Guidance on Offers of Payment to Research Participants

NIA-funded Alzheimer's Disease Research Centers (ADRCs) support both ADRC-affiliated research projects and non-affiliated federally-funded and other-funded research studies. Recruitment and the subsequent retention of demographically diverse and representative study participants are among the most consistent, challenging, and costly obstacles to successful AD/ADRD research. Moreover, under- and inequitable inclusion of numerous populations are well-recognized shortcomings of AD/ADRD research and raise concerns not only of equity and justice[1] but also of insufficient scientific rigor. Improved representation of groups who remain under- and inequitably included in aging research will enable researchers to address important scientific questions.

It is essential to recognize that each person's decision to participate in research is the result of a complex interplay of personal, historical, structural, and research-related factors. A readily modifiable factor that may be appropriate and effective for facilitating equitable research participation is payment to research participants. Yet, ADRCs face challenges in considering participant payment, including varying historical practices, large cohorts, and the complex research ecosystems at any given Center.

This guidance document addresses the functions of payment—reimbursing, compensating, and incentivizing participants; outlines practical considerations for designing and implementing participant payments; discusses the role of institutional review boards (IRBs) in reviewing and approving offers of payment; and concludes by enumerating additional legal considerations. Though many of the recommendations are broadly relevant, the aim is to guide each Center's consideration of payment and payment-related practices for ADRC-affiliated research projects.

I. Functions of Payment

- Participant payment serves three distinct functions: reimburse, compensate, or incentivize.[2] Payments that fall into any of these categories can be ethically acceptable and even desirable.
- *Reimbursement*
    - Reimbursement is intended to restore participants to their financial baseline (i.e., to reduce or even eliminate out-of-pocket costs associated with participation in research). The amount of reimbursement should reflect true or reasonably estimated out-of-pocket costs.
        - Research-related costs might include expenses such as travel (e.g., cab fare or mileage/parking), meals, or hotel accommodations. Other expenses, like elder care, may also be considered.
    - Offers of reimbursement are motivated by considerations of fairness. Individuals should typically not be asked to bear out-of-pocket costs to contribute to socially valuable research, particularly when research does not offer them a prospect of direct benefit. Offering reimbursement should be a default; the implications of this default are discussed further in §II.

    - Individuals with lower socioeconomic status (SES) may have greater sensitivity to financial burdens associated with research participation.[3] This can be a barrier to their participation in research.[4,5] Offering reimbursement may help overcome this barrier.
- *Compensation*
    - Compensation is intended to acknowledge both the value of participants' time and their willingness to accept research-related burdens.
        - The local hourly wage (or a living wage) in a particular geographic location may offer an easily justified compensation level for a participant's time.[6]
            - This suggests that compensation for time may reasonably vary *between* Centers (e.g., in high vs. low cost of living settings).
            - Within a single study, participants' time should be valued equally, regardless of individuals' actual wages or other opportunity costs. This is important because, in giving their time, participants are making comparable contributions *to the research*. Paying all participants the same amount per unit of time will guard against unjustifiably paying structurally oppressed populations less (i.e., devaluing their time) or privileged populations more.
        - In addition to time, total compensation might reflect the nature of research interventions or procedures. As study-related burdens increase for a participant, the amount offered should equitably increase.
            - For example, although a survey and a lumbar puncture may take the same amount of time to complete, it would be reasonable to pay more for the invasive and uncomfortable lumbar puncture.
    - Like offers of reimbursement, offers of compensation are motivated by considerations of fairness. Treating individuals equitably and consciously avoiding exploitation typically includes adequate recompense for their time and efforts. Thus, offering compensation should be a default; the implications of this default are discussed further in §II.
    - A Center may find it beneficial to standardize compensation amounts for research procedures (e.g., blood draws, lumbar punctures, PET scans) conducted at the Center. Such consistency *within* the Center will treat all participants in ADRC-affiliated studies as equals; may minimize administrative burden (e.g., for calculating budgets or working with the IRB for review and approval of payment); and reduce competition for participants between ADRC-affiliated studies, which might occur if one study pays substantially more than another.
- *Incentives*
    - Incentives are any amount of payment *beyond* what would be justified for purposes of reimbursement and compensation. The goal of incentive payments is instrumental—to improve recruitment and retention rates, as well as to promote the reputation of the Center—by making participation relatively more attractive than other activities in which the individual might engage. Incentives

