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European Union

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#### NOTE

From:	General Secretariat of the Council
To:	Permanent Representatives Committee
No. prev. doc.:	9764/21
No. Cion doc.:	12971/20
Subject:	Proposal for a Regulation of the European Parliament and of the Council on a reinforced role for the European Medicines Agency in crisis preparedness and management for medicinal products and medical devices <i>- Preparation for the trilogue</i>

#### I. BACKGROUND

1. On 12 November 2020, the Commission submitted the proposal for a Regulation of the European Parliament and of the Council on a reinforced role for the European Medicines Agency in crisis preparedness and management for medicinal products and medical devices to the Council and to the European Parliament.
2. The proposal is based on Articles 114 and 168(4)(c) of the Treaty on the Functioning of the European Union (TFEU). The ordinary legislative procedure is applicable.

3. The proposal is part of a set of three proposals aiming to strengthen the EU's health security framework and to reinforce the crisis preparedness and response role of key EU agencies. Together they are the first building block of the European Health Union. The proposal was not accompanied by an impact assessment. The objectives of the proposal are to:
- monitor and mitigate potential and actual shortages of medicinal products and medical devices considered as critical in order to address public health emergencies and other major events which may have a serious impact on public health;
  - ensure timely development of high quality, safe and efficacious medicinal products with a particular focus on addressing public health emergencies;
  - provide the structure for the functioning of expert panels that assess high-risk medical devices and provide essential advice in crisis preparedness and management.
4. Member States' National Parliaments were consulted on the compliance of the proposed provisions with the principle of subsidiarity and proportionality. While the French Senate raised subsidiarity concerns, the Portuguese and the Spanish Parliaments considered that the proposal complied with the subsidiarity principle.
5. The European Economic and Social Committee and the Committee of the Regions were both consulted. The Committee of the Regions adopted its opinion on the proposal during its 144th plenary session (5-7 May 2021). The European Economic and Social Committee has not yet sent its opinion on the proposal.
6. At the European Parliament, the Committee on the Environment, Public Health and Food Safety (ENVI) is responsible for the file. The European Parliament has appointed MEP Nicolás González Casares (S&D, ES) as Rapporteur. The latter presented his draft report on 30 March 2021 and the deadline for amendments was set to 28 April 2021. The ENVI Committee voted on the file on 21 June 2021.
7. Council reached a General Approach on 15 June 2021. This was the basis for the Presidency to enter into negotiations at the first political trilogue on 13 July 2021. Coreper was debriefed on the first political trilogue at its meeting of 14 July 2021.

## **II. STATE OF PLAY**

8. So far six technical meetings have been held on 2, 6, 13, 14, 15 and 20 September 2021 with the European Parliament and the Commission since the political trilogue. Good progress has been made.
9. The first five technical meetings discussed and provisionally agreed on a number of provisions highlighted in green in the 4th column of the 4 column table in doc. 11544/21 which were presented to the Members of the Working Party on Pharmaceuticals and Medical Devices during a meeting by videoconference on 17 September 2021. The Members Working Party also gave guidance on the political issues that had been identified at the first five technical meetings. However, at the last technical meeting on 20 September 2021, the EP side made it clear that some technical issues, such as the Council proposal for Article 6.0 which relates to the essential therapeutic groups of medicinal products, would have to be taken to the political level in order to get an opinion from the other political groups and shadows, as stated in point 10. c) in this note.
10. The outstanding issues for the second political trilogue on 30 September 2021 can be grouped as follows:

a) **Amendments that the Council cannot accept**

i) ***EP AM 93 on patient data (Article 11(4)(a) new)***

Collecting such patient data is costly and burdensome with little added value.

It is suggested not to accept the amendment.

ii) ***EP AM 99 and AM 140 on transparency (Articles 13(1)(a) new and 27(1)(a) new)***

The compromise text in the 4<sup>th</sup> column of the 4 column table in Annex I is the maximum that can be offered. Publishing voting and dissenting opinions is a red line for the Council. This was also rejected in the agreement reached on the proposal on Health Technology Assessment.

b) **Amendments on which the Council might have to move towards the EP if an agreement is to be reached**

i) ***EP AM 97 on an EU database (Article 12a (new))***

The EP has proposed to introduce a European Medicines Supply Database that would consist of two parts. In the first part, the database would enable monitoring supply and demand and managing shortages. In the second part, member states would have to create national databases that would enable real-time tracking of supply of medicinal products.

Having such a new database is considered by delegations costly, burdensome and disproportionate.

The EP counters the argument of cost by citing the example of electronic prescriptions that were funded with EU funding and insists on this amendment.

The Presidency suggests as an alternative:

- to propose to update the existing database referred to in article 57(1)i of Regulation 726/2004 with a dataset enabling high level reporting of status of supply, demand and shortages of medicinal products at Union and MS level (for more details see Annex II).
- to propose to reject the proposed new national databases used for real time monitoring as real time monitoring is already established with the falsified medicines database. A fallback option could be to suggest to amend Article 39 of the falsified medicines directive to allow for such monitoring.

ii) ***EP AM 144 on penalties (Article 29b (new))***

The proposal of the EP, that Member States impose penalties on market authorisation holders (Article 10) and medical device manufacturers, authorised representatives, importers, distributors and notified bodies (Article 24) is seen by delegations as ineffective, impractical and too slow in a crisis. In addition, it risks further discouraging marketing authorisation holders from placing their products on the markets of certain smaller member states.

