Written by **Veronika Kyrylenko** on February 27, 2026

"Everybody Loves Money": FDA to Offer Bonuses for Faster Drug Reviews

The Food and Drug Administration (FDA) is preparing to offer cash bonuses to agency scientists who complete drug reviews ahead of schedule. The move marks another stark and consequential turn for an agency whose deep financial and institutional entanglements with the pharmaceutical industry are well documented.

AP Images

For a movement that once rallied under the banner of "Make America Healthy Again," promising to dismantle regulatory capture and restore rigorous "gold-standard" science, the development is striking. Under the umbrella of the Department of Health and Human Services (HHS), led by Robert F. Kennedy, Jr., the FDA now appears to be formalizing incentives that align with industry demands for faster approvals rather than delivering the promised break from them.

The initiative was reported on Thursday by Reuters, The Associated Press, and Bloomberg.

Cash Incentives

According to The Associated Press, FDA Commissioner Dr. Marty Makary described the effort as a pilot program during a staff presentation Thursday. AP obtained slides and a recording of the meeting. Per the report:

> "My job as your commissioner is to be your advocate and to fight for you," Makary told FDA staffers, adding that getting approval for the payments took "some wrangling."
>
> "If you don't like it, we can get rid of it, but usually everybody loves money," Makary said.

Bloomberg reported Thursday morning:

> The initiative will give staff scientists who perform high quality, efficient reviews bonuses of around a few thousand dollars per quarter…. The agency plans to announce it today at an internal meeting.

Reuters noted that the initiative will begin on April 1 and will apply "to reviewers in the FDA's two main centers that evaluate drugs and vaccines." Those are the Center for Drug Evaluation and Research (CDER), and the Center for Biologics Evaluation and Research (CBER). The former oversees the evaluation and approval of prescription and over-the-counter drugs, including small-molecule

medications that fill the bulk of pharmacy shelves across the country. The latter regulates "biologics," which include vaccines, gene therapies, blood products, and other complex biotechnology treatments.

The first quarterly bonus payments are expected to begin around August.

According to AP:

> The bonus program is intended "to recognize and reward staff who find ways to be more efficient delivering high-quality work activities that ultimately benefit patients."

Senior officials said payments would be based on "weighted time savings" achieved by employees and their teams, along with ratings-based assessments of "work quality and work complexity."

One slide emphasizes: "This program values speed, but never at the expense of quality." Americans have certainly heard that before.

Long-standing Ties to Industry Funding

The FDA's drug review system has been partially funded by pharmaceutical companies since 1992, when Congress authorized user fees to accelerate review timelines. Estimates indicate that these fees account for roughly 65 percent to 75 percent of the FDA's drug program budget. That means the companies whose products the FDA evaluates finance the clear majority of its review operations.

Those agreements bind the FDA to defined timelines and performance targets. Over time, review standards and evidentiary expectations have weakened. That has led to a growing number of approvals supported by limited or lower-quality data. Yet until now, the agency had not gone so far as to financially reward individual reviewers for hitting or surpassing targets.

The new bonus structure changes that dynamic.

Reports note that employees not directly involved in drug reviews, such as factory inspectors, will not be eligible. That raises questions about how bonuses will be distributed across large multidisciplinary teams that typically contribute to a single review.

More fundamentally, the initiative creates an obvious ethical conflict. Paying regulators to move faster, even under the banner of highly dubious "quality metrics," risks turning scientific review into a performance-incentive program.

Indeed, Kennedy himself has previously described the FDA as "a sock puppet" of industry. The optics of speed-based bonuses within a user-funded framework are not likely to ease those concerns or improve drug quality.

Staffing Losses and Expedited Reviews

The announcement comes amid significant staff attrition. Agency records quoted by AP show that the FDA's drug and biologics centers have lost about 20 percent of their employees since early 2025. The outlet also pointed to the persistence of the long-criticized "revolving door," reporting that

> some agency reviewers cannot work on certain projects because they are actively interviewing for jobs in the pharmaceutical industry.

Reuters added:

> The agency is also working to hire more than 1,000 new scientists as part of a broader effort to accelerate drug evaluations.

While the vast federal healthcare bureaucracy itself exceeds constitutional limits, staff shortages by no means represent a meaningful return of authority to the states or to the people. The regulatory framework remains intact. The centralized apparatus continues to exercise the same sweeping power. It just does so now with fewer personnel and heightened pressure to move products through the pipeline more quickly.

Coupled with new initiatives aimed at accelerating drug approvals, the effect is not deregulation in any traditional sense. It is consolidation of authority under tighter timelines. In practical terms, it means a smaller workforce overseeing a high-stakes approval system that is now explicitly incentivized to move faster still.

Makary has also introduced additional measures aimed at accelerating approvals. Last Wednesday, he announced that the agency would drop its longtime requirement of two clinical trials for new drugs and open new pathways for therapies tested in only small patient populations. He has also proposed one-month review timelines for drugs deemed to serve "national interests."

In addition, last May, the agency unveiled a new "voucher"-style priority review initiative. It is designed to fast-track certain applications from "6+ months" to just one or two. The FDA has already awarded 18 of these vouchers. Two of the associated drugs (see here and here) have received approval to date.

AI Acceleration

The push for faster reviews is not limited to cash incentives and shortened timelines. Last June, following a brief pilot that began in May, the FDA rolled out agency-wide artificial intelligence tools intended to streamline regulators' workload.

The FDA's large language model-powered tool is called Elsa. It is designed to help staff with "reading, writing, and summarizing" material more quickly. That includes adverse event reports and drug label comparisons. The process takes place within a secure GovCloud environment that does not train on pharmaceutical industry submissions.

In announcing the deployment, the FDA stated:

> The agency is already using Elsa to accelerate clinical protocol reviews, shorten the time needed for scientific evaluations, and identify high-priority inspection targets.

Kennedy touted, "You can do the drug approvals very, very quickly with AI," with no need to test new drugs on animals.

But internal reaction has diverged sharply from the public messaging surrounding the supposed "AI revolution" championed by federal "health" leadership.

"Anything that you don't have time to double-check is unreliable. It hallucinates confidently," one FDA employee told CNN shortly after Elsa's rollout.

Another staffer was even more direct:

> "AI is supposed to save our time, but I guarantee you that I waste a lot of extra time just due

to the heightened vigilance that I have to have" to check for fake or misrepresented studies.

In perhaps the most telling and embarrassing example of AI overreach, HHS released a high-profile MAHA report last May examining factors behind rising chronic disease in American children. The document was soon found to contain numerous fabricated or misattributed studies and citation errors. The White House brushed them off as "formatting issues."

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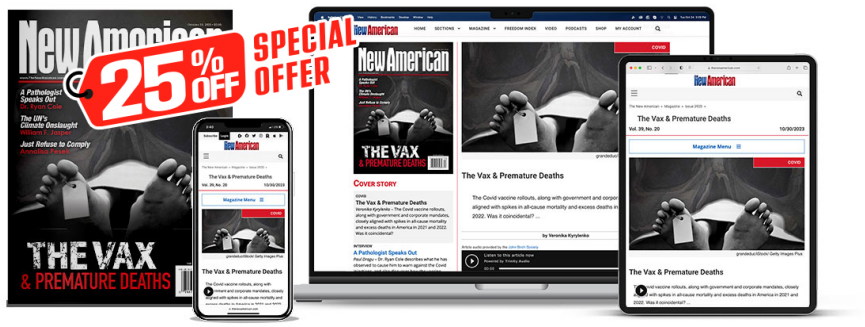

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