can vary substantially in amount, depending on the nature and needs of the study.
    - For example, the incentive needed to recruit participants for a qualitative study using one-time interviews would likely be relatively lower than the incentive needed to recruit and retain participants in a longitudinal cohort study involving multiple visits and procedures.
- Unlike reimbursement and compensation, incentives are *not* motivated by considerations of fairness and are not a default. Nevertheless, incentive payments have an ethical dimension, and it is important to consider whether they are needed. Failure to recruit or retain an adequate number of representative subjects in a timely fashion can itself be ethically concerning and suggestive of a lack of scientific rigor.[7]
- The purpose of incentives is to increase recruitment, but some researchers worry monetary incentives might problematically affect the decision to participate, either by changing participants' motivations or by reducing the quality of their consent.
    - The decision to participate in research is a complex one with many contributing factors. Some researchers believe altruistic motivation is important and are concerned that incentives might reduce that altruism. It may reassure them that research participants often cite several motivators for their participation; these may include and extend beyond receipt of monetary incentives.[8–10] Other motivations include a desire to personally benefit, a desire to help researchers or other patients (including family members), or even a desire for novel experiences.
    - Others worry about the effect of monetary incentives on the quality of consent.
        - Even if someone is motivated to participate in research for money, this does not necessarily (or even usually) mean the incentive has problematically affected their consent to participate in research. In many contexts, people reasonably consider whether and how much they will be paid when deciding if they will do something.
            - For example, we would not say it is unreasonable or inappropriate for someone to weigh the potential salary when considering whether to accept a job offer. Nor would we say that it is unacceptable for an employer to use higher salaries to recruit and retain employees.
        - In some instances, an incentive might distort how people think about the risks and benefits of research participation (e.g., underestimating the risks or overestimating benefits), causing them to do something that is unreasonable for them. This distortion is known as undue influence. Reassuringly, there is limited evidence that payment causes undue influence.[11] Undue influence is discussed at greater length in §III.

- Some researchers express concern that incentives may produce unjust inducements—that is, preferentially encourage enrollment among people of lower SES, thereby resulting in an uneven distribution of research-related risks and burdens over this subgroup. There is, however, little evidence that incentives result in unjust inducement.[11]
    - A related concern is that people from lower socioeconomic statuses may be more susceptible than others to undue influence. It is important to resist thinking that people with fewer financial resources are, when offered incentives, less capable than others of making decisions about whether research participation is right for them. Undue influence is discussed further in §III.
- When considering incentive payments, it is important to determine whether participation in research offers participants non-financial incentives. The presence of non-financial incentives does not necessarily mean that financial incentives are not needed but may, for instance, reduce the amount needed.
    - For example, participants often value learning biomarker or other test results that they would not be able to get outside of research (see the NACC guidance document on biomarker disclosure), and this may act as a non-financial incentive to participate.
    - Not all participants will value a non-financial incentive equally.

II. Designing Payment

- When designing offers of payment, consider three key elements:
    1. Amount of payment
    2. Timing of payment
    3. Form of payment

1. *Amount of payment*
    - The three functions of payment (i.e., reimbursement, compensation, and incentive) can give Centers—as well as funders and IRBs—a better understanding of the rationale for the total amount of payment.
    - The various considerations outlined in §I should inform the total amount of payment. In addition, consultation with participants or community members, discussed at the end of this section, will often be useful in determining the appropriate amount of payment.
    - Budgets should prospectively be written to accommodate adequate payment. Including payment will not necessarily increase the overall budget, as faster recruitment and increased retention might save money elsewhere.
    - As discussed in §I, the default position should be to offer participants reimbursement and compensation as a matter of fairness. There may, however, be circumstances or considerations that justify proceeding even in the absence of reimbursement and compensation. If less than full reimbursement or compensation will be offered or if no reimbursement or compensation will be offered, the Center should discuss why—for example, amongst Center leadership

and staff—and identify any alternative means of making participants whole and acknowledging their contributions that may be available.

- At times, questions arise about whether participants *in the same study* can be paid different amounts. Whether or not this is acceptable generally depends on why different amounts are being offered.[12]
  - *The amount of reimbursement* may reasonably differ for participants *within the same study* if participants have different research-related expenses.
    - For example, participants who travel different distances to the Center or who travel by different modes of transportation will often have different out-of-pocket costs.
  - *The amount of compensation* may reasonably differ for participants *within the same study* if participants dedicate different amounts of time to the study or accept different research-related interventions or procedures.
    - For example, a study might ask participants to consider undergoing an optional MRI. If some individuals agree to undergo the MRI and others do not, it would be appropriate to pay those in the former group more than those in the latter group because MRIs entail additional time and burden.
    - As discussed in §I above, participants should be valued equally: equal pay for equal work.
  - Payments generally should not differ for participants *within the same study* based on individuals' personal characteristics such as socioeconomic status.
    - For example, researchers and participants may be uncomfortable with the idea of higher incentive payments for members of underrepresented groups solely because they are underrepresented in aging research, as this does not treat research participants equally.