The Presidency suggests instead to add to the clause on evaluation and reporting (Article 30c (new)) the following text:

“The Commission shall, based on the input of Medicines Shortages Steering Group, also report on the compliance of stakeholders to the requirements of this Regulation.”

iii) ***EP AM 48 on definition of “shortage” (Article 2(1)(d))***

The Presidency suggests to possibly accept part of the EP's amendment which refers to “at a national level” as that wording is already in the HMA definition.

The EP has explained that “whatever the cause” that they propose at the end of the definition is meant to cover situations, when the product is not licensed or not marketed in a member state.

Accepting the addition of the aspects of licensing and marketing into the Regulation is not acceptable because it is outside the scope of the Regulation. The Presidency, therefore suggests to:

- reject the introduction of “whatever the cause”;
- as the last possible compromise: add a step in Article 4, where member states confirm that they have the products in question available.

iv) **Agreement on the date of transfer of the administration of the expert panels for medical devices from the Commission (JRC) to the EMA**

*AM 141 on date of transfer to EMA of the expert panels (Article 28(1) which is linked to AM 151 and 152 on entry into force and date of application (Article 31)*

Council supports the Commission's proposal of 1 March 2022 for the transfer of the administration of the expert panels for medical devices from the Commission (JRC) to the EMA. Any delay risks creating a gap in new medical devices being approved.

The EP, having been approached by EMA several months ago, is seeking a delay in the transfer.

The Commission has repeatedly informed the EP that the transfer is proceeding smoothly. Funds for the transfer have been provided to EMA. Staff have been recruited and are being trained. EMA is now confident about taking over the administration of these panels on 1 March 2022.

The Presidency suggests to maintain the Council position on Article 28(1) and not to accept AM 141.

On the other hand, the Presidency suggests to possibly accept AM 152 delaying the date of application for one year for medical devices, except for these panels, as it is accepted that EMA may need more time to take on board its new responsibilities as regards medical devices.

- c) **Technical issues that the EP has decided to raise to the political level and for which the Presidency suggests the Council should stick to the proposals, tabled in the 4<sup>th</sup> column document**

**Council should stick to its proposals on:**

- The definition of demand (EP AM 47) (Article 2(1)(cb);
- Article 6.0 defining the main therapeutic groups of medicinal products;
- Articles 11(4)(a) and 25(4)(b) on recommendations not being binding on member states;
- Article 30b(2) on Union funding but could consider the Commission's suggestions as identified in the 4th column of the 4 column table if considered appropriate by delegations.

11. Based on the discussion so far, it is clear that the current mandate does not provide the sufficient margin to the Presidency to negotiate with the European Parliament. To be able to progress efficiently during the negotiations, the Presidency believes that this mandate needs to be updated. Some margin of manoeuvre is required on the political issues referred to under point 10 along the lines suggested therein.

### III. CONCLUSION

12. In the light of the above, the Permanent Representatives Committee is invited to:
- take note of the four-column table in Annex 1 as some of the text still needs to be aligned with the issues that remain open;
  - discuss the main political issues referred to in point 10 above and grant the necessary flexibility along the lines outlined therein to the Presidency with a view to moving forward successfully the discussion with the European Parliament on these issues.
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**COUNCIL OF  
THE EUROPEAN UNION  
DG LIFE.4**

**Brussels, 9 July 2021**

**First informal trilogue  
on 13 July 2021**

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## **Document for comparing positions**

**Proposal for a Regulation on a reinforced role for the European Medicines Agency in crisis preparedness and management for medicinal products and medical devices**

This is a document comparing the text of the Commission Proposal, amendments voted by the European Parliament on 7 July 2021 and changes to the Proposal approved by the Council on 15 June 2021 (document 9764/21).

This document contains

in Annex A	explanations of the tables used in this document;
in Annexes B and C	the changes to the draft Regulation on a reinforced role for the European Medicines Agency in crisis preparedness and management for medicinal products and medical devices, together with tentative agreements and compromise proposals.

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**Explanation of the table layout<sup>1</sup>**

Item	Article/ Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
1 item is unchanged compared to the previous document		<p>Plain text in this column is text from the Commission proposal.</p> <p><b><i>Text in bold italics in this column is text from the Commission proposal that the EP proposes to delete.</i></b></p>	<p>Plain text in this column is text from the Commission proposal that the European Parliament proposes to maintain.</p> <p><b><i>Text in bold italics in this column is text that the EP proposes to add to the Commission proposal.</i></b></p>	<p>Plain text in this column is text from the Commission proposal that Council wishes to maintain.</p> <p><b><u>Text in bold italics underlined</u></b> in this column is text that Council has agreed to add. Text in <del>strike through</del> in this column is text that Council has agreed to delete.</p>	<p><b>This column contains comments, compromise proposals and tentatively agreed text.</b></p> <p>Text in <span style="background-color: #90EE90;">green</span> is tentatively agreed by the negotiators.</p> <p>Text in <span style="background-color: #FFFF00;">yellow</span> is for discussion.</p> <p>Text in <span style="background-color: #FF0000;">red</span> is identified for the political trilogue.</p> <p><b><i>Text in bold italics in this column is text that the EP proposes to add to the Commission proposal.</i></b></p> <p><b><u>Text in bold italics underlined</u></b> in this column is text that Council proposes to add. Text in <del>strike through</del> in this column is text that Council proposes to delete.</p> <p><i>Text in italics is a compromise.</i></p> <p>[...] means text has been deleted from the Commission proposal.</p>

<sup>1</sup> For the sake of readability this document does not contain footnotes. The footnotes will be reintroduced in the consolidated compromise text at the end of the negotiation process.

