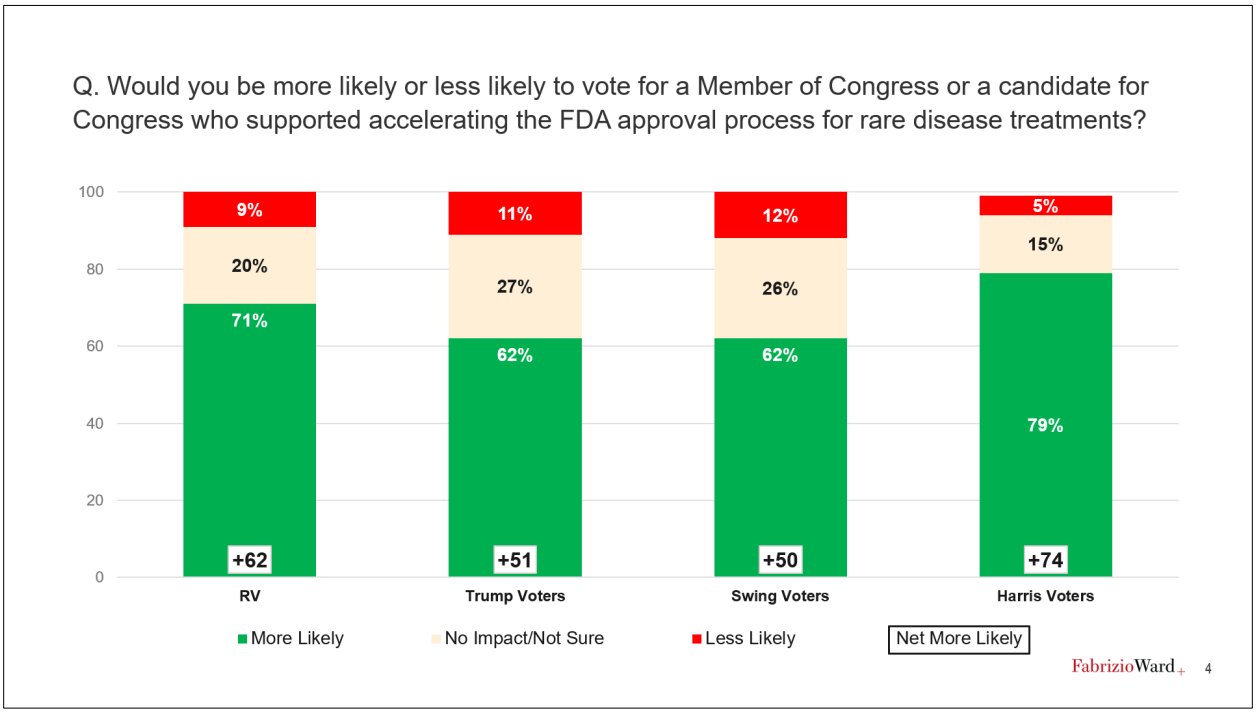

Chart 5

Q. Despite the flexibility in the law, the FDA still often follows the same procedures initially established decades ago. Since then, scientists have sequenced the human genome and are able to develop novel gene therapies that offer treatments for life threatening rare diseases. In your opinion should the drug approval process... Evolve along with new science and faster review methods ...or... Stick to the methods established decades ago?