2. *Timing of payment*
   - In longitudinal studies, payments to participants should be prorated rather than delayed until study completion.
   - Although most Centers seek to retain participants in their cohorts indefinitely, there may be circumstances in which it is appropriate to offer a portion of the total payment amount as a completion bonus. Completion bonuses are financial incentives offered to participants on the condition that they remain in a trial until they reach a prespecified study endpoint, when their data is more valuable. Completion bonuses must be carefully designed.[13]
3. *Form of payment*
   - It is important to consider the needs and preferences of the populations served by the Center when deciding upon a form of payment. Consultation with participants or community members (discussed at the end of this section) may offer valuable insights. General considerations include:

        - Participants often prefer cash because there are no limits on its use.
        - Prepaid gift cards that can be used anywhere (e.g., Visa or American Express gift cards) may be a reasonable alternative to cash. If using prepaid gift cards, Centers should, in addition to the face value of the cards, include activation fees in their budgets. Centers will also want to consider factors that may affect participants' use of these cards, such as expiration dates and the fact that small vendors may not accept them.
        - Gift cards that must be used at major retailers may limit individuals to shopping at stores that are difficult for them to access (e.g., due to geographical constraints or due to the store being unwelcoming to them) or that they simply do not wish to shop at for other reasons.
        - Forms of payment that require access to an email account or must be used online (e.g., electronic gift cards) may be difficult for people who lack ready access to email or internet or who are less technically savvy.
        - Checks may be difficult for unbanked individuals to use.
    - Recognizing the role of personal preference and personal circumstance, it may be desirable to offer participants a choice between forms of payment, while keeping the amount consistent.
    - Centers should be aware of any institutional policies that might influence the form(s) of payment that can be offered to research participants.
        - At times, it may be important to seek clarity on whether these policies are flexible or to request permission to deviate from them. In discussions with institutional representatives (for example, the IRB), it may be helpful to address considerations such as the research setting, the characteristics of the population being served (e.g., health literacy levels or banking status), or anticipated effects of enforcing the policy on recruitment or retention. Sharing this guidance document may also be useful.
- Study partners play an important role in successful completion of AD/ADRD research. In AD/ADRD studies, having a study partner is oftentimes an eligibility criterion; these study partners volunteer and dedicate their time and efforts to support research participation. Hence, it will often be desirable to offer payment to study partners as well as to research participants.[14,15] The above-outlined considerations regarding amount, timing, and form of payment apply to study partners as well as to participants.
- There are sometimes concerns that participants will misuse payment earned through research participation (e.g., use an incentive payment to purchase illicit substances) and that researchers will therefore be complicit in self-harm or injurious behavior. Notably, these concerns typically affix to stigmatized populations and may be offered as justification for paying these participants less. It is generally not appropriate for researchers to judge or seek to control how participants spend their money.
    - Furthermore, limited empirical evidence suggests individuals who use illicit substances tend to spend research-related payments that they receive on basic necessities and household items, such as food,[16] which should allay concerns that money will be spent in harmful ways.

    - Participants are sometimes offered gift cards or payments "in kind"—that is, an item of a value that is appropriate for the study but that is not money—to prevent misuse. Despite attempts at equalization, payment in kind is almost without exception of lesser value than cash payment. Therefore, this approach is typically not desirable or in service of equitable and scientifically rigorous research.
- Different populations may have different views on the acceptability or desirability of offers of payment overall, as well as on specific aspects of payment such as amount, timing, or form. Centers should take such variation into consideration when designing payments.
- Consultation—for instance, with a participant advisory board (PAB) or a community advisory board (CAB)—will often offer valuable perspectives on payment. Further, consultation may reveal other, non-monetary ways to modify research to be more acceptable or to enhance its perceived value. The following examples illustrate the power of consultation:
    - The Rio Grande Valley ADRC found through consultation with its CAB that it is important to the local Hispanic community that offers of payment do not make participation in research appear transactional; tokens of appreciation are important.
    - The UCSF Benioff Homelessness and Housing Initiative found through consultation with its CAB that, in addition to preferring cash incentives and disliking major-retailer gift cards, participants appreciated small, useful gifts (e.g., clean socks, hand sanitizer, hygiene kits, hats). Additionally, the CAB noted the value of birthday cards and completion certificates because these individuals often do not have others in their life who recognize them.