**Citations and Recitals**

This Annex contains the Citations and Recitals in the Proposal for a Regulation on a reinforced role for the European Medicines Agency in crisis preparedness and management for medicinal products and medical devices. For explanations of layout and fonts see Annex A.

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
1	Citations	THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION, Having regard to the Treaty on the Functioning of the European Union, and in particular Articles 114 and 168(4)(c) thereof, Having regard to the proposal from the European Commission, After transmission of the draft legislative act to the national parliaments, After consulting the European Economic and Social Committee, After consulting the Committee of the Regions, Acting in accordance with the ordinary legislative procedure, Whereas:		THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION, Having regard to the Treaty on the Functioning of the European Union, and in particular Articles 114 and 168(4)(c) thereof, Having regard to the proposal from the European Commission, After transmission of the draft legislative act to the national parliaments, After consulting the European Economic and Social Committee, After consulting the Committee of the Regions, Acting in accordance with the ordinary legislative procedure, Whereas:	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
2	Recital 1	(1) Pursuant to Articles 9 and 168 of the Treaty on the Functioning of the European Union ('TFEU') and Article 35 of the Charter of Fundamental Rights of the European Union the Union is to ensure a high level of human health protection in the definition and implementation of all Union policies and activities.		(1) Pursuant to Articles 9 and 168 of the Treaty on the Functioning of the European Union ('TFEU') and Article 35 of the Charter of Fundamental Rights of the European Union the Union is to ensure a high level of human health protection in the definition and implementation of all Union policies and activities.	
3	Recital 1 a (new)		<b>Amendment 1</b>  <i>(1a) The COVID-19 pandemic has highlighted the risks to human health posed by the over-exploitation of wildlife and other natural resources and the accelerated loss of biodiversity on earth. Approximately 70 % of emerging diseases and almost all known pandemics (influenza, HIV/AIDS and COVID-19) are zoonoses. Those diseases have increased globally over the past 60 years and there are more and more zoonotic pathogens as a result of human activity and its ecological footprint. Changes in land use, deforestation, urbanisation, agricultural expansion and intensification,</i>		

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3 continued			<p><i>wildlife trafficking and consumption patterns are contributing dramatically to that increase. Zoonotic pathogens can be bacterial, viral or parasitic, or can involve unconventional agents, with the possibility of spreading to humans through direct contact or through food, water or the environment. Some diseases, such as HIV/AIDS, begin as a zoonosis but later mutate into human-only strains. Other zoonoses can cause recurring disease outbreaks, such as the Ebola virus disease and salmonellosis. Still others, such as the coronavirus that causes COVID-19, have the potential to cause global pandemics. According to the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES), an estimated 1, 7 million currently undiscovered viruses are thought to exist in mammal and avian hosts. Of those viruses, between 631,000 and 827,000 could have the ability to infect humans.</i></p>		

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4	Recital 1 b (new)		<b>Amendment 2</b>  <i>(1b) As recognised by the World Health Organization, many of the same microbes infect animals and humans, so efforts by just one sector cannot prevent or eliminate the problem. Diseases may be transmitted from humans to animals or vice versa and must therefore be tackled in both, taking advantage of potential synergies in research and treatments. The COVID-19 pandemic is a clear example of the need to reinforce the application of the One Health approach in the Union to achieve better public health outcomes, since, as stated in the EU4Health Programme established by Regulation (EU) 2021/522 of the European Parliament and of the Council<sup>1a</sup>, human health is connected to animal health and the environment and actions to</i>		

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4 continued			<p><i>tackle threats to health must take into account those three dimensions.</i></p> <p><i><sup>1a</sup> Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union's action in the field of health ('EU4Health Programme') for the period 2021-2027, and repealing Regulation (EU) No 282/2014 (OJ L 197, 26.3.2021, p. 1.).</i></p>		
5	Recital 2	<p>(2) The unprecedented experience of the COVID-19 pandemic has demonstrated <i>that the Union should</i> be more effective in managing the availability of medicinal products and medical devices and in developing medical countermeasures to address the threats posed to public health.</p>	<p><b>Amendment 3</b></p> <p>(2) The unprecedented experience of the COVID-19 pandemic has <i>also highlighted the difficulties of the Union and the Member States to cope with such a public health emergency and has demonstrated the need to strengthen the Union's role in order to</i> be more effective in managing the availability of medicinal products and medical devices and in developing medical countermeasures to address the threats posed to public health <i>from an early stage in a</i></p>	<p>(2) The unprecedented experience of the COVID-19 pandemic has demonstrated that the Union should be more effective in managing the availability of medicinal products and medical devices and in developing medical countermeasures to address the threats posed to public health.</p>	

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5 continued		<p>The Union's ability to do so has been severely impeded by the absence of a clearly defined legal framework for managing its response to the pandemic, and also by the limited degree of Union preparedness in case of a public health emergency impacting a majority of Member States.</p>	<p><i>harmonised way ensuring cooperation and coordination between Union, national and regional competent authorities, industry and other actors of the pharmaceutical and medical devices supply chains, including healthcare professionals. The Union needs to give a higher priority to health, to ensure the continued provision of high quality healthcare services, and to be prepared to cope with epidemics and other health threats.</i> The Union's ability to do so has been severely impeded by the absence of a clearly defined legal framework for managing its response to the pandemic, <i>inadequate mandates and resources of its health agencies,</i> and also by the limited degree of Union <i>and Member States</i> preparedness in case of a public health emergency impacting a majority of Member States.</p>	<p>The Union's ability to do so has been severely impeded by the absence of a clearly defined legal framework for managing its response to the pandemic, and also by the limited degree of Union preparedness in case of a public health emergency impacting a majority of Member States.</p>	



