

# Regulating the Innovators: Approval Costs and Innovation in Medical Technologies

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# Motivation

**New technologies can improve well-being, but they can also cause harm**

**Mitigate harm w/ ex-ante regulation. Compelling for high-risk, radical technologies (GT, 2020)**

**For established and/or low-risk technologies, benefit less clear**

- Critics: Chills innovation and competition
- Proponents: Improves safety, innovation, and competition with quality signal

**FDA is a focal point of this debate**

- FDA regulates \$2.8T worth of goods—I focus on medical devices (e.g., x-ray machines)



## Research Question

**Question:** How does FDA medical device regulation affect innovation, market structure, and product quality of well-established medical device types?

- Broad: How does strict product regulation compare to lenient regulation and no regulation?

**How:** Examine unpredictable events: strict Class III → moderate Class II (“down-regulation”), or II → I (“deregulation”)

# Preview of Results

My analysis of these events leads to the following three results:

- 1 Innovation**—Patents and submitted devices  $\uparrow$  200%. \$32B or 20% of market
  - Outsized increases at small and inexperienced firms (complexity and financing frictions)
  - Innovativeness  $\uparrow$  200% w/ deregulation. Small firm increase plausible driver (Wu et al., 2019)
- 2 Market structure**—10-fold $\uparrow$  firm entry.  $\downarrow$  25% in prices after deregulation (commodities), but not after down-regulation (high-tech differentiated products). All reasonable magnitudes (Busso and Galiani, 2019; JanBen et al. 2022)
- 3 Product safety**—Safety emphasis  $\uparrow$  100% and  $\downarrow$  25% in severe adverse events after deregulation, even at margin (\$10.8B). Mechanism: Legal liability risk

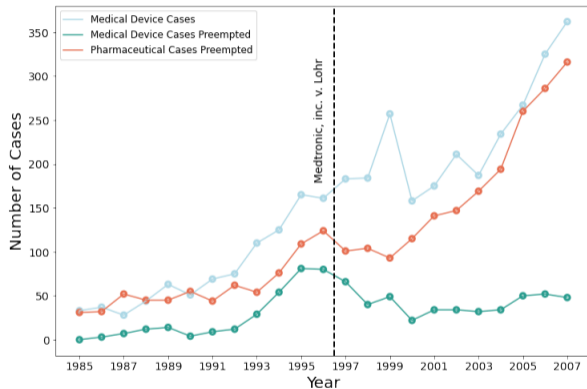
# Background – Policy Changes

Down-Classification ▼	Class └─┬─┘	Risk 🛡️	Time 🕒	Cost 💰	Liability ⚖️
<b>3 to 2 (13 Types)</b> 	3	High	54 months	\$75 million	None
<b>2 to 1 (293 Types)</b> 	2	Moderate	10 months	\$24 million	None*
	1	Low	30 days (registration)	\$5,000	All

Congressional Mandate • Adverse Event History • **Unpredictable**  
(Powell, 2018)

Timing “as-good-as-random”, candidates selected using observable crude measure of safety. Measure unknown beforehand

# Background – Legal Liability in Medical Device Context



- “It must be recognized that state tort actions...remain a powerful incentive for improving product safety.” (Bravman v. Baxter Healthcare Corp.)
- Litigation drains 3.8% of annual revenues, chills innovation (Galasso and Luo, 2018)
- Examples: \$1 billion (2014 Stryker hip) and \$3.2 billion (1998 Dow Corning breast)
- Before 1996, “virtually every court” held that Class III and II protected from injury tort (Flaherty, 2008). After, only III

# Background – Meaningful Incremental Innovation after Down-Regulation

**United States Patent** (10) **Patent No.:** **US 6,478,423 B1**  
**Turner et al.** (45) **Date of Patent:** **Nov. 12, 2002**

(54) **CONTACT LENS COATING SELECTION  
AND MANUFACTURING PROCESS**

Assignee: **Johnson & Johnson Vison Care, Inc.,**  
Jacksonville, FL (US)

**ABSTRACT**

The invention is a method of making a coated contact lens with desirable physiological performance.