III. IRB Approval and the Common Rule

- Offers of payment to research participants—including the amount, timing, and form of payment—need to be reviewed by an IRB. The IRB will also need to review advertisements (which may note that payment will be offered[17]) and consent documents (which may outline the amount and timing of payment, as well as payment-related considerations like taxes and benefits eligibility, as discussed in §IV).
- The Federal Policy for the Protection of Human Subjects or "Common Rule" does not explicitly address offers of payment, but the requirement to seek informed consent only under circumstances that minimize the possibility of coercion and undue influence is understood to be relevant to evaluating the acceptability of offers of payment (45 CFR § 46.116).
    - The Office for Human Research Protections (OHRP) within the U.S. Department of Health and Human Services (HHS) has defined coercion and undue influence as follows:
        - *Coercion* occurs when an overt or implicit threat of harm is intentionally presented by one person to another in order to obtain compliance.
        - *Undue influence* occurs through an offer of an excessive or inappropriate reward or other overture in order to obtain compliance.[18]

    - Representatives from OHRP acknowledge that the practice of payment is widespread and have publicly stated that the regulations are not intended to discourage payment.[19]
    - There is a broad consensus in the research ethics literature that genuine offers of payment are *not* coercive because they do not entail a threat of harm.[20]
    - Research ethicists have argued that if a study is reviewed and approved by a well-functioning IRB, there is little concern of undue influence.[21,22] This perspective has been supported by empirical research, which has not found evidence of undue influence when trials offer payment.[11]
- Although participants may see payment as a benefit of research participation, OHRP takes the position that IRBs *should not* consider payment as a way of offsetting risks (i.e., in evaluating the acceptability of the risk-benefit profile for the overall study).[18] This is to avoid the possibility that merely adding more payment could suffice to justify even the riskiest research.

IV. Taxation and Benefits Eligibility

- Participant payments, excluding reimbursements, are taxable income. Payers need to report payments of $600 or more to the Internal Revenue Service.[23]
    - Prospective participants should be made aware of the potential for tax liability in the consent process.
    - Although they cannot offer tax advice, Center investigators and staff should be familiar with these considerations.
- Because required tax forms include personal information about the payee, including the payee's social security number (SSN), privacy concerns or lack of an SSN could create an unintended barrier to research participation for some individuals.
    - This can threaten representativeness.
    - Individuals may choose to participate in research but forgo offered payment if this is a concern.
- As income, payment may affect participants' eligibility for income-based government benefits programs, such as Supplemental Security Income and Medicaid.[23]
    - Given that many older adults rely on these programs, this possibility should be flagged in the consent process.
    - Center investigators and staff should be familiar with these considerations and be prepared to discuss the implications with participants.
    - Individuals may choose to participate in research but forgo offered payment if this is a concern.

V. Other Legal Considerations

- The federal Anti-Kickback Statute (AKS) makes it a criminal offense for any person to knowingly and willfully offer, solicit, or receive remuneration with the intent to induce the utilization of services paid for by federal health care programs. This issue may arise in studies where remuneration is offered to research participants and study-related routine care costs are being covered by government programs.

    - It appears participant remuneration will typically be allowed by the HHS Office of the Inspector General if it: "(i) accommodates the needs—typically recruitment and retention of participants—and advances the scientific validity (ii) of a government-sanctioned or government-sponsored study (iii) under conditions that limit the risk of overutilization of a federal healthcare program, including that any clinical care billed to such a program is dictated by a well-developed … protocol."[23]
    - This is a highly fact-specific determination; this guidance document *does not* constitute legal advice. Therefore, speaking with legal counsel at your institution is desirable if you have specific concerns about the AKS.
- The Health Insurance Portability and Accountability Act (HIPAA) is known as a privacy law but also includes provisions to combat fraud against both public and private health plans. If copayments are waived for publicly or privately insured research participants, this may create a legal risk under HIPAA. Take specific concerns to legal counsel.
- Similarly, research institutions or investigators could unintentionally run afoul of various state laws criminalizing false and misleading billing for health care services. Take specific concerns to legal counsel.

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