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6	Recital 2 a (new)		<p><b>Amendment 4</b></p> <p><i>(2a) Shortages consist of different and complex root causes which need to be further mapped, understood and analysed together with all different stakeholders in order to be comprehensively addressed. A better understanding of the shortages should include identification of bottlenecks in the supply chain. In the specific case of the COVID-19 pandemic, the shortage of adjuvant treatments for the disease had a variety of causes, ranging from production difficulties in third countries, to logistical or production difficulties within the Union, where the shortage of vaccines was due to a rarer cause, namely an unexpectedly high and rising demand.</i></p>		

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
7	Recital 3	(3) The often complex supply chains of medicinal products and medical devices, national export restrictions and bans, border closures impeding the free movement of those goods, <i>and</i> uncertainty related to their supply and demand in the context of the COVID-19 pandemic have led to significant impediments to the smooth functioning of the single market and to addressing the serious threats to public health across the Union.	<b>Amendment 5</b>  (3) <i><b>Disruptions to</b></i> the often complex supply chains of medicinal products and medical devices, national export restrictions and bans, border closures impeding the free movement of those goods, uncertainty related to their supply and demand in the context of the COVID-19 pandemic, <i><b>and the lack of production in the Union of certain essential medicinal products or chemical active ingredients</b></i> have led to significant impediments to the smooth functioning of the single market and to addressing the serious threats to public health across the Union, <i><b>with dire consequences for its citizens.</b></i>	(3) The often complex supply chains of medicinal products and medical devices, national export restrictions and bans, border closures impeding the free movement of those goods, and uncertainty related to their supply and demand in the context of the COVID-19 pandemic have led to significant impediments to the smooth functioning of the single market and to addressing the serious threats to public health across the Union.	
8	Recital 4	(4) <i><b>Dealing with the issue of</b></i> shortages of medicinal products has been a long-standing priority for the Member States and European Parliament as illustrated by several reports from the European Parliament <sup>11</sup> as well as discussions under recent Presidencies of the Council of the European Union.	<b>Amendment 6</b>  (4) <i><b>Addressing the</b></i> shortages of medicinal products has been a long-standing priority, <i><b>but unresolved,</b></i> for the Member States and European Parliament as illustrated by several reports from the European Parliament <sup>11</sup> as well as discussions under recent Presidencies of the Council of the European Union.	(4) Dealing with the issue of shortages of medicinal products has been a long-standing priority for the Member States and European Parliament as illustrated by several reports from the European Parliament as well as discussions under recent Presidencies of the Council of the European Union.	

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9	Recital 4 a (new)		<p><b>Amendment 7</b></p> <p><i>(4a) Shortages of medicinal products represent a growing threat to public health, with a serious impact on health care systems and on patients' right to access adequate medical treatment. Increased global demand exacerbated by the COVID-19 pandemic has led to further shortages of medicinal products, weakening the healthcare systems in Member States and posing significant risks to patients' health and care, particularly in terms of disease progression and worsening of symptoms, longer delays or interruptions in care or therapy, longer periods of hospitalisations, increased exposure to falsified medicinal products, medication errors, adverse effects as a result of substitution of unavailable medicinal products with alternative ones, significant psychological distress for patients and increased costs for the healthcare systems.</i></p>		

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10	Recital 5	(5) The COVID-19 pandemic has exacerbated the problem of shortages for certain medicinal products considered as critical in addressing the pandemic, and has highlighted the structural limitations in the Union's ability to rapidly and effectively react to such challenges during public health crises.	<b>Amendment 8</b>  (5) The COVID-19 pandemic has exacerbated the <i>already existing</i> problem of shortages for certain medicinal products considered as critical in addressing the pandemic, and has highlighted the <i>Union's external dependence in terms of domestic production of medicinal products and medical devices, the lack of coordination and the</i> structural limitations in the Union's <i>and Member States'</i> ability to rapidly and effectively react to such challenges during public health crises, <i>the need to support and strengthen the industrial fabric through appropriate policies, as well as the need for a more active and extended involvement of the Union institutions, bodies, offices and agencies addressing the health of the Union citizens.</i>	(5) The COVID-19 pandemic has exacerbated the problem of shortages for certain medicinal products considered as critical in addressing the pandemic, and has highlighted the structural limitations in the Union's ability to rapidly and effectively react to such challenges during public health crises.	

