Revision of Ireland's Cost-Effectiveness Threshold:

New State-Industry Drug Pricing Deal Should Adequately Reflect Opportunity Costs

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Abstract

Ireland's cost-effectiveness threshold is currently €45,000 per quality-adjusted life-year (QALY). It has previously been determined by periodic agreements between the State and a pharma industry lobby body. A new deal is now due and it is therefore timely to re-examine Ireland's threshold, how it is set and transparency around adherence to it. Previous research has noted a series of problems with the threshold, including that it is likely too high relative to the opportunity cost of unmet need in Ireland's health system. This means reimbursement at the threshold may do net harm to population health. The high threshold may also mean the Irish health system is failing to satisfy existing legislation on healthcare resource allocation. Recent COVID-19 related pressures on healthcare capacity and public spending appear to increase the urgency for an evidence-based revision of threshold to better reflect opportunity costs within the Irish healthcare system. Despite these problems, the prospects for reform of the threshold do not appear strong as the political and institutional incentives may favour the status quo. At the very least, the State should provide greater transparency regarding how the threshold is set and adhered to. In the longer run, there may be good arguments for partially abandoning thresholds in favour of an auction process to achieve the lowest cost per QALY from new drug interventions.

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Highlights

1. Ireland's cost-effectiveness threshold has previously been set by periodic agreements between the State and the pharmaceutical industry and a new deal is now due.
2. There is growing evidence that Ireland's current threshold of €45,000/quality-adjusted life-year exceeds opportunity costs and therefore needs to be moderated provide a better balance between spending on interventions that currently exhibit considerable unmet need and pharmaceuticals.
3. Ireland's Department of Health needs to demonstrate leadership in reforming the threshold to ensure decision rules are determined by a fair and consistent appraisal of evidence rather than commercial and political interests.

1. Introduction

Ireland is one of few countries with an explicit cost-effectiveness threshold. It currently stands at €45,000/quality-adjusted life-year (QALY) [1]. It has been determined as part of a pricing and supply deal periodically agreed between the State and a pharmaceutical lobby organisation. The current agreement is due for renewal by July 2021, so it is timely to re-examine the Irish threshold; the process by which it is set; and, the issue of drug price transparency.

This commentary assesses the threshold and related issues using a broad policy perspective, taking account of technical health economic considerations and political and institutional incentives. This article first describes the background of previous pricing agreements, it then explains the context of the Irish health system regarding public and private financing and waiting lists. Against this backdrop, it examines previous criticism of the threshold, transparency regarding public spending and the political and institutional context around reform of the threshold. Finally, it considers some particular COVID-19 related pressures before making suggestions for changes to the threshold and processes for setting it.

1.1 Background: Drug Pricing Deals & the Irish Health System

The Irish Pharmaceutical Healthcare Association (IPHA) is an industry lobby body that represents the interests of manufacturers of patented medicines in Ireland. IPHA has negotiated periodic industrial agreements with the Irish State on the pricing and supply of medicines for decades [2]. The two most recent deals in 2012 and 2016 both state what cost-effectiveness threshold should be used in pharmaceutical reimbursement decisions in Ireland [3, 4].

The negotiating parties acting on behalf of the State in such deals have typically included the Department of Health and, since its inception in 2005, the Health Service Executive (HSE). The HSE is the State body responsible for the delivery of publicly funded health services in Ireland. The 2016 deal also included the Department of Public Expenditure and Reform (DPER). Part of DPER's remit is to pursue sustainability in public spending. The HSE has frequently exhibited cost overruns, value for money in health expenditure has been repeatedly questioned and there have been renewed concerns regarding growth in pharmaceutical expenditure [5-8]. The inclusion of DPER as a party to the 2016 agreement could be interpreted as an effort by government to achieve better value from health spending.

A notable development between the 2012 and 2016 deals was the 2013 Health Act. It, among other provisions, established the legislative basis for cost-effectiveness analysis in Ireland. Schedule 3, Part 3(b) states that the HSE “shall have regard to the cost-effectiveness of meeting health needs by supplying the item concerned rather than providing other health services” [9]. This requirement of the HSE to “have regard” to opportunity costs does not appear binding in that it does not oblige the HSE reject interventions with benefits less than those of services foregone. Indeed, it seems probable the Act’s language was deliberately vague. Furthermore, the Act does not explicitly mention cost-effectiveness thresholds. Despite that, the legislation clearly interprets cost-effectiveness in terms of the opportunity cost of other interventions foregone. As such, the intent of the legislation is consistent with the broadly accepted principle within cost-effectiveness analysis (CEA) that the threshold should represent the opportunity cost of other healthcare interventions foregone.

A minor change between the 2012 and 2016 deals is that the earlier agreement clearly stated a new medicine’s price should be the lower of either an international reference price or a price found acceptable according to the threshold [3]. The 2016 deal is less clear. While it also mentions both international referencing pricing and the requirement that prices meet the conditions for cost-effectiveness, it does not appear to require the agreed price to be the lower of the two [4].

Another minor change is the introduction of what is described as the “decision authority level table” in the 2016 deal. It stipulates two thresholds of €20,000/QALY and €45,000/QALY and three different net budget impact categories [4]. This means approvals of new medicines with higher costs per QALY or greater budget impact must be made at higher levels within HSE management. Ultimately however, the lower €20,000/QALY threshold appears to have little relevance, as clearly any decision can be simply elevated for consideration at a higher level of authority.

A relevant feature of CEA in Ireland is the lack of formalised exceptions to the standard threshold. The UK uses a threshold range rather than a point threshold, leaving five explicitly stated but unquantified additional criteria that can influence the probability of approval [10]. Additional formalised exceptions to the standard UK threshold include the End of Life criteria; the two iterations of the Cancer Drugs Fund; non-standard discounting guidelines; and, the Highly Specialised Technologies criteria [10-14]. Notably, all these exceptions have attracted pointed criticism from health economists [12-15]. Other examples of departures from point thresholds include various forms of severity weighting in the Netherlands, Sweden and Norway [16-18].

The threshold agreed within previous IPHA deals only applies to drugs. While in practice the Health Information and Quality Authority (HIQA) cite both the €20,000/QALY and €45,000/QALY thresholds in their assessments of non-drug interventions [19, 20], the status of these thresholds in such cases remains unclear.

Before I consider the current threshold's suitability, it is useful to provide further context regarding Ireland's public-private mix in healthcare provision and the chronic problems of access to elective services in the public system. Ireland operates a tax-funded healthcare system that is free at the point of use for roughly one third of the population [21], with eligibility largely determined by income but supplemented with specific health-related entitlements. Free services include primary and hospital care and prescription medications subject to capped prescription charges. The remainder of the population can use public services but face capped co-payments. Approximately 43% of the Irish population purchase private medical insurance with varying degrees of coverage [22], enabling access to care both from private providers and private care provided within public services.