\$1 billion value (2023 USD). Retains shape and moisture. Led to top-two ACUVUE OASYS  
Most innovation not radical (Acemoglu et al., 2022). Incremental increases tech adoption

# Data

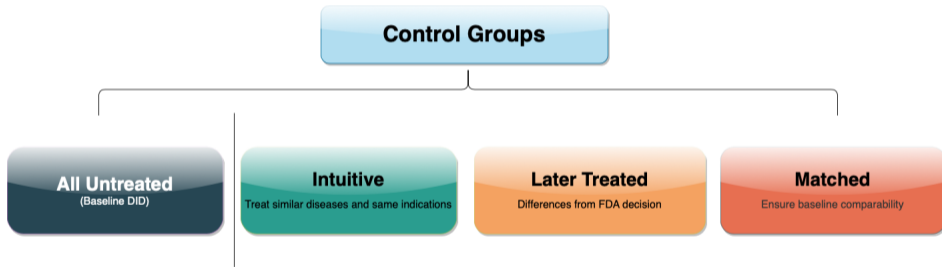
I compiled data on innovation, market structure, and product safety

1. FDA Admin: Adverse events, device approval submissions (innovation and firm activity)
2. USPTO Patents: Filed patents in medical device categories, citations, innovation direction, firm activity
3. Marketscan (1996–2013): Health insurance claims data on procedure prices and usage
4. CRSP/Compustat: Firm size
5. Kogan et al. 2017: Patent market valuations



# Methodology: Stacked Difference-in-Differences and Event Studies

- Staggered adoption bias (Goodman-Bacon, 2018; etc.)
- Use “stacked estimators.” Only compares treated groups to untreated groups



- No divergent pre-trends across all outcomes and event types

# Results

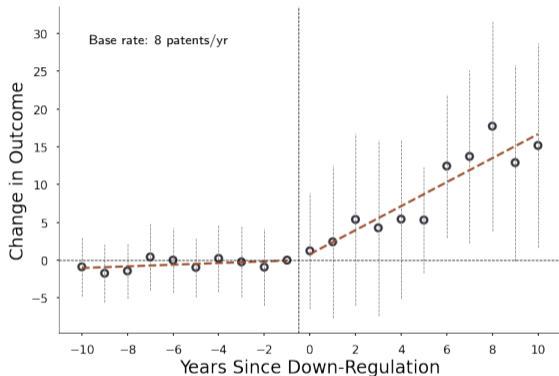
Three core findings: (1) innovation, (2) market structure, (3) product safety

## Result 1: Innovation

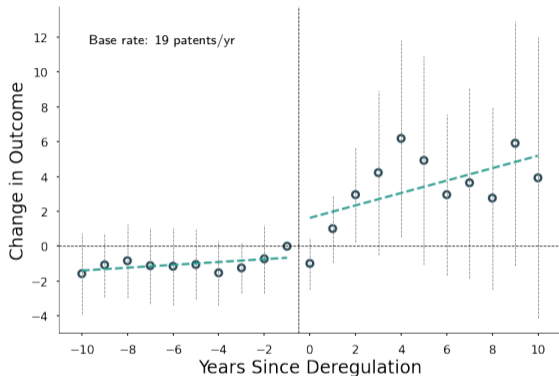
- How do these events affect patenting rates and device submission rates?
- Do firm traits shape these effects?

# Down-Regulation Boosts Innovation, Deregulation to a Lesser Extent

## Effect of Down-Regulation, Patenting



## Effect of Deregulation, Patenting



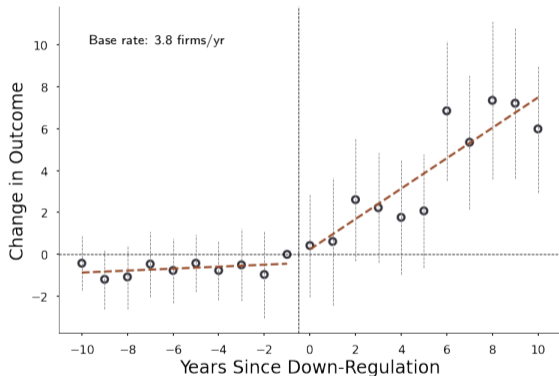
Innovation increases most for small and inexperienced firms. FDA device submission measures are consistent. Patent quality also increases