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11	Recital 6	<p>(6) The rapid evolution of COVID-19 and the spread of the virus led to a sharp increase in demand for medical devices such as ventilators, surgical masks, and COVID-19 test kits while disruption of production or limited capacity to rapidly increase production and the complexity and global nature of the supply chain for medical devices, led to <i>a negative impact on</i> supply. Those issues resulted in new entities being involved in the production of those products, which subsequently resulted in bottlenecks in conformity assessment, as well as the prevalence of non-compliant, unsafe, and in some cases counterfeit products. It is</p>	<p><b>Amendment 9</b></p> <p>(6) The rapid evolution of COVID-19 and the spread of the virus led to a sharp increase in demand for medical devices such as ventilators, surgical masks, and COVID-19 test kits while disruption of production or limited capacity to rapidly increase production and the complexity and global nature of the supply chain for medical devices, led to <i>severe supply difficulties and, at certain times, serious stock-outs, and placed Member States in competition with each other to respond to the legitimate needs of their citizens, contributing to uncoordinated actions at national levels such as national hoarding and stockpiling</i>. Those issues <i>further</i> resulted in new entities being involved in the <i>rushed</i> production of those products, which subsequently resulted in bottlenecks in conformity assessment, as well as the prevalence of <i>over-priced</i>, non-compliant, unsafe, and in some cases counterfeit products. It is</p>	<p>(6) The rapid evolution of COVID-19 and the spread of the virus led to a sharp increase in demand for medical devices such as ventilators, surgical masks, and COVID-19 test kits while disruption of production or limited capacity to rapidly increase production and the complexity and global nature of the supply chain for medical devices, led to a negative impact on supply. Those issues resulted in new entities being involved in the production of those products, which subsequently resulted in bottlenecks in conformity assessment, as well as the prevalence of non-compliant, unsafe, and in some cases counterfeit products. It is</p>	

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11 continued		therefore appropriate to establish long-term structures within an appropriate Union body to ensure monitoring of shortages of medical devices <i>resulting from</i> a public health emergency.	therefore appropriate <i>and urgent</i> to establish long-term structures within an appropriate Union body to ensure <i>a more solid and effective coordination and</i> monitoring of shortages of medical devices <i>that can occur during</i> a public health emergency, <i>as well as increased and early dialogue with the medical devices industry and healthcare professionals to prevent and mitigate those shortages.</i>	therefore appropriate to establish long-term structures within an appropriate Union body to ensure monitoring of shortages of medical devices resulting from a public health emergency.	
12	Recital 6 a (new)		<b>Amendment 10</b>  <i>(6a) The COVID-19 outbreak and the subsequent health crisis revealed the need for a more coordinated Union approach in crisis management. Although the emergency of the situation explains the lack of an impact assessment, sufficient allocation of resources in terms of staff and fundisng should be secured, taking into account the specificities of the health sector in the different Member States.</i>		

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13	Recital 7	(7) Uncertainty of supply and demand and the risk of shortages of essential medicinal products and medical devices during a public health emergency like the COVID-19 pandemic can trigger export restrictions amongst Member States and other national protective measures, which can seriously impact the functioning of the internal market. Furthermore, shortages of medicinal products can result in serious risks to the health of patients in the Union due to their lack of availability, which can cause, medication errors, increased duration of hospital stays, <b>and</b> adverse reactions caused by the administration of unsuitable products used as a substitute for unavailable ones. With respect to medical devices, shortages can	<b>Amendment 11</b>  (7) Uncertainty of supply and demand and the risk of shortages of essential medicinal products and medical devices during a public health emergency like the COVID-19 pandemic can trigger export restrictions amongst Member States and other national protective measures, which can seriously impact the functioning of the internal market <b><i>aggravating the consequences for public health, as well as lead to the need for temporary export transparency and export authorisation mechanisms.</i></b> Furthermore, shortages of medicinal products can result in serious risks to the health of patients in the Union due to their lack of availability, which can cause, medication errors, increased duration of hospital stays, adverse reactions <b><i>and fatalities</i></b> caused by the administration of unsuitable products used as a substitute for unavailable ones. With respect to medical devices, shortages can	(7) Uncertainty of supply and demand and the risk of shortages of essential medicinal products and medical devices during a public health emergency like the COVID-19 pandemic can trigger export restrictions amongst Member States and other national protective measures, which can seriously impact the functioning of the internal market. Furthermore, shortages of medicinal products can result in serious risks to the health of patients in the Union due to their lack of availability, which can cause, medication errors, increased duration of hospital stays, and adverse reactions caused by the administration of unsuitable products used as a substitute for unavailable ones. With respect to medical devices, shortages can	

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13 continued		lead to a lack of diagnostic resources with negative consequences for public health measures, a lack of treatment or deterioration of the disease and may also prevent health professionals from adequately carrying out their tasks. Those shortages can also have a significant impact on controlling the spread of a given pathogen caused by, for example, an insufficient supply of COVID-19 test kits. It is therefore important to address the question of shortages and to reinforce and formalise monitoring of critical medicinal products and medical devices.	lead to a lack of diagnostic resources with negative consequences for public health measures, a lack of treatment or deterioration of the disease and may also prevent health professionals from adequately carrying out their tasks <i>or being protected when doing so, as evidenced during the COVID-19 pandemic, with serious consequences for the health of health professionals.</i> Those shortages can also have a significant impact on controlling the spread of a given pathogen caused by, for example, an insufficient supply of COVID-19 test kits. It is therefore important <i>to have an appropriate framework at Union level to coordinate the response of Member States</i> to address the question of shortages and to reinforce and formalise monitoring of critical medicinal products and medical devices <i>in the most efficient way and so as to avoid creating unnecessary burdens for stakeholders which may strain resources and cause additional delays.</i>	lead to a lack of diagnostic resources with negative consequences for public health measures, a lack of treatment or deterioration of the disease and may also prevent health professionals from adequately carrying out their tasks. Those shortages can also have a significant impact on controlling the spread of a given pathogen caused by, for example, an insufficient supply of COVID-19 test kits. It is therefore important to address the question of shortages and to reinforce and formalise monitoring of critical medicinal products and medical devices.	