Large waiting lists for elective care in the public system form part of the incentive to purchase private insurance. Those privately insured can often gain faster access to services than public patients [23]. This includes diagnostic services, even though the patient may go on to receive the necessary therapeutic care within the public system [21]. Whyte et al. has shown that holding private health insurance is associated with a lower probability of waiting 3 months or more for both inpatient and outpatient care relative to those without private insurance [21]. Connolly and Wren find a quarter of survey respondents reporting an unmet health need in Ireland cite waiting lists as a cause [24]. Recent work providing comparable estimates of waiting lists shows Ireland lags behind other high income western European countries for hip replacements, knee replacements and cataract removal [22]. Brick and Connolly note in particular that Ireland demonstrates substantially longer waits compared to the UK [22].

1. 2 Previous Critique of the Irish Threshold

Brick et al. queried if the €45,000/QALY threshold is at the appropriate level; drew attention to breaches of the threshold; and, questioned if it should be set by negotiations with industry rather than be determined independently by the State [25]. More recently, O'Mahony & Coughlan critiqued the threshold noting four

problems: it only applies to drugs; it represents a price floor not a ceiling; it is not based on evidence of the opportunity cost of health forgone; and, is likely too high [1]. That analysis noted that three common elective surgical interventions with notably large waiting lists in Ireland of hip replacement, knee replacement and cataract removal were all highly cost-effective according to UK estimates, with cost-effectiveness ratios ranging from £2,000-5,600/QALY. Gorecki echoed these concerns, stating that drugs likely consume an excessive share of public spending [26]. Recent work by Chen et al. also found that many of the interventions with the largest waiting lists in Ireland had cost-effectiveness estimates substantially below the current threshold [27].

The clear evidence of highly cost-effective interventions being provided with insufficient capacity to meet population need strongly indicates the current threshold likely exceeds true opportunity costs. It therefore seems fair to question if the 2016 deal agreed by the State meets the requirements of the 2013 Health Act. Although the 2016 deal explicitly cites the 2013 legislation, including the specific provisions of Schedule 3, Part 3, it does not describe how the specified thresholds correspond to opportunity costs or any evidence regarding them. So although the 2013 Act does not impose a binding requirement on the HSE to apply a threshold, it is unclear how the thresholds specified by 2016 IPHA deal enable the HSE to meaningfully “have regard” to the opportunity cost of other services as required by the legislation.

While legal interpretations may often be debatable the issue is clear when viewed from the cost-effectiveness perspective. That the current threshold greatly exceeds the cost-effectiveness of interventions for which there is substantial unmet need has the stark implication that reimbursement at the current threshold likely does not enhance population health [1].

1.3 Transparency & Accountability Regarding Public Spending

Added to this critique of the current threshold are broader questions of transparency regarding both the process for setting the threshold and adherence to it. Although the relevant legislation clearly recognises cost-effectiveness in terms of opportunity costs, the two most recent IPHA deals did not document the process for deciding the threshold or the issues considered by those who agreed it. It is notable that a parameter which, in principle at least, informs hundreds of millions of euro of public spending annually is agreed behind closed doors without external oversight. This is especially so given initiatives towards greater government transparency, including on public spending, led by DPER as part of the international Open Government Partnership initiative that Ireland joined in 2014 [28, 29].

It is unclear if the cost-effectiveness threshold has been the subject of any research by the Department of Health, DPER or the Irish Government Economic Evaluation Service (IGEES) in recent years in anticipation of renewing the IPHA deal. While IGEES have published reports on the health system [30], some of which mention the IPHA deals [31, 32], none mention the cost-effectiveness threshold. Similarly, I am not aware of any published documents substantively addressing the topic by the other bodies mentioned. Though, of course, an absence of published work is not evidence that the issue has not been considered.

There is also limited transparency on the cost-effectiveness of interventions on adoption. While in the case of non-drug interventions it will generally be clear if an intervention has been recommended despite exceeding the threshold, the same is not true for drugs. The reimbursed prices of drugs are typically remains confidential [33]. The National Centre for Pharmacoeconomics (NCPE) is the expert body that appraises the cost-effectiveness of drugs on behalf of the HSE [34]. The prices and cost-effectiveness ratios publicly available in NCPE summary documents relate to prices on application not approval. Furthermore, this cost-effectiveness summary information is only published for those interventions subject to a full assessment by the NCPE, not those solely subject to the Rapid Review pathway [35].

While price confidentiality is an understandable condition to commercial negotiations given manufacturer's interests in other markets, it prohibits any meaningful oversight of adherence to the current threshold.

Previous research has attempted to examine factors influencing drug reimbursement and aspects of appraisal but have not been able to use actual reimbursed prices [33, 34]. It is therefore impossible for parties external to the HSE to determine how often threshold is breached or to what extent. In turn, this makes it impossible to judge the practical relevance of the threshold.

2. Analysis

2.1 Political & Institutional Context

The prospects for the adoption of an evidence-based threshold and consistent adherence to it depend in part on the political context in which CEA is applied. Understanding this context is important if we wish to have a realistic appraisal of the possibility of greater fidelity to the principles of CEA in healthcare spending. Cost-effectiveness is something politicians and other will espouse in the abstract [36], but is often rejected in particular instances when the intervention of interest is rejected. This is especially likely with elected decision makers. Improving health services and value for money achieved by them is a perennial goal, yet politicians will naturally wish to avoid withholding specific interventions for identifiable patients when the patients that benefit from more efficient resource allocation remain unidentified.

The incentives for politicians to confront the inappropriate threshold are weak. A more equitable and efficient threshold would be lower, leading to more new drugs being rejected, which will be politically costly. It may be more electorally advantageous to allow the status quo to persist, as voters may be inured to waiting lists. Furthermore, improving public services will likely be an expensive task for government. Recent estimates of

the annual cost of reducing Ireland's public waiting lists to more manageable levels by Brick and Keegan stand at between €183-212m per annum and approximately €60m thereafter once current excessive waiting lists have been addressed [37]. Ireland's mix of public and private provision effectively splits the electorate's interests regarding reform. Wealthier voters with the ability to purchase insurance may see their interests better served with a continuation of the status quo whereby they use private insurance to secure access to elective care rather than supporting reforms that require increased taxation to improve access for both them and the uninsured. Indeed, perceptions of the health vote as the apocryphal fiscal "black hole" may create expectations that the health system cannot effectively convert increased taxation into better access for all [38].

There is also an important institutional context to consider alongside CEA's political environment. Ireland's health economic infrastructure is growing. There are increasing numbers of health economists and related specialists trained to doctoral level, in part thanks to the Health Research Board's Structured Population Health-services Research Education (SPHeRE) programme. Both the NCPE and HIQA's health technology assessment directorate have expanded their staff. Health economic analysis now forms part of the National Clinical Effectiveness Committee's deliberations on service provision. Two health economists sit on Ireland's recently convened National Screening Advisory Committee. PhD health economists are also employed at the Economic and Social Research Institute and DPER.

While growth in health economics capacity is welcome, it does not necessarily translate into efficient service provision. We should not comfort ourselves simply with the fact that more health economic analyses are being conducted. Interventions have been recommended for adoption or have been adopted despite being found to be cost-ineffective [19, 25, 39]. Indeed, increased knowledge of the health economic performance of the health systems might actually elicit concern, as it becomes increasingly clear where we fail to achieve good value for money despite improving CEA evidence.