## Result 2: Market Structure

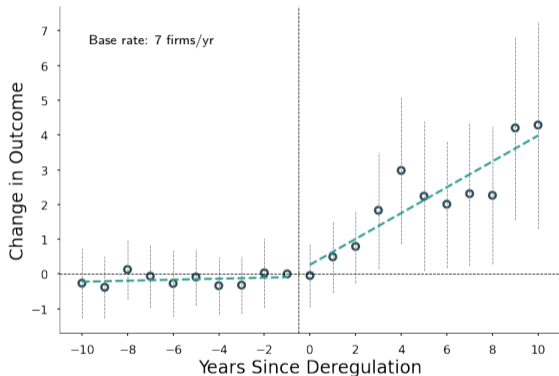
How do these events affect firm entry and prices?

# Down-Regulation and Deregulation Increase Firm Entry

## Effect of Down-Regulation, New Entrants



## Effect of Deregulation, New Entrants

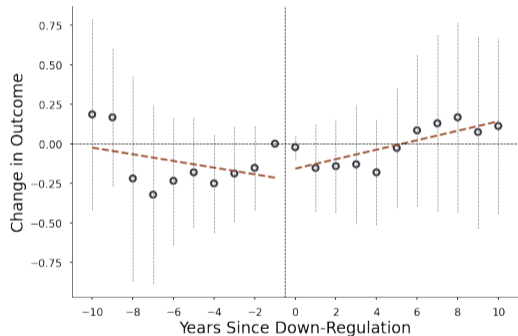


Similar estimates for using FDA admin data

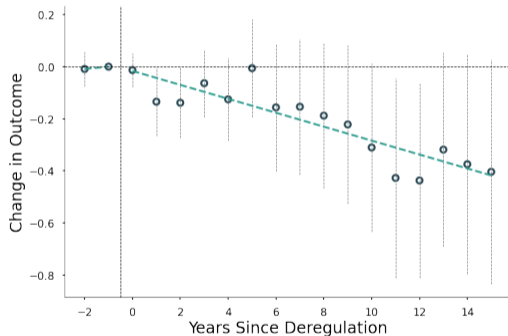
► FDA Measure

# Deregulation Drives Down Prices, While Down-Regulation Does Not

## Effect of Down-Regulation, Log Average Price



## Effect of Deregulation, Log Average Price



Commodities vs. differentiated products, innovation increases dramatically, so quality improves as well, higher-risk devices are smaller share of procedure costs

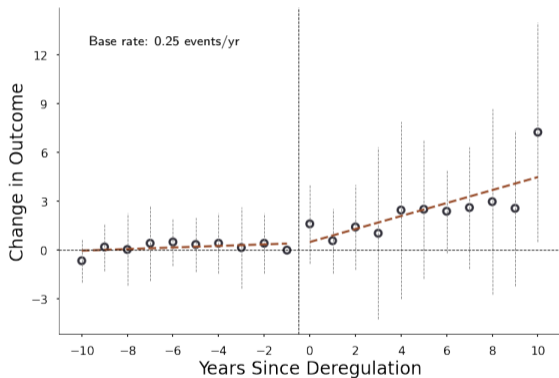
## Result 3: Product Safety

Large innovation and market structure effects. What about product safety?