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14	Recital 8	(8) Safe and efficacious medicinal products that treat, prevent or diagnose diseases which cause public health emergencies, should be developed and made available <i>within the</i> Union as soon as possible during such emergencies. The COVID-19 pandemic has also highlighted sub-optimal coordination and decision-making as regards multinational clinical trials, and Union-level advice on the use of medicinal products in national compassionate use programmes or outside of their authorised indications in the Union, causing delays in the adoption of research outcomes and in the development and availability of new or repurposed medicines.	<b>Amendment 12</b>  (8) Safe and efficacious medicinal products that treat, prevent or diagnose diseases which cause public health emergencies, should be <i>identified</i> , developed, <i>notably through joint efforts of public authorities, private sector and academia</i> , and made available <i>to</i> Union <i>citizens</i> as soon as possible during such emergencies. The COVID-19 pandemic has also highlighted sub-optimal coordination and decision-making as regards multinational clinical trials, and Union-level advice on the use of medicinal products in national compassionate use programmes or outside of their authorised indications in the Union, causing delays in the adoption of research outcomes and in the development and availability of new or repurposed medicines.	(8) Safe and efficacious medicinal products that treat, prevent or diagnose diseases which cause public health emergencies, should be developed and made available within the Union as soon as possible during such emergencies. The COVID-19 pandemic has also highlighted <del>sub-optimal coordination</del> <i>the need to coordinate assessments</i> and <del>decision-making as regards</del> <i>conclusions on</i> multinational clinical trials, <i>in line with what is currently done on a voluntary basis by clinical experts of Member States</i> , and Union-level advice on the use of medicinal products in national compassionate use programmes or outside of their authorised indications in the Union, causing delays in the adoption of research outcomes and in the development and availability of new or repurposed medicines.	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
15	Recital 9	(9) During the COVID-19 pandemic ad hoc solutions, including contingent arrangements between the Commission, the European Medicines Agency ('the Agency'), marketing authorisation holders, manufacturers and Member States, had to be found to achieve the objective of making available safe and efficacious medicinal products to treat COVID-19 or prevent its spread, and to facilitate and speed up the development and marketing authorisation of treatments and vaccines.	<b>Amendment 13</b>  (9) During the COVID-19 pandemic ad hoc solutions, including contingent arrangements between the Commission, the European Medicines Agency ('the Agency'), marketing authorisation holders, manufacturers <i>or other actors in the pharmaceutical supply chain</i> and Member States, had to be found to achieve the objective of making available safe and efficacious medicinal products to treat COVID-19 or prevent its spread, and to facilitate and speed up the development and marketing authorisation of treatments and vaccines.	(9) During the COVID-19 pandemic ad hoc solutions, including contingent arrangements between the Commission, the European Medicines Agency ('the Agency'), marketing authorisation holders, manufacturers and Member States, had to be found to achieve the objective of making available safe and efficacious medicinal products to treat COVID-19 or prevent its spread, and to facilitate and speed up the development and marketing authorisation of treatments and vaccines.	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
16	Recital 10	(10) In order to ensure a better functioning of the internal market of those products and contribute to a high level of human health protection, it is therefore appropriate to approximate the rules on monitoring of shortages of medicinal products and medical devices, and to facilitate the research and development of medicinal products, which may have the potential to treat, prevent, or diagnose diseases that cause public health crises.	<b>Amendment 14</b>  (10) In order to ensure a better functioning of the internal market of those products and contribute to a high level of human health protection, it is therefore appropriate to approximate <i><b>and strengthen</b></i> the rules on monitoring of shortages of medicinal products and medical devices, and to facilitate the research and development of medicinal products, which may have the potential to treat, prevent, or diagnose diseases that cause public health crises, <i><b>with a view to strategically complementing the efforts of the Commission and Union agencies to that end, as well as that of future key agencies such as the proposed European Health Emergency Preparedness and Response Authority (HERA).</b></i>	(10) In order to ensure a better functioning of the internal market of those products and contribute to a high level of human health protection, it is therefore appropriate to approximate the rules on monitoring of shortages of medicinal products and medical devices, and to facilitate the research and development of medicinal products, which may have the potential to treat, prevent, or diagnose diseases that cause public health crises.	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
17	Recital 10 a (new)		<b>Amendment 15</b>  <i>(10a) In order to ensure effective health systems, stress tests should be introduced to assess the resilience of health systems in emergencies with a view to providing an effective means of countering shortages in the event of pandemics and identifying structural risk factors that create shortages.</i>		
18	Recital 10 b (new)		<b>Amendment 16</b>  <i>(10b) In order to ensure a better functioning of the internal market of medicinal products and contribute to a high level of human health protection, it is appropriate to facilitate the research and development of medicinal products, which may have the potential to treat, prevent, or diagnose diseases that cause public health crises.</i>		