It is therefore relevant to consider where Ireland's health economic capacity is concentrated and what incentives it has to support reform. The Irish State's health economic expertise is largely concentrated at the NCPE and HIQA. The division of responsibility for drug and non-drug appraisals between the two bodies means that neither has an overarching responsibility for achieving balance between drug and other spending. Indeed, neither body has a role regarding health policy that would encompass the threshold's level. Unless commissioned to do so, attempts by either institution to critique the threshold or the mechanisms for setting it could justifiably be interpreted as a breach of their remit and risk criticism from the Department of Health and politicians alike. Conversely, while responsibility for setting an appropriate threshold lies with the Department of Health, it currently lacks the same concentration of health economic expertise. This imbalance of remit with expert capacity arguably militates against a cohesive initiative from the State towards fair and efficient rationing.

Further insights into the incentives and prospects for threshold reform are offered by examining some of the political and institutional considerations together. The technocratic perspective that resource allocation should follow a fair and consistent application of rules can conflict with democratic processes which are subject to lobbying, media attention and an understandable yet asymmetric empathetic focus on patients of interest and insufficient appreciation for opportunity costs. A question then is to what extent can elected decision makers refrain from interfering with technocratic processes by circumventing rules on fair allocation. Experience in Ireland with the approval of cost-ineffective drugs such as pembrolizumab and ivacaftor following apparent political intervention indicates that politicians will sometimes overrule technical processes [40, 41].

If politicians are unwilling to distance themselves from such decision making and support independent, technocratic processes, then a question is how firmly should technocrats push back in an attempt to address the weaknesses in fair allocation that arise from democratic pressures. For example, the head of the NCPE has urged politicians not to deviate from the standard drug reimbursement process [42]. Other such efforts could

include attempting to achieve greater transparency on breaching thresholds, greater scrutiny of the process to set the threshold and engaging with the public on the need for fair and consistent resource allocation. A difficulty with such activities is that they blur the lines between strengthening technocratic processes and advocacy which might invite conflict with political, commercial and professional interests and thereby compromise career prospects. Furthermore, recommending cost-ineffective care is withheld from identifiable groups will likely attract hostile media and public attention. Such efforts are also time consuming. Accordingly, the incentives for technocrats to confront political interference appear weak.

The weak incentives for both reform of the threshold and enhanced transparency around reimbursement contrast with those for industry. IPHA has a clear interest in maintaining the current threshold rather than seeing any attempt to more accurately balance it with the opportunity cost. Moreover, evidence indicates that IPHA is an active lobby. The record of lobbying activity reported under the provisions the Regulation of Lobbying Act shows IPHA engaged with 110 unique individuals over 78 different occasions on a range of issues in the reporting period from September 2015 to December 2020 (Appendix Table 1) [43]. The individuals lobbied include members of the Dáil and Seanad (lower and upper houses of the Irish Parliament respectively), members of the European Parliament, government ministers and senior civil servants. It seems relevant to ask how concerted are the State's countervailing efforts to protect the interests of patients bearing the opportunity new drug therapies.

2.2 Impact of COVID

Previous critiques of the Irish threshold have questioned whether the threshold is too high. These concerns arose before the advent of COVID-19. The pandemic has had two important effects relevant to the cost-effectiveness threshold. The most obvious has been its impact on health services. COVID-19 directly consumed much of the available health system capacity throughout 2020 and early 2021 and led to the cancellation of many services. Accordingly, waiting lists have grown, further exacerbating the problems of

unmet need. By mid-2020 waiting lists for inpatient and outpatient care had increased sharply [22]. The consequences of sustained service disruptions will clearly be both additional accumulated demand for an already underperforming health system to address, but also potentially a more demanding case burden as some needs will have grown more acute.

In addition to the direct impact on health services, the pandemic has also required large increased in State spending, both within the health budget and in public spending overall. Overall government spending in 2019 is reported as €67.2bn, of which €18.4bn was public expenditure on health, €2.2bn of which on was pharmaceuticals, representing just under 12% of total health spending [44]. An additional €14.1bn of overall COVID-19 related spending was allocated for 2020, of which €2.0bn was on health [44]. This additional spending will only be temporary and will be attenuated through borrowing, nevertheless the sums involved are large and represent a significant additional fiscal burden.

These combined system capacity and budget challenges make it ever more difficult to sustain a case for continuing with the current threshold. The dual impact of meeting substantial further accumulations of unmet need while eventually achieving spending reductions appears to create greater urgency for a threshold that more appropriately balances resources between drug and non-drug interventions.

2.3 Other Considerations

2.3.1 Threshold as Subsidy

A previous examination of the Irish cost-effectiveness perspective speculated that maintenance of a high threshold could be rationalised as a subsidy to the pharmaceutical sector [1]. The sector is a key employer and exporter for Ireland and it is conceivable that enterprise-oriented elements of government might wish to retain

generous reimbursement as a way of supporting the sector without explicitly breaking European State aid rules. If this is the case, it presumably would never be confirmed by government. That, however, does not render the issue moot. The possibility of such a form of subsidy prompts questions of whether it is an effective or efficient form of support. While Ireland has a large pharma sector, not all manufacturers who supply the Irish health system have significant operations in Ireland. It also seems relevant to ask whether the same high threshold should be extended to non-drug care. Arguments regarding equity of access to equally cost-effective care would suggest so, but this then would implicitly increase the overall cost to public spending of maintaining such a form of subsidy.

2.3.2 Should we use a threshold at all?

Much of this discussion is from the standard CEA perspective that holds population health will be maximised through the operation of a cost-effectiveness threshold. The assumptions supporting that position are not likely to apply in reality [45]. Moreover, using an known, explicit reservation price as a threshold may not maximise health, but could yield zero net health gain, as all the benefits of new interventions are capitalised into prices by suppliers [46]. Furthermore, the standard CEA perspective assumes fungibility of resources across all healthcare interventions, whereas in practice funds tend to be hypothecated to specific classes of spending. For instance, Irish healthcare spending makes drug-specific allocations, portions of which are further earmarked for the reimbursement of new drugs [2].

If funding is hypothecated for pharmaceutical spending in general and on new drugs in particular, then it might be better to partially abandon the threshold in favour of auction approach that considers multiple candidate interventions within a series of periodic spending rounds. It could award reimbursement to interventions in rank order of cost per QALY until the funding within each round is exhausted. Drugs not approved then form part of the panel for the next funding round. Suppliers therefore have an incentive to bid their prices down to receive funding and compete against suppliers of other interventions for other indications.

A threshold may still be required to provide an upper bound of what will be reimbursed if there are too few candidate interventions within any individual funding round to achieve cost-effectiveness. Moreover, a threshold would still be required for non-drug interventions reimbursed outside the auction.

An auction system might require considerable forward planning to arrange panels of candidate interventions over multiple funding rounds and would likely take longer than the current process. While sophisticated auction processes have been most well documented in the context of selling public assets such as mobile phone network licences [47], they can also be applied to public procurement. The potential for substantially increased capture of welfare by the State in the form of lower drug prices seems worth exploring. This option, however, is clearly beyond the scope of the forthcoming price negotiations.

