

**Summary Position Statement re: Trans Pacific
Partnership**

Support Our Health Care Society

Princeton, British Columbia

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The Support Our Health Care Society of Princeton, British Columbia has reviewed the provisions of the Trans Pacific Partnership. Our organizational purpose and therefore interests lie in the area of health services, broadly defined. Therefore, our remarks deal only with this specific topic.

1. We note that the Global Affairs Canada summary of the Agreement states that *"Excludes certain types of services in Canada because their protection is fundamental to our social fabric, including health, public education, and other social service sectors and activities. Excluding these services protects flexibility for Canadian policy objectives in these areas."*

This would appear to be possibly contradictory to the preceding statement that *"Ensures that measures relating to qualification requirements and procedures, technical standards and licensing requirements do not create unnecessary service trade barriers. "*

It appears to us that this latter provision could create a fruitful area of altercation, lawsuit and costs. This would be not in the public interest. The area of licensing of the health professions and services is already problematic in Canada and between Provinces. This would add a further unnecessary complication unless the Health area is explicitly excluded from these provisions.

2. The extension of patent protection on pharmaceuticals
lengthens the period prior to which a medication will enter the public domain. This will increase costs to the health system and ultimately to clients with no demonstrated benefit in terms of development of new or improved medications. Its sole effect will be to enhance profits to the patent holder. Canada currently follows the present international standard. We fail to see any legitimate purpose to its extension, other than simple greed.

3. We accept the value of a modest extension of the period of initial protection of development data for a new drug, providing that the product is truly new (see comment (4) below. We note that there is no evidence in Canada that extension of protection over extended periods results in increased investment in research and development. Canada's present patent regime has resulted in drug costs markedly higher than in other advanced countries - second only to the USA. Further, even *"Canadian generic prices have been relatively high historically compared to international levels. Through the implementation of generic pricing policies, the provinces have reduced the price of generic drugs for all Canadians, realizing important cost savings. While these policies have narrowed the gap in generic prices between Canadian and international markets, prices in other countries continue to be lower."* (Patented Medicine Prices Review Board 2014)

4. We have been made aware of the practice of "evergreening" of patents through the "tweaking" of chemical formulations and biological processes that are given patent protection but yield essentially the same medical product. This is an unconscionable practice and has no legitimate place within the TPP. The provisions of the TPP should result in the exclusion of the perpetrator from the benefits of TPP protections.

5. We are concerned that the Investor-State Dispute Settlement (ISDS) system will prevent the proper evolution or development of our present health system model in Canada. It could render any government action open to lawsuit by private service or goods providers who are already involved in some fashion in health services. This issue is currently being played out in Quebec. The possible entry of a private provider in the blood supply area in British Columbia

could render this an opening wedge regarding other health services including pharmacare. Similarly, any area currently being insured privately could again become subject to expensive lawsuits with resulting reluctance of government to enter a fraught legal area. The proposed ISDS system does not protect the citizenry of Canada from lawsuits against government efforts to introduce public health measures intended to protect the general public. This view is supported by The Public Health Association of Australia, Malay Health Services, and important US organizations such as the American Public Health Association, the American Medical Association, the American Cancer Society, and the U. S. National Association of Attorneys General.

Respectfully submitted,

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