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
19	Recital 11	<p>(11) This Regulation aims to ensure the smooth functioning of the internal market as regards medicinal products and medical devices, <i>with a high level of human health protection being fundamental in those aims</i>. Moreover, this Regulation aims to ensure the quality, safety and efficacy of medicinal products with the potential to address public health emergencies. Both objectives are being pursued simultaneously and are inseparably linked whilst one not being secondary to the other. As regards Article 114 TFEU, this Regulation establishes a framework for the monitoring and reporting on shortages of medicinal products and medical devices during public health crises. As regards Article 168(4)(c) TFEU, this Regulation provides for a strengthened Union framework ensuring the quality and safety of medicinal products and medical devices.</p>	<p><b>Amendment 17</b></p> <p>(11) This Regulation aims to ensure <i>a high level of human health protection by ensuring</i> the smooth functioning of the internal market as regards medicinal products and medical devices. Moreover, this Regulation aims to ensure the quality, safety and efficacy of medicinal products with the potential to address public health emergencies. Both objectives are being pursued simultaneously and are inseparably linked whilst one not being secondary to the other. As regards Article 114 TFEU, this Regulation establishes a framework for the monitoring and reporting on shortages of medicinal products and medical devices during public health crises. As regards Article 168(4)(c) TFEU, this Regulation provides for a strengthened Union framework ensuring the quality and safety of medicinal products and medical devices.</p>	<p>(11) This Regulation aims to ensure the smooth functioning of the internal market as regards medicinal products and medical devices, with a high level of human health protection being fundamental in those aims. Moreover, this Regulation aims to ensure the quality, safety and efficacy of medicinal products with the potential to address public health emergencies. Both objectives are being pursued simultaneously and are inseparably linked whilst one not being secondary to the other. As regards Article 114 TFEU, this Regulation establishes a framework for the monitoring and reporting on shortages of medicinal products and medical devices during public health crises. As regards Article 168(4)(c) TFEU, this Regulation provides for a strengthened Union framework ensuring the quality and safety of medicinal products and medical devices.</p>	

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20	Recital 11 a (new)		<p><b>Amendment 18</b></p> <p><i>(11a) This Regulation establishes a framework to address the problem of shortages during public health emergencies and major events. However, shortages of medicinal products and medical devices are a persistent problem that has been increasingly affecting health and lives of Union citizens for decades. Therefore, this Regulation should be a first step towards improving the Union response to this long-lasting issue. The Commission should subsequently propose the expansion of this framework to ensure that the issue of shortages is broadly and permanently tackled in the upcoming revision of Regulation (EC) No 726/2004 of the European Parliament and of the Council<sup>1a</sup> and Directive 2001/83/EC of the European Parliament and of the Council<sup>1b</sup>.</i></p> <p><sup>1a</sup> Regulation (EC) No 726/2004 of the European Parliament and of the Council of 31 March 2004</p>		

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
20 continued			<p><i>laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency (OJ L 136, 30.4.2004, p. 1).</i></p> <p><i><sup>1b</sup> Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community code relating to medicinal products for human use (OJ L 311, 28.11.2001, p. 67).</i></p>		

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
21	Recital 12	(12) In order to improve crisis preparedness and management for medicinal products and medical devices and increase resilience and solidarity across the Union, the procedures and the respective roles and obligations of different concerned entities involved should be clarified. The framework should build on the ad hoc solutions identified so far in the response to the COVID-19 pandemic.	<b>Amendment 19</b>  (12) In order to improve crisis preparedness and management for medicinal products and medical devices and increase resilience and solidarity across the Union, the procedures and the respective roles and obligations of different concerned entities involved should be clarified. The framework should build on the ad hoc solutions identified so far in the response to the COVID-19 pandemic <i>that have proven effective, and on experience and examples in other countries, while remaining flexible enough to tackle any future health crisis in the most efficient way to the benefit of public health and patients.</i>	(12) In order to improve crisis preparedness and management for medicinal products and medical devices and increase resilience and solidarity across the Union, the procedures and the respective roles and obligations of different concerned entities involved should be clarified. The framework should build on the ad hoc solutions identified so far in the response to the COVID-19 pandemic.	



Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
22	Recital 13	(13) A harmonised system of monitoring of shortages of medicinal products and medical devices should be established, which will facilitate appropriate access to critical medicinal products and medical devices during public health emergencies <i>and</i> major events, which may have a serious impact on public health. That system should be complemented with improved structures to ensure appropriate management of public health crises and coordinate and provide advice on the research and development of medicinal	<b>Amendment 20</b>  (13) A harmonised system of monitoring of shortages of medicinal products and medical devices should be established, which will facilitate appropriate access to critical medicinal products and medical devices during public health emergencies, major events, which may have a serious impact on public health. That system should be complemented with improved structures to ensure appropriate management of public health crises and coordinate and provide advice on the research and development of medicinal	(13) A harmonised system of monitoring of shortages of medicinal products and medical devices should be established, which will facilitate appropriate access to critical medicinal products and medical devices during public health emergencies and major events, which may have a serious impact on public health- <u><i>and cannot be sufficiently addressed by the Member States concerned.</i></u> That system should be complemented with improved structures to ensure appropriate management of public health crises and coordinate and provide advice on the research and development of medicinal	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
22 continued		products which may have the potential to <b>address</b> public health emergencies. In order to facilitate the monitoring and reporting on potential or actual shortages of medicinal products and medical devices, the Agency should be able to ask and obtain information and data from the concerned marketing authorisation holders, manufacturers and Member States through designated points of contact.	products which may have the potential to <b>mitigate</b> public health emergencies. In order to facilitate the monitoring and reporting on potential or actual shortages of medicinal products and medical devices, the Agency should be able to ask and obtain information and data from the concerned marketing authorisation holders, manufacturers and Member States through designated points of contact, <b>while avoiding any duplication of the information requested and submitted.</b>	products which may have the potential to address public health emergencies. In order to facilitate the monitoring and reporting on potential or actual shortages of medicinal products and medical devices, the Agency should be able to ask and obtain information and data from the concerned marketing authorisation holders, manufacturers and Member States through designated points of contact. <b><u>This should not interfere with the obligation of MAHs under article 23a of the Directive 2001/83/EC to notify Member States when the product ceases to be placed on the market of that Member State and the obligation under article 81 of the Directive 2001/83/EC for MAH and wholesale distributors within the limits of their responsibilities, to ensure appropriate and continued supplies of that medicinal product to pharmacies and persons authorised to supply medicinal products so that the needs of patients in the Member State in question are covered.</u></b>	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
23	Recital 13 a (EP) (new)		<p><b>Amendment 21</b></p> <p><i>(13a) In order to facilitate the prevention, monitoring and reporting of shortages of medicinal products, it would be necessary for the Union and Member States to set up an electronic platform capable of determining the volume of stocks existing at any given moment, and detecting, predicting and preventing shortages of medicinal products. To facilitate the development of such a system, lessons could be learnt from projects such as CISMED, funded by the Union through Horizon Europe. The platform should provide the national competent authorities with real-time access to information on unmet demands from wholesale distributors, community pharmacies and hospital pharmacies, providing accurate data in order to understand the functioning of the supply chain and anticipate potential shortages of medicinal products. The platform should also act as the</i></p>		

