June XX, 2026

The Honorable Tim Scott
U.S. Senate
104 Hart Senate Office Building
Washington, DC 20510

The Honorable Mark Warner
U.S. Senate
703 Hart Senate Office Building
Washington, DC 20510

Dear Senators Scott and Warner:

On behalf of the undersigned XX patient advocacy, public health, and provider organizations, we thank you for introducing S. 4440, the Clinical Trial Modernization Act, and express our strong support for this important legislation. This bill will increase access to clinical trials for underrepresented communities such as those in rural areas and/or those who are low income, reduce bureaucratic red tape, and enhance U.S. innovation and leadership in developing new treatments and therapies.

Clinical trials are essential to advancing new standards of care and improving survival and quality of life for people with cancer and other life-threatening diseases. However, enrollment remains a persistent challenge, particularly among underrepresented populations, including certain racial and ethnic groups, older adults, rural residents, and individuals with lower incomes.

Concerns about the cost of participation often prevent patients from enrolling. While insurers typically cover routine medical costs, patients may still face significant cost-sharing obligations, such as deductibles, copays, and coinsurance. Participants may also incur non-medical expenses such as transportation, lodging, and meals, particularly when trials require travel or frequent visits. These costs can be especially burdensome when local trials are unavailable or when participation requires frequent in-person monitoring. Patients receiving care at community cancer centers (where most cancer care is delivered) often have limited access to clinical trials and face greater travel-related burdens if they have to travel to more distant academic centers.

As a result, financial barriers contribute to gaps in clinical trial participation across income levels and geographies. A recent study shows that when comparing individuals making less than $38,000 to those making over $63,000 with prostate, kidney, and bladder cancer, lower-income individuals are 36%, 47%, and 71% less likely, respectively, to enroll in clinical trials for these diseases.[1]

[1] Noel, O. D. V., Akgul, B., Bhandari, M., Ramos, F., Joshi, G., Garg, H., Dursun, F., & Mansour, A. (2026). Clinical trial participation in kidney, bladder, and prostate malignancies in the United States: Sociodemographic distribution and impact on survival. Urologic Oncology: Seminars and Original Investigations, 44(6), 176–188. https://doi.org/10.1016/j.urolonc.2026.111065

Studies also show that reimbursing patients for non-medical costs can increase overall enrollment and improve participation among underrepresented groups.[2] Although some trial sponsors provide such financial support, others refrain due to confusion around federal restrictions on patient incentives. Even when support is offered, patients—particularly those with lower incomes—may face unintended consequences, such as tax liability or the risk of losing eligibility for safety net programs like Medicaid.

The Clinical Trial Modernization Act directly addresses these barriers by making it easier for patients to participate in clinical trials. Specifically, the bill would:

- **Reduce economic barriers** by allowing sponsors to provide financial support for both non-medical costs (e.g., travel, lodging, and childcare) and medical costs (e.g., copays and coinsurance) associated with participation.
- **Expand remote participation** by enabling sponsors to provide remote patient monitoring tools, including necessary digital health technologies, at no cost.
- **Support enrollment of underrepresented groups** by authorizing the U.S. Department of Health and Human Services to issue grants for community education, outreach, and recruitment.
- **Protects patients from financial harm** by excluding up to $2,000 in non-reimbursed financial support from federal income tax and from eligibility considerations for safety net programs (e.g., Medicaid).

These provisions will help reduce bureaucratic and financial barriers to participation, increase accessibility to clinical trials, and ultimately strengthen U.S. leadership in medical innovation. By improving enrollment, the legislation will accelerate the development of new treatments, benefiting both trial participants and the broader public.

Thank you again for your leadership on this important issue. We look forward to working with you to advance this legislation.

Sincerely,

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[2] Nipp, R. D., Lee, H., Powell, E., Birrer, N. E., Poles, E., Finkelstein, D., Winkfield, K., Percac-Lima, S., Chabner, B., & Moy, B. (2016). Financial Burden of Cancer Clinical Trial Participation and the Impact of a Cancer Care Equity Program. The Oncologist, 21(4), 467–474. https://doi.org/10.1634/theoncologist.2015-0481; Halpern, S. D., Chowdhury, M., Bayes, B., et al. (2021). Effectiveness and Ethics of Incentives for Research Participation 2 Randomized Clinical Trials. JAMA Internal Medicine, 181(11), 1479–1488. https://doi.org/10.1001/jamainternmed.2021.5450