2.4 What Must Change?

The primary suggestion for a new cost-effectiveness threshold for Ireland is that it needs to be referenced in some meaningful way to opportunity costs within the healthcare system. This seems necessary if the HSE is to fulfil its obligations under the 2013 Health Act. It is likely that reflecting opportunity costs will require a threshold reduction. It seems this would be best achieved by the State determining the appropriate threshold itself, rather than in negotiation with IPHA, as suggested by Brick et al. [25]. Whatever decisions regarding a new threshold are made in the coming months, it is necessary that the evidence and deliberations around this are published by the Department of Health.

If the current reimbursement process implicitly applies greater weights to health related to certain patients, intervention types, diseases or levels of disease severity, then such criteria need to be made explicit. Furthermore, any preference weights should be supported by evidence underpinning preferential weighting.

A medium-term objective beyond the forthcoming agreement includes greater price transparency regarding products on adoption. This is necessary to provide accountability regarding the allocation of resources and reveal to what extent the threshold is meaningfully applied. Price transparency need not compromise commercial confidentiality. Annual reports could publish aggregated information on the incremental cost-effectiveness ratios and budget impacts of approved interventions to conceal the price and cost of individual products, yet still broadly indicate the level adherence to the threshold and related budget consequences.

3. Conclusion

Mounting evidence shows Ireland's current cost-effectiveness threshold lacks an appropriate evidence base and likely exceeds opportunity costs. The threshold should be reduced to better balance pharmaceutical spending with other unmet needs. Without such reform current decision rules risk harming Ireland's health system. Increasing awareness of this situation leaves it increasingly unacceptable. Concerted effort may be required by the State to support reform, as the incentives to counter industrial interests appear weak for both politicians and technocrats. It now seems necessary for the Department of Health to take leadership on setting an appropriate threshold. If it succeeds, Ireland can look forward to benefits of fair and consistent application of CEA.

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Appendix: returns retrieved from the Standards in Public Office register of lobbying activity

URL	Date Published	Period	Relevant Matter	Specific Details	Designated Public Officials Lobbied
lobbying.ie/return/1692/irish-pharmaceutical-healthcare-association	19/01/2016	Sep 2015 - Dec 2015	Public policy or programme	IPHA policy priorities as set out in Policy and Budgetary Perspectives 2015 - 2016" document"	Brendan Howlin, Minister, DPER, Michael Noonan, Minister, DoF; Richard Bruton, Minister, DoE; Simon Harris, Minister of State, DoF; Kathleen Lynch, Minister of State, DoH; Billy Kelleher, TD, Dáil Éireann; Dara Calleary, TD, Dáil Éireann; Jerry Buttimer, TD, Dáil Éireann; Ciara Conway, TD, Dáil Éireann; Lucinda Creighton, TD, Dáil Éireann; Stephen Donnelly, TD, Dáil Éireann; Brian Hayes, MEP, European Parliament; Mairead McGuinness, MEP, European Parliament; Nessa Childers, MEP, European Parliament; Jim Breslin, Secretary General, DoH; Derek Moran, Secretary General, DoF; Fergal Goodman, Assistant Secretary, DoH; John Murphy, Secretary General, DETE; Robert Watt, Secretary General, DPER, Caoimhghín Ó Caoláin, TD, Dáil Éireann; Peadar Tóibín, TD, Dáil Éireann
lobbying.ie/return/1704/irish-pharmaceutical-healthcare-association	19/01/2016	Sep 2015 - Dec 2015	Public policy or programme	Preparations for negotiations on a new Supply Agreement between IPHA and the State	Kathleen Lynch, Minister of State, DoH; Jim Breslin, Secretary General, DoH; Fergal Goodman, Assistant Secretary, DoH; Brendan Howlin, Minister, DPER, Leo Varadkar, Minister, DoH
lobbying.ie/return/1767/irish-pharmaceutical-healthcare-association	19/01/2016	Sep 2015 - Dec 2015	Public policy or programme	Report of Oireachtas Committee on Health and Children on the cost of prescription drugs	Leo Varadkar, Minister, DoH; Jerry Buttimer, TD, Dáil Éireann; Caoimhghín Ó Caoláin, TD, Dáil Éireann; Catherine Byrne, TD, Dáil Éireann; Ciara Conway, TD, Dáil Éireann; Joe Costello, TD, Dáil Éireann; Clare Daly, TD, Dáil Éireann; Regina Doherty, TD, Dáil Éireann; Peter Fitzpatrick, TD, Dáil Éireann; Séamus Healy, TD, Dáil Éireann; Billy Kelleher, TD, Dáil Éireann; Eamonn Maloney, TD, Dáil Éireann; Sandra McLellan, TD, Dáil Éireann; Mary Mitchell O'Connor, TD, Dáil Éireann; Dan Neville, TD, Dáil Éireann; Robert Troy, TD, Dáil Éireann; Colm Burke, Senator, Seanad; Thomas Byrne, Senator, Seanad; John Crown, Senator, Seanad; John Gilroy, Senator, Seanad; Imelda Henry, Senator, Seanad; Jillian van Turnhout, Senator, Seanad
lobbying.ie/return/1773/irish-pharmaceutical-healthcare-association	19/01/2016	Sep 2015 - Dec 2015	Public policy or programme	European Commission Country Specific Recommendations (CSRs) on Ireland related to expenditure on prescription medicines	Brian Hayes, MEP, European Parliament
lobbying.ie/return/1811/irish-pharmaceutical-healthcare-association	19/01/2016	Sep 2015 - Dec 2015	Legislation	Health (Pricing and Supply of Medical Goods) (Amendment) Bill 2015 (Fianna Fáil Private Members Bill)	Micheál Martin, TD, Dáil Éireann; Billy Kelleher, TD, Dáil Éireann; Seán Fleming, TD, Dáil Éireann
lobbying.ie/return/4716/irish-pharmaceutical-healthcare-association	13/05/2016	Jan 2016 - Apr 2016	Public policy or programme	European Commission Country Specific Recommendations (CSRs) on Ireland relating to expenditure on prescription medicines	Brian Hayes, MEP, European Parliament
lobbying.ie/return/4718/irish-pharmaceutical-healthcare-association	13/05/2016	Jan 2016 - Apr 2016	Public policy or programme	New Supply Agreement between the State and IPHA	Fergal Goodman, Assistant Secretary, DoH; Pat O'Mahony, Deputy Secretary General, DoH
lobbying.ie/return/7854/irish-pharmaceutical-healthcare-association	19/09/2016	May 2016 - Aug 2016	Public policy or programme	Negotiation of new Medicines Supply Agreement between IPHA and the State	Simon Harris, Minister, DoH; Paschal Donohoe, Minister, DPER, Mary Mitchell O'Connor, Minister, DETE; Micheál Martin, TD, Dáil Éireann; Billy Kelleher, TD, Dáil Éireann; Seán Fleming, TD, Dáil Éireann; James Browne, TD, Dáil Éireann; Fergal Goodman, Assistant Secretary, DoH; Jim Breslin, Secretary General, DoH; Andrew McDowell, Special Advisor, Department of the Taoiseach; Martin Fraser, Secretary General, Department of the Taoiseach; Majella Fitzpatrick, Special Advisor, DoH; Pat O'Mahony, Deputy Secretary General, DoH; Stephen Lynam, Special Advisor, DPER