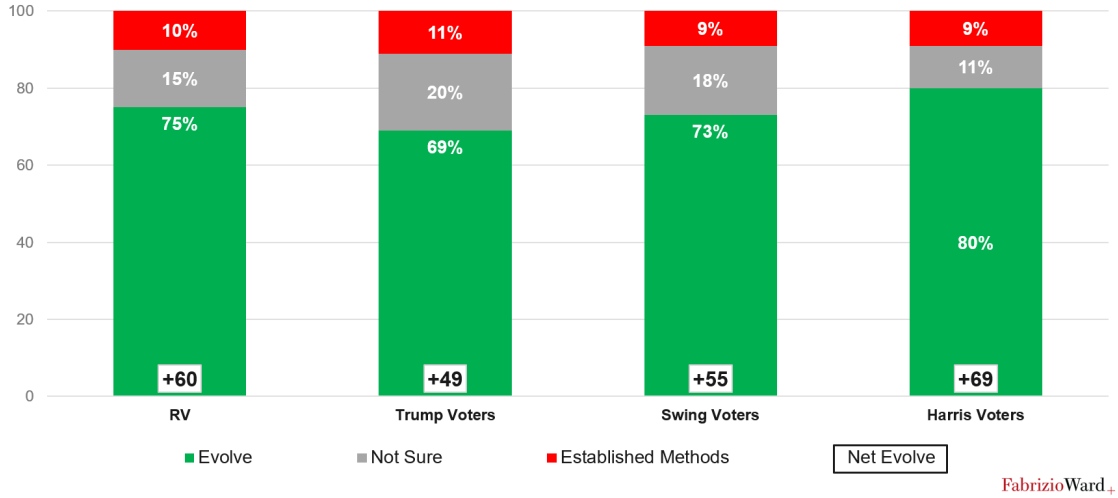

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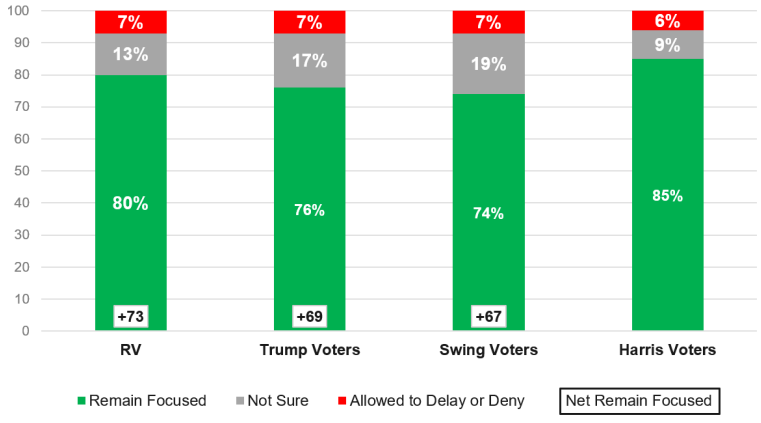
Chart 6

Q. Some rare disease treatments could be considered expensive, due to how few people have a particular rare disease, complex manufacturing and the cost of developing the treatment. Under the law, the FDA is required to focus only on determining effectiveness and safety when approving new treatments. The price of a new treatment is set after it is approved, and then private insurers and government programs like Medicare and Medicaid determine what they will reimburse for a new treatment. Which of the following statements do you agree with more?



The FDA should **remain focused** on its scientific mission to review new treatments and get them to patients as quickly as possible and allow insurers and government to continue to review treatment costs.

The FDA should be **allowed to delay or deny** American patients access to new treatments if they believe they could be expensive.

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Chart 7

Q. Consider each of the following possible reasons why a treatment may be approved by the FDA. For each, please tell me whether the reason for approving the treatment is justified or not justified.

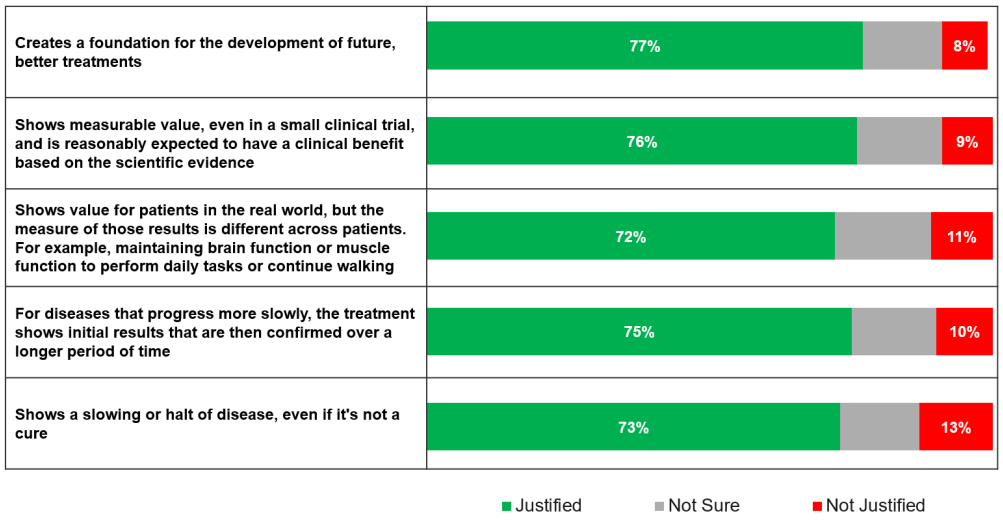

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Chart 8

Q. Which of the following approaches to rare disease therapies should the FDA take?
Require traditional extended studies, even if it means patients may have to wait years to try new cutting-edge treatments ...or... Allow patients and families access to cutting-edge treatments with evidence of effectiveness on an accelerated schedule even before confirmatory larger studies are completed

