Dear [Name], please put this in Ares and circulate for information only to [Name]; Rupert Schlegelmich, [Name]; [Name]; This is a meeting with the industry, so [Name] might wish to put it in her list with the contacts with the industry.

A meeting took place on 16 April 2015, between the Standing Committee of European doctors (CPME, [Name], and British Medical Association, ) and the B1 ( [Name], [Name]) and F3 ([Name]) units to discuss their concerns on health issues in the context of TTIP. SCED made clear that they wish to close any possible tiny loophole in the agreement and in particular they expressed concerns on the application of ISDS on health services. They proposed a full carve-out of health services from the agreement to avoid such applications, as they said that following discussions with the F2 they understood that they cannot exclude the application of ISDS on health services. Their concern stems from possible re-nationalisation efforts of the UK government in the future and from the question whether following possible future extensive privatization of the healthcare sector in UK it can still qualify as a public utility or a publicly funded service (their assumption is that in the event of further privatisation of the NHS it cannot be any longer considered as a public utility and therefore cannot be subject to the public utility/publicly funded health services protection of the agreement). Given that they only represent health professionals and not the entire health industry (i.e. hospitals, providers of ambulance services) it was not possible for them to measure the impact of an exemption from the application of the ISDS of the health services for hospitals etc as in this case they would miss the benefits ensured through ISDS.COM explained what we negotiate in market access in health services in TTIP and re-assured SCED that there are no loopholes in the agreement. COM also opposed to any exclusion of health services from the scope of TTIP and reminded them of the EU GATS commitments. It was clear from the discussion that there are no genuine market access concerns in health services but rather issues related to the application of ISDS. CPME noted also some interest on regulatory issues, notably the fear of potential impact of TTIP on the European Medicines Agency (EMA) policy on disclosure of clinical trials (CT) data and on TTIP impact on the EU system for the approval of medical devices. COM briefly explained which issues are being discussed on the pharmaceuticals and medical devices sectorial discussions (as set in publically available position papers) and confirmed that EMA policy on disclosure of CT data will not be questioned by TTIP. TTIP will also not impact the revision of the EU legislation for medical devices currently on going nor the way medical devices are authorized to be placed in the EU market.
Thank you,