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lobbying.ie/return/7859/irish-pharmaceutical-healthcare-association	19/09/2016	May 2016 - Aug 2016	Legislation	Health (Pricing and Supply of Medical Goods) (Amendment) Bill 2015 (Fianna Fáil Private Members Bill)	Micheál Martin, TD, Dáil Éireann; Billy Kelleher, TD, Dáil Éireann; Seán Fleming, TD, Dáil Éireann; James Browne, TD, Dáil Éireann
lobbying.ie/return/11518/irish-pharmaceutical-healthcare-association	11/01/2017	Sep 2016 - Dec 2016	Public policy or programme	To update the Minister for Jobs, Enterprise and Innovation on policy priorities for IPHA, including the new Pricing and Supply Agreement; importance of fostering innovation; industry's wish to contribute to dialogue on sustainability of health/national finances	Mary Mitchell O'Connor, Minister, DETE
lobbying.ie/return/11519/irish-pharmaceutical-healthcare-association	11/01/2017	Sep 2016 - Dec 2016	Public policy or programme	To update the Minister for Health on policy priorities for the IPHA, including the implementation of the new Pricing and Supply Agreement; the possible relocation of the EMA post Brexit; transfers of value (ToV) issue and development of a new policy on biosimilars.	Simon Harris, Minister, DoH
lobbying.ie/return/11520/irish-pharmaceutical-healthcare-association	11/01/2017	Sep 2016 - Dec 2016	Public policy or programme	To advise the Fianna Fáil Spokesperson on Health and members of the joint Oireachtas Committee on Health of IPHA concerns on a private members bill to amend the Health (Pricing and Supply of Medical Goods) Act 2013	Billy Kelleher, TD, Dáil Éireann; Bernard Durkan, TD, Dáil Éireann; Michael Harty, TD, Dáil Éireann; Alan Kelly, TD, Dáil Éireann; Kate O'Connell, TD, Dáil Éireann; Margaret Murphy O'Mahony, TD, Dáil Éireann; Louise O'Reilly, TD, Dáil Éireann; Colm Burke, Senator, Seanad; John Dolan, Senator, Seanad; Rónán Mullen, Senator, Seanad; Keith Swanick, Senator, Seanad
lobbying.ie/return/15609/irish-pharmaceutical-healthcare-association	12/05/2017	Jan 2017 - Apr 2017	Public policy or programme	The operation of the Framework Agreement and policy issues such as pricing, reimbursement, early access schemes and transparency	Martin Heydon, TD, Dáil Éireann; Colm Burke, Senator, Seanad; Hildegard Naughton, TD, Dáil Éireann; Bernard Durkan, TD, Dáil Éireann; Michael McGrath, TD, Dáil Éireann; Niall Collins, TD, Dáil Éireann; Dara Calleary, TD, Dáil Éireann; Mary Butler, TD, Dáil Éireann; Fiona O'Loughlin, TD, Dáil Éireann; John Brassil, TD, Dáil Éireann; Alan Kelly, TD, Dáil Éireann; Seán Sherlock, TD, Dáil Éireann; Michael Harty, TD, Dáil Éireann
lobbying.ie/return/15611/irish-pharmaceutical-healthcare-association	12/05/2017	Jan 2017 - Apr 2017	Public policy or programme	To assist in setting meeting between Minister and Head of Europe of Biogen	Majella Fitzpatrick, Special Adviser, DoH
lobbying.ie/return/15613/irish-pharmaceutical-healthcare-association	12/05/2017	Jan 2017 - Apr 2017	Legislation	Fianna Fáil private members bill on disclosure of payments to medical practitioners	Billy Kelleher, TD, Dáil Éireann
lobbying.ie/return/20078/irish-pharmaceutical-healthcare-association	18/09/2017	May 2017 - Aug 2017	Public policy or programme	To discuss with the Minister for Health Government policy as it relates to the supply and reimbursement of new medicines	Simon Harris TD, Minister, DoH; Majella Fitzpatrick, Special Advisor, DoH

URL	Date Published	Period	Relevant Matter	Specific Details	Designated Public Officials Lobbied
lobbying.ie/return/20162/irish-pharmaceutical-healthcare-association	18/09/2017	May 2017 - Aug 2017	Public policy or programme	Briefing of individual members of the Oireachtas on issues of priority to IPHA and its members, including access to new medicines, transparency and the Framework Agreement	Keith Swanick, Senator, Seanad; Donnchadh Ó Laoghaire, TD, Dáil Éireann; Margaret Murphy O'Mahony, TD, Dáil Éireann; Louise O'Reilly, TD, Dáil Éireann
lobbying.ie/return/20173/irish-pharmaceutical-healthcare-association	18/09/2017	May 2017 - Aug 2017	Public policy or programme	To determine Government position on European Commission plans to review IP incentives	Dermot Mulligan, Assistant Secretary, DETE
lobbying.ie/return/25074/irish-pharmaceutical-healthcare-association	19/01/2018	Sep 2017 - Dec 2017	Public policy or programme	To seek appearance before the Oireachtas Health Committee	Michael Harty, TD, Dáil Éireann
lobbying.ie/return/25098/irish-pharmaceutical-healthcare-association	19/01/2018	Sep 2017 - Dec 2017	Public policy or programme	To discuss with Fianna Fáil spokesperson on Health topical issues on interest to the IPHA, including slowness in the reimbursement of new medicines, biosimilars and private members bill on payments to doctors	Billy Kelleher, TD, Dáil Éireann
lobbying.ie/return/25114/irish-pharmaceutical-healthcare-association	19/01/2018	Sep 2017 - Dec 2017	Public policy or programme	To convey IPHA position on Fianna Fáil private members bill on payments to doctors	Louise O'Reilly, TD, Dáil Éireann; Alan Kelly, TD, Dáil Éireann; Joanne Lonergan, Special Adviser, DoH
lobbying.ie/return/25122/irish-pharmaceutical-healthcare-association	19/01/2018	Sep 2017 - Dec 2017	Public policy or programme	To provide briefings for members of the Oireachtas on reimbursement issues	Michael McGrath, TD, Dáil Éireann; Dara Calleary, TD, Dáil Éireann
lobbying.ie/return/25168/irish-pharmaceutical-healthcare-association	19/01/2018	Sep 2017 - Dec 2017	Public policy or programme	To challenge claims made in the Sunday Business Post about the effectiveness of some oncology medicines	Colm Burke, Senator, Seanad; Hildegard Naughton, TD, Dáil Éireann; Bernard Durkan, TD, Dáil Éireann; Billy Kelleher, TD, Dáil Éireann; Michael McGrath, TD, Dáil Éireann; Niall Collins, TD, Dáil Éireann; Mary Butler, TD, Dáil Éireann; Fiona O'Loughlin, TD, Dáil Éireann; Keith Swanick, Senator, Seanad; John Brassil, TD, Dáil Éireann; Timmy Dooley, TD, Dáil Éireann; Margaret Murphy O'Mahony, TD, Dáil Éireann; Louise O'Reilly, TD, Dáil Éireann; Donnchadh Ó Laoghaire, TD, Dáil Éireann; Alan Kelly, TD, Dáil Éireann; Seán Sherlock, TD, Dáil Éireann; Michael Harty, TD, Dáil Éireann
lobbying.ie/return/25189/irish-pharmaceutical-healthcare-association	19/01/2018	Sep 2017 - Dec 2017	Public policy or programme	The IPHA Annual Conference and Dinner	Simon Harris, Minister, DoH; Joanne Lonergan, Special Adviser, DoH
lobbying.ie/return/25200/irish-pharmaceutical-healthcare-association	19/01/2018	Sep 2017 - Dec 2017	Public policy or programme	Oireachtas Health Committee hearing on Orphan Drugs	Billy Kelleher, TD, Dáil Éireann; Michael Harty, TD, Dáil Éireann; Margaret Murphy O'Mahony, TD, Dáil Éireann; Margaret Murphy O'Mahony, Councillor, Cork County Council
lobbying.ie/return/27720/irish-pharmaceutical-healthcare-association	16/05/2018	Jan 2018 - Apr 2018	Public policy or programme	Government support and involvement in BioPharma Ambition Conference, February 2018	Brian Murphy, Chief of Staff, Department of the Taoiseach; Kathy Ann Barrett, Special Adviser, DoH
lobbying.ie/return/27723/irish-pharmaceutical-healthcare-association	16/05/2018	Jan 2018 - Apr 2018	Public policy or programme	Selfcare policy document developed in cooperation with IPU	Catherine Byrne, Minister of State, DoH