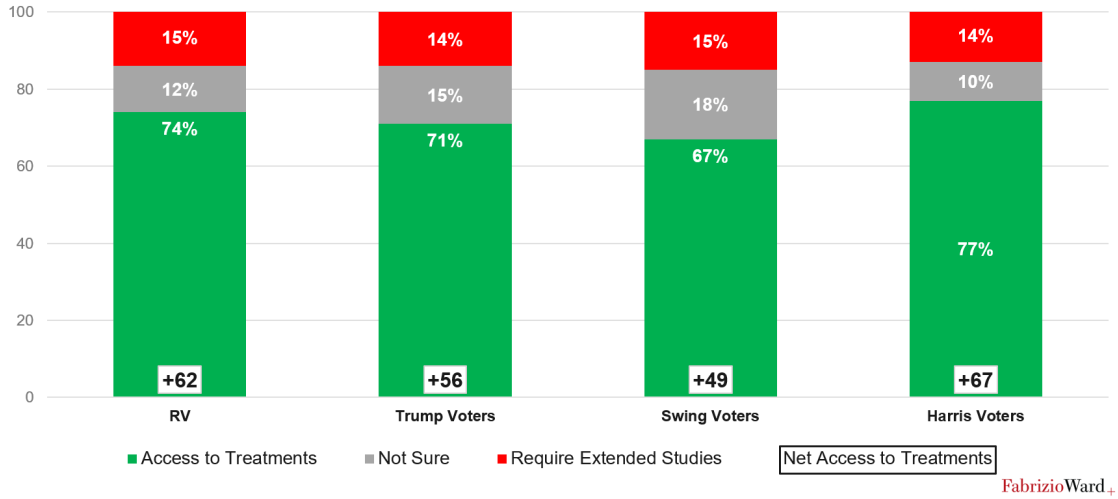

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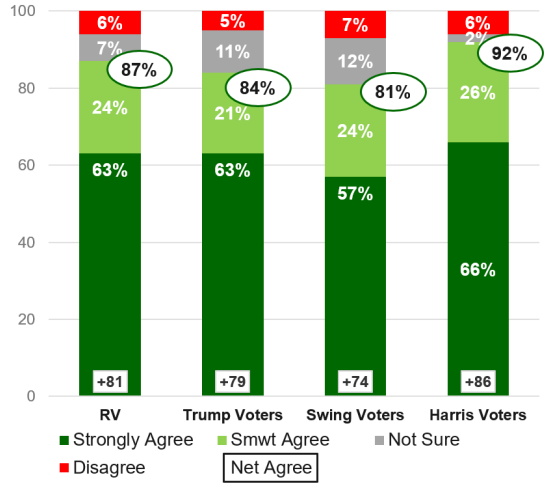
Chart 9

Q. Please tell me whether you agree or disagree with each of the following statements. Rare disease patients and their families should be involved in the decision if the benefits outweigh the risks of a potential therapy.



Q. Please tell me whether you agree or disagree with each of the following statements. The FDA should allow rare disease patients and their families the choice to access new treatments, even if the success of a particular treatment may prove to be minimal or not effective for every patient.