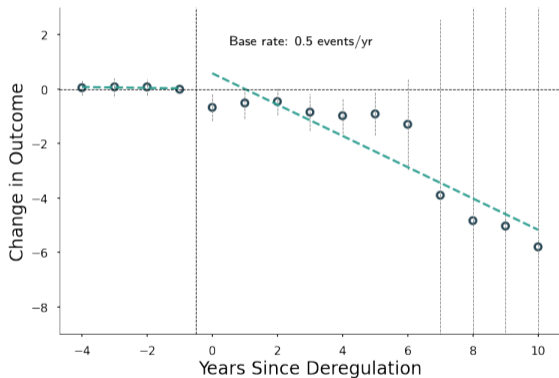


# Down-Regulation May Decrease Product Safety, Deregulation Improves It

## Effect of Down-Regulation, Serious Events



## Effect of Deregulation, Serious Events

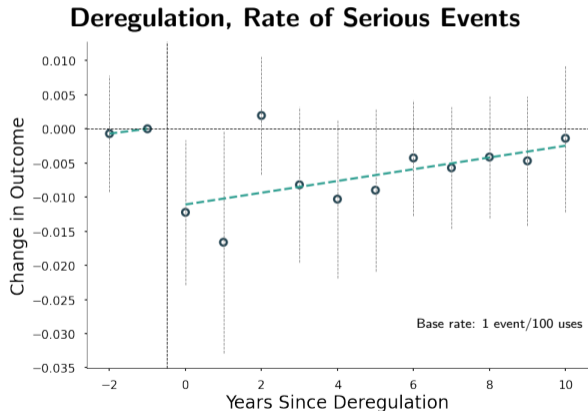
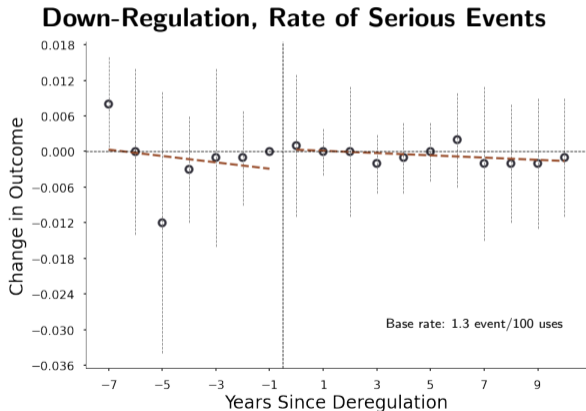


Inventors also focus more on safety in patent texts

# Product Safety: Robust to Normalizing by Utilization

Using subset of 46 product categories (out of 123) for which I have pre-event claims data:

$$\text{Rate}_{j,t} = \frac{\# \text{ of serious events}_{j,t}}{\# \text{ of medical procedures}_{j,t}} :$$

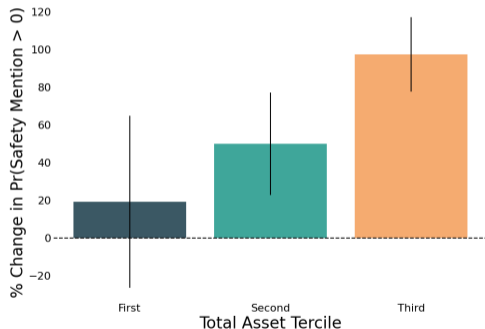


# Product Safety: Firms w/ Highest Liability Exposure Improve Safety Most

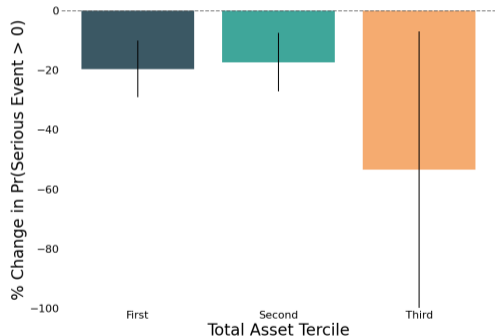
(Bankruptcy distortion)

Identify liability mechanism using differences in ex-post exposure to legal liability from bankruptcy