URL	Date Published	Period	Relevant Matter	Specific Details	Designated Public Officials Lobbied
lobbying.ie/return/27753/irish-pharmaceutical-healthcare-association	16/05/2018	Jan 2018 - Apr 2018	Legislation	Proposed EU legislation to introduce a waiver on Special Protection Certificates (SPCs) for pharmaceutical products	Heather Humphreys, Minister, DETE; Pauric McPhillips, Special Adviser, Department of Culture, Heritage and the Gaeltacht; Brian Hayes, MEP, European Parliament; Mairead McGuinness, MEP, European Parliament; Marian Harkin, MEP, European Parliament; Deirdre Clune, MEP, European Parliament; Seán Kelly, MEP, European Parliament
lobbying.ie/return/27760/irish-pharmaceutical-healthcare-association	16/05/2018	Jan 2018 - Apr 2018	Public policy or programme	IPHA political series with Health Spokespersons	Michael Harty, TD, Dáil Éireann; Louise O'Reilly, TD, Dáil Éireann; Alan Kelly, TD, Dáil Éireann; Stephen Donnelly, TD, Dáil Éireann; Jim Daly, Minister of State, DoH
lobbying.ie/return/27762/irish-pharmaceutical-healthcare-association	16/05/2018	Jan 2018 - Apr 2018	Legislation	Fianna Fáil private members bill to amend the Health Act 2013	John Brassil, TD, Dáil Éireann
lobbying.ie/return/27769/irish-pharmaceutical-healthcare-association	16/05/2018	Jan 2018 - Apr 2018	Public policy or programme	To arrange meetings with senior Fianna Fáil front benchers, including Party Leader Micheál Martin TD	Michel Martin, TD, Dáil Éireann; Dara Calleary, TD, Dáil Éireann; Stephen Donnelly, TD, Dáil Éireann
lobbying.ie/return/31085/irish-pharmaceutical-healthcare-association	20/09/2018	May 2018 - Aug 2018	Public policy or programme	IPHA political series with Health spokespersons	Michael Harty, TD, Dáil Éireann; Louise O'Reilly, TD, Dáil Éireann; Alan Kelly, TD, Dáil Éireann; Jim Daly, TD, Dáil Éireann; Stephen Donnelly, TD, Dáil Éireann
lobbying.ie/return/31087/irish-pharmaceutical-healthcare-association	20/09/2018	May 2018 - Aug 2018	Public policy or programme	Briefing of Fianna Fáil Deputy Leader and Director of Policy, Dara Calleary, TD	Dara Calleary, TD, Dáil Éireann
lobbying.ie/return/31086/irish-pharmaceutical-healthcare-association	20/09/2018	May 2018 - Aug 2018	Public policy or programme	Briefing of Fianna Fáil Spokesperson on Health, Stephen Donnelly TD	Stephen Donnelly, TD, Dáil Éireann
lobbying.ie/return/31088/irish-pharmaceutical-healthcare-association	20/09/2018	May 2018 - Aug 2018	Public policy or programme	EU legislative proposal to introduce an SPC waiver on pharmaceutical products	Deirdre Clune, MEP, European Parliament; Brian Hayes, MEP, European Parliament
lobbying.ie/return/31092/irish-pharmaceutical-healthcare-association	20/09/2018	May 2018 - Aug 2018	Public policy or programme	To arrange briefing meetings with Government Special Advisors	Edward Brophy, Special Advisor, DPER, Joanne Lonergan, Special Adviser, DoH; Kathy Ann Barrett, Special Adviser, DoH; Pauric McPhillips, Special Adviser, Department of Arts, Heritage and the Gaeltacht; Lucy Moylan, Special Adviser, DETE; John Carroll, Head of Unit, Department of the Taoiseach
lobbying.ie/return/34513/irish-pharmaceutical-healthcare-association	14/01/2019	Sep 2018 - Dec 2018	Public policy or programme	EU Commission proposals to introduce an SPC waiver on pharmaceutical products	Brian Hayes, MEP, European Parliament; Mairead McGuinness, MEP, European Parliament; Deirdre Clune, MEP, European Parliament; Seán Kelly, MEP, European Parliament; John Brassil, TD, Dáil Éireann; Dermot Mulligan, Assistant Secretary, DETE
lobbying.ie/return/34520/irish-pharmaceutical-healthcare-association	14/01/2019	Sep 2018 - Dec 2018	Public policy or programme	Inclusion of IPHA position on access to innovative medicines in discussions on renewal of Confidence and Supply Agreement	Dara Calleary, TD, Dáil Éireann
lobbying.ie/return/34602/irish-pharmaceutical-healthcare-association	14/01/2019	Sep 2018 - Dec 2018	Public policy or programme	Irish Government Economic and Evaluation Service (IGEES) policy forum on drug costs	Fergal Goodman, Assistant Secretary, DoH; David Moloney, Assistant Secretary, DPER
lobbying.ie/return/34556/irish-pharmaceutical-healthcare-association	14/01/2019	Sep 2018 - Dec 2018	Public policy or programme	Inclusion of medicine regulation in Brexit withdrawal agreement	John Callinan, Assistant Secretary, Department of the Taoiseach; Rory Montgomery, Second Secretary General, Department of the Taoiseach; Aingel O'Donoghue, Assistant Secretary, Department of Foreign Affairs