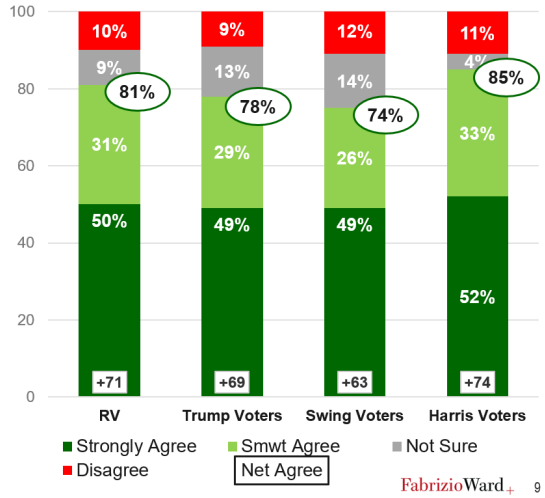


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Chart 10

Q. Please tell me whether you agree or disagree with the following statement: American rare disease patients should have access to cutting edge treatments at least as fast as patients in other countries.

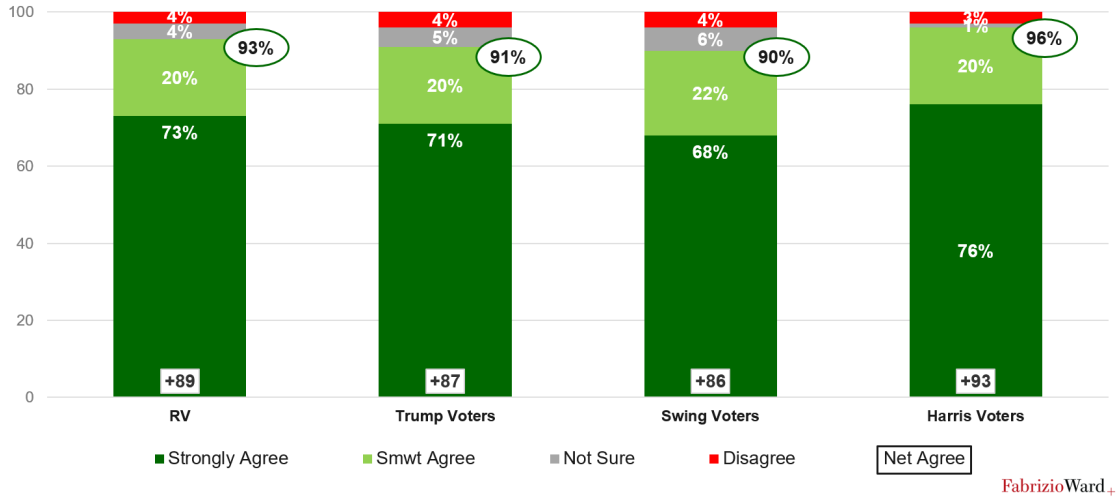

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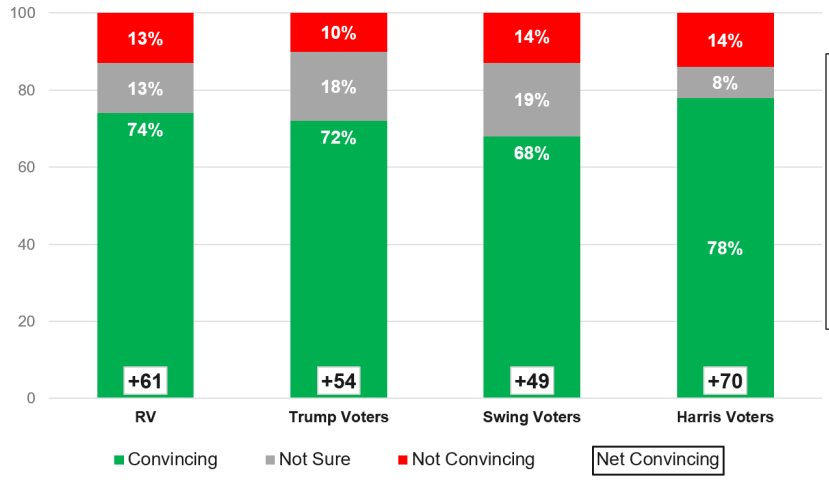
Chart 11

Q. The next few statements are some other reasons that have been given to accelerate FDA approval for rare disease treatments. For each one, please: tell me if you find the reason convincing or unconvincing.



Other countries have begun to eliminate the red tape and outdated bureaucracy associated with reviewing and approving treatments for rare diseases. Standards for safety and effectiveness have not changed, but the process has been made smarter and faster. Meanwhile the U.S. runs an approval process established decades ago. It needs to modernize its approval process to keep up with the rest of the world.

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