Change in Safety Effort by Firm Assets

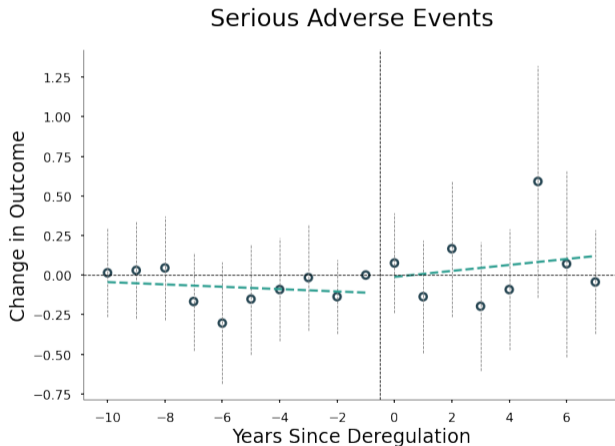


Change in Serious Events by Firm Assets



# Product Safety: No Improvement if Liability Does Not Change

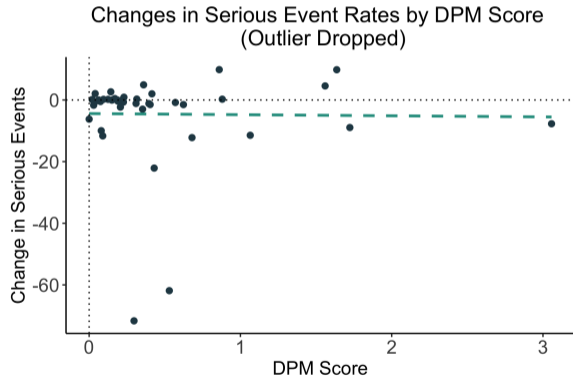
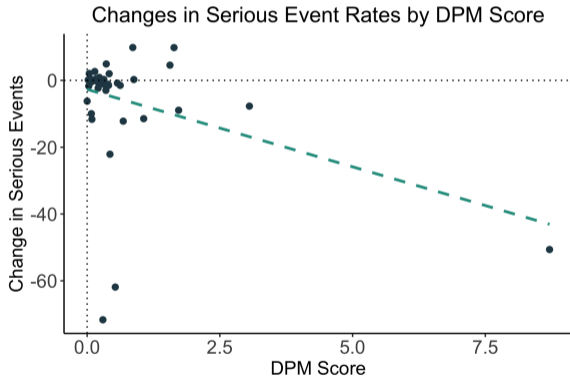
2015 Deregulation: Impacted 66 medical device categories; Class II devices already exposed to liability



But larger innovation and entry effects than the 1996 events

# Generalizing Potential Effects to Untreated Class II Device Types

Higher DPM score means more marginal (i.e., more dangerous pre-event)



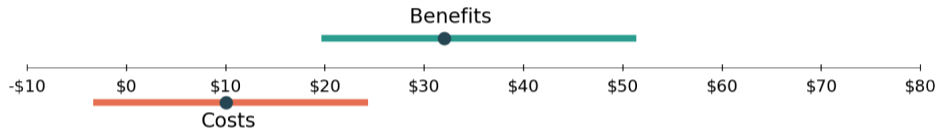
# Interpreting These Findings

Back-of-the-envelope calculation and discussion

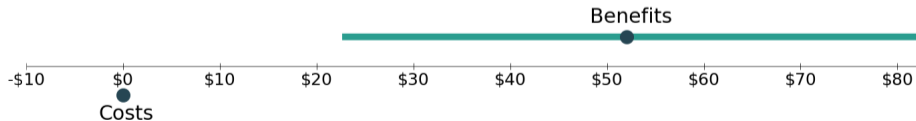
# Back-of-the-Envelope Calculations

By appraising additional patents, lives saved, and cost savings:

Panel A: Down-Regulation (Dollars in Millions/year)



Panel B: Deregulation



Deregulating all Class II → \$132 billion (77% of mkt). Not surprising (NAM)

# Discussion: Importance of Considering Innovation and Market Structure

- Important effects of public policy on innovation and market structure (Finkelstein, 2004; Budish, Roin, and Williams, 2015; Clemens and Rogers, 2020)
- Medical device deregulation increases innovation and market competition. Frictions magnify costs
  - Large innovation and entry effects. Consistent w/ Grennan and Town (2020)
  - Supply-side, industrial policies vs. demand-side policies (Finkelstein, 2004; BKS, 2013)
- Litigation as alternative in established markets (Coase, 1960; Kolstad et al., 1990; Kessler, 2010)
- Results may generalize to other regulated markets (Acharya et al., 2014; Aghion et al., 2019)
  - Class III similar to brand-name drug regulation
  - Class II similar to regulations for generics and GM foods/crops
  - Liability protection: aircraft, automobiles, 15,000 products by Consumer Product Safety Commission