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lobbying.ie/return/34554/irish-pharmaceutical-healthcare-association	14/01/2019	Sep 2018 - Dec 2018	Public policy or programme	IPHA member companies preparation for Brexit	Simon Harris TD, Minister, DoH
lobbying.ie/return/34618/irish-pharmaceutical-healthcare-association	14/01/2019	Sep 2018 - Dec 2018	Public policy or programme	IPHA 'Manifesto for Better Health'	Leo Varadkar, Taoiseach, Department of the Taoiseach; Michael McGrath, TD, Dáil Éireann; Michael Harty, TD, Dáil Éireann; Stephen Donnelly, TD, Dáil Éireann; Margaret Murphy O'Mahony, TD, Dáil Éireann; Louise O'Reilly, TD, Dáil Éireann; Alan Kelly, TD, Dáil Éireann; Kate O'Connell, TD, Dáil Éireann; John Brassil, TD, Dáil Éireann; Martin Heydon, TD, Dáil Éireann; Paschal Donohoe, Minister, DoF; Simon Coveney, Minister, Department of Foreign Affairs; Regina Doherty, Minister, Department of Employment Affairs and Social Protection; Lisa Chambers, TD, Dáil Éireann; Barry Cowen, TD, Dáil Éireann; James Browne, TD, Dáil Éireann; Robert Watt, Secretary General, DPER, Edward Brophy, Special Advisor, DPER, Clare Mungovan, Special Adviser, Department of the Taoiseach; Clare Mungovan, Special Adviser, Department of Defence; John Carroll, Head of Unit, Department of the Taoiseach; Joanne Lonergan, Special Adviser, DoH; Pauric McPhillips, Special Adviser, DETE; Lucy Moylan, Special Adviser, DETE; Lucy Moylan, Special Adviser, DETE
lobbying.ie/return/34512/irish-pharmaceutical-healthcare-association	14/01/2019	Sep 2018 - Dec 2018	Public policy or programme	Liaison with Deputy Dara Calleary regarding the reimbursement status of Spinraza	Dara Calleary, TD, Dáil Éireann
lobbying.ie/return/34619/irish-pharmaceutical-healthcare-association	14/01/2019	Sep 2018 - Dec 2018	Public policy or programme	Medicine pricing	Jim Daly, Minister of State, DoH
lobbying.ie/return/34620/irish-pharmaceutical-healthcare-association	14/01/2019	Sep 2018 - Dec 2018	Legislation	Private members bill to amend Health Act and introduce a separate reimbursement process for orphan drugs	John Brassil, TD, Dáil Éireann
lobbying.ie/return/34621/irish-pharmaceutical-healthcare-association	14/01/2019	Sep 2018 - Dec 2018	Public policy or programme	Impact of Brexit on medicines supply	Jim Breslin, Secretary General, DoH; Fergal Goodman, Assistant Secretary, DoH
lobbying.ie/return/11263/irish-pharmaceutical-healthcare-association	14/01/2019	Sep 2018 - Dec 2018	Public policy or programme	To advise the Fianna Fail Spokesperson on Health and members of the joint Oireachtas Committee on Health of IPHA concerns on a private members bill to amend the Health (Pricing and Supply of Medical Goods) Act 2013	Billy Kelleher, TD, Dáil Éireann; Bernard Durkan, TD, Dáil Éireann; Michael Harty, TD, Dáil Éireann; Alan Kelly, TD, Dáil Éireann; Kate O'Connell, TD, Dáil Éireann; Margaret Murphy O'Mahony, TD, Dáil Éireann; Louise O'Reilly, TD, Dáil Éireann; Colm Burke, Senator, Seanad; John Dolan, Senator, Seanad; Rónán Mullen, Senator, Seanad; Keith Swanick, Senator, Seanad
lobbying.ie/return/47482/irish-pharmaceutical-healthcare-association	20/05/2019	Jan 2019 - Apr 2019	Public policy or programme	Originator pharmaceutical industry's preparations for Brexit	Muiris O'Connor, Assistant Secretary, DoH; Joanne Lonergan, Special Adviser, DoH; Lisa Chambers, Councillor, Mayo County Council; Brendan Howlin, TD, Dáil Éireann; Stephen Donnelly, TD, Dáil Éireann; Alan Kelly, TD, Dáil Éireann; Dr Michael Harty, TD, Dáil Éireann; John Brassil, TD, Dáil Éireann; Dara Calleary, TD, Dáil Éireann
lobbying.ie/return/47526/irish-pharmaceutical-healthcare-association	20/05/2019	Jan 2019 - Apr 2019	Public policy or programme	Proposed dialogue between industry and State on an improved reimbursement system for medicines	Fergal Goodman, Assistant Secretary, DoH

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lobbying.ie/return/47726/irish-pharmaceutical-healthcare-association	20/05/2019	Jan 2019 - Apr 2019	Public policy or programme	IPHA policy document Manifesto for Better Health""	Dara Calleary, TD, Dáil Éireann; John Brassil, TD, Dáil Éireann; Louise O'Reilly, TD, Dáil Éireann; Colm Burke, Senator, Seanad; Anne Rabbitte, TD, Dáil Éireann; Seán Fleming, TD, Dáil Éireann; Stephen Donnelly, TD, Dáil Éireann; Keith Swanick, Senator, Seanad; Brendan Howlin, TD, Dáil Éireann; John Lahart, TD, Dáil Éireann; Jim O'Callaghan, TD, Dáil Éireann; Jack Chambers, TD, Dáil Éireann; Margaret Murphy O'Mahony, TD, Dáil Éireann; Eamon Ryan, TD, Dáil Éireann
lobbying.ie/return/47728/irish-pharmaceutical-healthcare-association	20/05/2019	Jan 2019 - Apr 2019	Public policy or programme	To highlight importance of continuity of supply of medicines in Europe post Brexit	Helen McEntee, Minister of State, DoH; John Callinan, Assistant Secretary, Department of the Taoiseach; Aingeal O'Donoghue, Assistant Secretary, Department of Foreign Affairs; Fergal Goodman, Assistant Secretary, DoH; Muiris O'Connor, Assistant Secretary, DoH
lobbying.ie/return/47733/irish-pharmaceutical-healthcare-association	20/05/2019	Jan 2019 - Apr 2019	Public policy or programme	EU draft legislation to alter IP protections for pharmaceutical industry	Heather Humphreys, Minister, DETE
lobbying.ie/return/47896/irish-pharmaceutical-healthcare-association	20/05/2019	Jan 2019 - Apr 2019	Public policy or programme	Manifesto of the European Federation of Pharmaceutical Industries and Associations (EFPIA) for the European elections	Billy Kelleher, TD, Dáil Éireann; Frances Fitzgerald, TD, Dáil Éireann; Brendan Smith, TD, Dáil Éireann; Malcolm Byrne, Councillor, Wexford County Council
lobbying.ie/return/47909/irish-pharmaceutical-healthcare-association	20/05/2019	Jan 2019 - Apr 2019	Public policy or programme	Policy Forum for Ireland's BioPharma Future and BioPharma Ambition 2020	John Carroll, Special Advisor, Department of the Taoiseach
lobbying.ie/return/54441/irish-pharmaceutical-healthcare-association	16/01/2020	Sep 2019 - Dec 2019	Public policy or programme	New medicines Supply Agreement with State	Fergal Goodman, Assistant Secretary, DoH
lobbying.ie/return/54432/irish-pharmaceutical-healthcare-association	16/01/2020	Sep 2019 - Dec 2019	Public policy or programme	New Supply Agreement and State vaccines group	Simon Harris TD, Minister, DoH
lobbying.ie/return/54436/irish-pharmaceutical-healthcare-association	16/01/2020	Sep 2019 - Dec 2019	Public policy or programme	State spend on medicines in hospitals 2015 to 2018	John Brassil, TD, Dáil Éireann
lobbying.ie/return/54438/irish-pharmaceutical-healthcare-association	16/01/2020	Sep 2019 - Dec 2019	Public policy or programme	Report commissioned by Department of Health from Mazars on drug reimbursement system	Dara Calleary, TD, Dáil Éireann
lobbying.ie/return/50920/irish-pharmaceutical-healthcare-association	13/09/2019	May 2019 - Aug 2019	Public policy or programme	IPHA Manifesto for Better Health	Stephen Donnelly, TD, Dáil Éireann
lobbying.ie/return/50911/irish-pharmaceutical-healthcare-association	13/09/2019	May 2019 - Aug 2019	Public policy or programme	World Health Assembly - Italian proposal on pharmaceuticals	Fergal Goodman, Assistant Secretary, DoH
lobbying.ie/return/50918/irish-pharmaceutical-healthcare-association	13/09/2019	May 2019 - Aug 2019	Public policy or programme	Government policy on access to new medicines	Brian Murphy, Chief of Staff, Department of the Taoiseach
lobbying.ie/return/50910/irish-pharmaceutical-healthcare-association	13/09/2019	May 2019 - Aug 2019	Public policy or programme	Official policy on biologics	Robert Watt, Secretary General, DPER