# Appendix

## Class II to I Details

Congress forced FDA to deregulate. Underresourced, they used a mechanical/crude evaluation measure:

$$\text{DPM} = 0.38\text{D} + 0.3\text{S} + 0.12\text{LS}.$$

- I cannot measure RHS variables perfectly
- But I can get close with adverse event reports
- Can match controls with same score
- Find no pre-trends

## Class III to II Details

Following criteria based on safety (much less mechanical):

- Health risks identified and Class II will ensure safety
- Medical literature (DMIST study)
- Premarket approvals, recalls, adverse events
- Clinical experiences (safety)
- Example: Panel cites study, digital as good as film mammography (no additional harm)

Timing of these events is as-good-as-random (contact lenses)

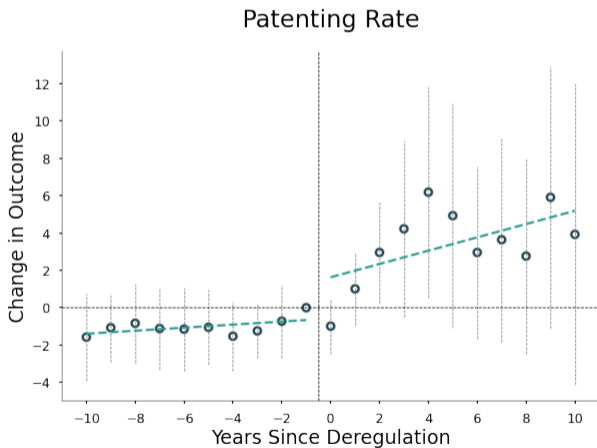
## Class II Preemptions

I found the following cases in which Class II approval barred legal claims:

- Latex gloves
- Contact lenses
- Angioplasty catheters
- Wound dressing
- Tampons
- Tissue adhesive with wound closure device
- Condoms
- Hemorrhoid prevention pressure wedge
- Electrical stimulation devices

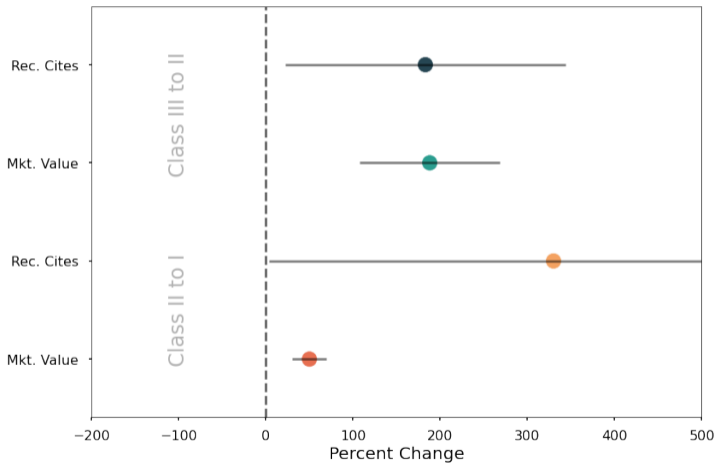
## Class II to I Results

Base rate: 16 patents per year (no device submission data available)

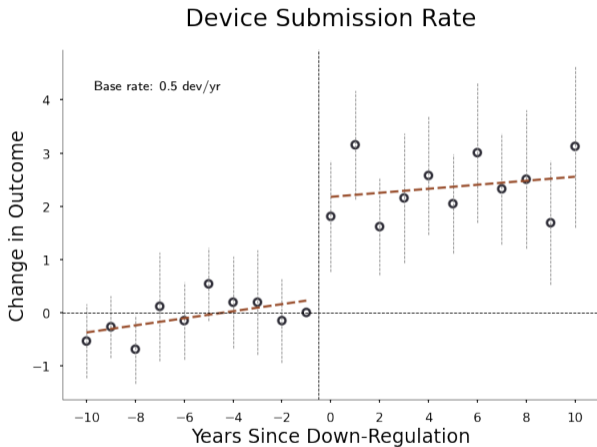


# Change in Innovation Quality

Percent Change in Patent Quality from Down-Classification



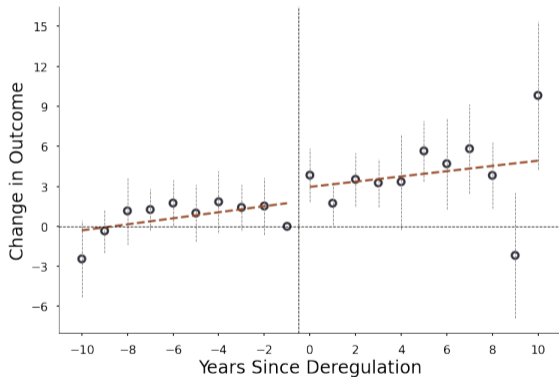
# Change in Innovation — FDA Submissions



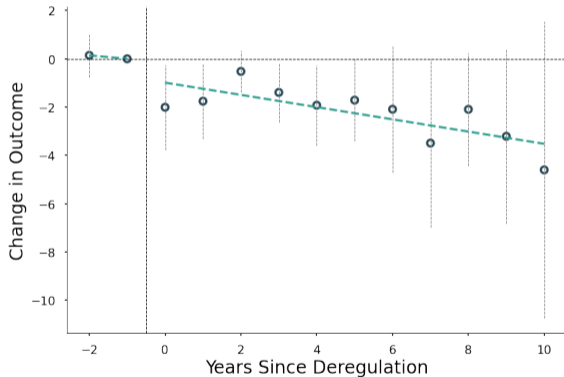
# Product Safety: Non-Normalized Outcomes for Subset w/ Claims

Using subset of 46 product categories (out of 123) for which I have pre-event claims data:

## Down-Regulation, Rate of Serious Events



## Deregulation, Rate of Serious Events

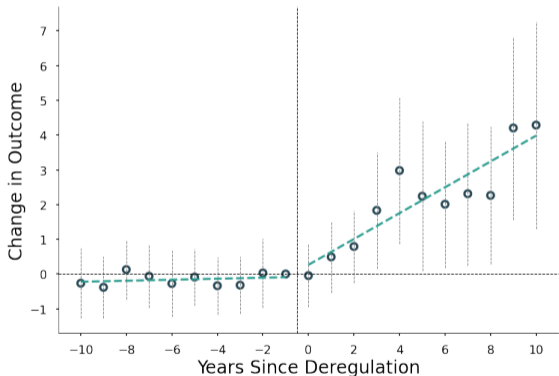




# Class II to I Entry Results (Patents)

Base rate: 7 new firms every year

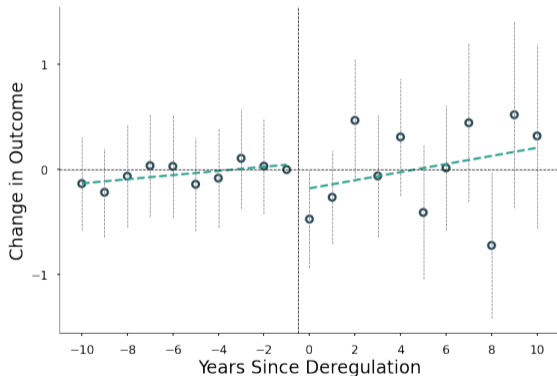
New Entry (pat.)



No price data

Base rate: 2 new firms every year

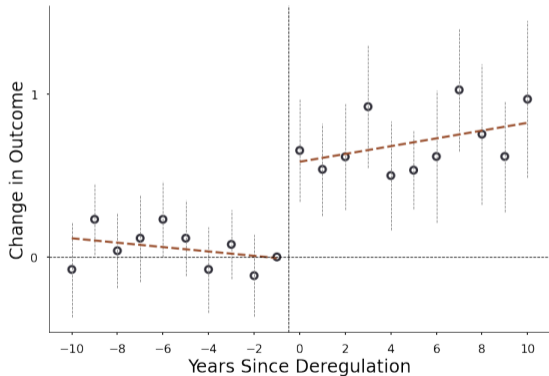
Incumb. Entry (pat.)



# Firm Entry Results Measured by FDA Submissions (Class III to II)

Base rate: 1 firm every ten years

New Entry (dev.)



Base rate: 1.5 firms every year

Incumb. Entry (pat.)