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lobbying.ie/return/50928/irish-pharmaceutical-healthcare-association	13/09/2019	May 2019 - Aug 2019	Public policy or programme	PwC report for EFPIA on value of pharmaceutical industry	Stephen Donnelly, TD, Dáil Éireann; Bernard Durkan, TD, Dáil Éireann; Dr Michael Harty, TD, Dáil Éireann; Alan Kelly, TD, Dáil Éireann; Margaret Murphy O'Mahony, TD, Dáil Éireann; Kate O'Connell, TD, Dáil Éireann; Louise O'Reilly, TD, Dáil Éireann; Colm Burke, Senator, Seanad; Keith Swanick, Senator, Seanad; John Dolan, Senator, Seanad; Rónán Mullen, Senator, Seanad
lobbying.ie/return/50930/irish-pharmaceutical-healthcare-association	13/09/2019	May 2019 - Aug 2019	Public policy or programme	IPHA approach to new supply agreement and current policy provisions	Micheal Martin, TD, Dáil Éireann
lobbying.ie/return/50922/irish-pharmaceutical-healthcare-association	13/09/2019	May 2019 - Aug 2019	Public policy or programme	Health Committee hearings on medicines	Dr Michael Harty, TD, Dáil Éireann
lobbying.ie/return/50915/irish-pharmaceutical-healthcare-association	13/09/2019	May 2019 - Aug 2019	Public policy or programme	Prescriber incentives for biosimilars	Jim Breslin, Secretary General, DoH; Fergal Goodman, Assistant Secretary, DoH
lobbying.ie/return/62309/irish-pharmaceutical-healthcare-association	16/09/2020	May 2020 - Aug 2020	Public policy or programme	Interaction between DPER and DoH/HSE on funding for new medicines	Dara Calleary, TD, Dáil Éireann
lobbying.ie/return/62308/irish-pharmaceutical-healthcare-association	16/09/2020	May 2020 - Aug 2020	Public policy or programme	New Framework Agreement between the State and IPHA on supply of medicines	Fergal Goodman, Assistant Secretary, DoH
lobbying.ie/return/62312/irish-pharmaceutical-healthcare-association	16/09/2020	May 2020 - Aug 2020	Public policy or programme	Establishment of National Medicines Agency	Louise O'Reilly, TD, Dáil Éireann
lobbying.ie/return/62316/irish-pharmaceutical-healthcare-association	16/09/2020	May 2020 - Aug 2020	Public policy or programme	Government policy on access to new medicines	Micheál Martin, An Taoiseach, Dáil Éireann; Michael McGrath, Minister, DPER, Stephen Donnelly, Minister, DoH
lobbying.ie/return/62306/irish-pharmaceutical-healthcare-association	16/09/2020	May 2020 - Aug 2020	Public policy or programme	Medicines Policy and Programme for Government	Ossian Smyth, TD, Dáil Éireann
lobbying.ie/return/58142/irish-pharmaceutical-healthcare-association	18/05/2020	Jan 2020 - Apr 2020	Public policy or programme	Operation of current Medicines Supply Agreement and planning for successor agreement	Fergal Goodman, Assistant Secretary, DoH; Ronnie Downes, Assistant Secretary, DPER
lobbying.ie/return/58145/irish-pharmaceutical-healthcare-association	18/05/2020	Jan 2020 - Apr 2020	Public policy or programme	Importance of medicines policy in General Election dialogue	Dara Calleary, TD, Dáil Éireann; Stephen Donnelly, TD, Dáil Éireann
lobbying.ie/return/58147/irish-pharmaceutical-healthcare-association	18/05/2020	Jan 2020 - Apr 2020	Public policy or programme	Directive on Best Value Biologics	Jim Breslin, Secretary General, DoH
lobbying.ie/return/58159/irish-pharmaceutical-healthcare-association	18/05/2020	Jan 2020 - Apr 2020	Public policy or programme	Importance of a definitive and focused medicines policy, especially regarding access, in the Programme for Government	Louise O'Reilly, TD, Dáil Éireann; Róisín Shorthall, TD, Dáil Éireann; Catherine Martin, TD, Dáil Éireann; Stephen Donnelly, TD, Dáil Éireann; Micheál Martin, TD, Dáil Éireann; Alan Kelly, TD, Dáil Éireann; Dara Calleary, TD, Dáil Éireann; Eamon Ryan, TD, Dáil Éireann; Hildegard Naughton, TD, Dáil Éireann; Ossian Smyth, TD, Dáil Éireann; John Carroll, Special Advisor, Department of the Taoiseach; Ed Brophy, Special Adviser, DoF

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lobbying.ie/return/66219/irish-pharmaceutical-healthcare-association	18/01/2021	Sep 2020 - Dec 2020	Matters involving public funds	Readiness of Ireland to produce and provide cell and gene therapies	Muiris O'Connor, Assistant Secretary, DoH
lobbying.ie/return/66218/irish-pharmaceutical-healthcare-association	18/01/2021	Sep 2020 - Dec 2020	Public policy or programme	Potential for new IPHA Medicines Supply Agreement	Fergal Goodman, Assistant Secretary, DoH; Ronnie Downes, Assistant Secretary, DPER
lobbying.ie/return/65924/irish-pharmaceutical-healthcare-association	18/01/2021	Sep 2020 - Dec 2020	Matters involving public funds	Budget 2021 - allocation of budget to new medicines	Fergal Goodman, Assistant Secretary, DoH; Ronnie Downes, Assistant Secretary, DPER

Abbreviations: Department of Health (DoH); Department of Public Expenditure and Reform (DPER); Department of Finance (DoF); Department of Education and Skills (DoE); Department of Jobs, Enterprise and Innovation/Department of Business, Enterprise and Innovation (DETE).