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23 continued			<i>sole portal for marketing authorisation holders and wholesale distributors to provide the information required during major events and public health emergencies once fully implemented, with a view to increasing efficiency, predictability during crises, and accelerate the decision-making process while avoiding duplication of efforts and an unjustified burden on all stakeholders. In order to facilitate the coordination role of the Agency, Member States' supply monitoring platforms should be interoperable and replicate their information in the Union database managed by the Agency. To accelerate the implementation of the system at Union and national level, its development and implementation should be supported by Union funding from, inter alia, the EU4Health Programme or the Recovery and Resilience Facility established by Regulation (EU) 2021/241 of the European</i>		

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
23 continued			<i>Parliament and of the Council<sup>1a</sup>.</i>  <i><sup>1a</sup> Regulation (EU) 2021/241 of the European Parliament and of the Council of 12 February 2021 establishing the Recovery and Resilience Facility (OJ L 57, 18.2.2021, p. 17).</i>		

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
23 bis	Recital 13 a (Council) (new)			<i><u>(13a) In the event that the actual future demand is unknown due to a major event or public health emergency, it is important to make pragmatic predictions of demand for certain medicines through the use of best available information. In this context, planned minimum stocks and available stocks should be collected and taken into account in identifying the demand to the extent possible. This information is essential for correct adjustments in the manufacturing of medicinal products to avoid or at least mitigate the impact of shortages. However, when data on stocks are not available or cannot be provided due to national security interests, Member States should provide the Agency with estimated data on volumes of demand.</u></i>	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
24	Recital 14	(14) The operational phase of the work of the Steering Groups and Emergency Task Force provided for in this Regulation should be triggered by the recognition of a public health emergency in accordance with Regulation (EU) 2020/[...] on Cross-Border Health Threats and, as regards the Medicines Steering Group, the existence of a major event. Continuous monitoring of the risk to public health from major events, including manufacturing issues, natural disasters and bioterrorism with the potential to affect the quality, safety, efficacy or supply of medicinal products should also be ensured.		(14) The operational phase of the work of the Steering Groups and Emergency Task Force provided for in this Regulation should be triggered by the recognition of a public health emergency in accordance with Regulation (EU) 2020/[...] on Cross-Border Health Threats and, as regards the Medicines <b><u>Shortages</u></b> Steering Group, the existence of a major event. Continuous monitoring of the risk to public health from major events, including manufacturing issues, natural disasters and bioterrorism with the potential to affect the quality, safety, efficacy or supply of medicinal products should also be ensured. <b><u>In addition, such monitoring should take into consideration the One Health principles namely by recognising the importance of a multidisciplinary approach and the interconnection between people, animals and plants and their shared environment.</u></b>	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
25	Recital 15	(15) With respect to medicinal products, an executive steering group should be established within the Agency to ensure a robust response to major events and to coordinate urgent actions within the Union in relation to the management of issues relating to the supply of medicinal products. The Steering Group should establish lists of critical medicinal products to ensure monitoring of those products and it should be able to provide advice on the necessary action to take to safeguard the quality, safety, and efficacy of medicinal products and ensure a high level of human health protection.	<b>Amendment 22</b>  (15) With respect to medicinal products, an executive steering group should be established within the Agency to ensure a robust response to major events and to coordinate urgent actions within the Union in relation to the management of issues relating to the supply of medicinal products. The Steering Group should establish lists of critical medicinal products to ensure monitoring of those products and it should be able to provide advice <i>and recommendations</i> on the necessary action to take to safeguard the quality, safety, and efficacy of medicinal products <i>as well as their supply</i> and ensure a high level of human health protection.	(15) With respect to medicinal products, an executive steering group should be established within the Agency to ensure a robust response to major events and to coordinate urgent actions within the Union in relation to the management of issues relating to the supply of medicinal products. The Steering Group should establish lists of critical medicinal products to ensure monitoring of those products and it should be able to provide advice on the necessary action to take to safeguard the quality, safety, and efficacy of medicinal products and ensure a high level of human health protection.	
26	Recital 16	(16) The Executive Steering Group on Shortages and Safety of Medicinal Products should benefit from the Agency's extensive scientific expertise as regards the evaluation and supervision of medicinal products and should further develop the Agency's leading role in coordinating and supporting the response to shortages during the COVID-19 pandemic.		(16) The Executive Steering Group on Shortages and Safety of Medicinal Products should benefit from the Agency's extensive scientific expertise as regards the evaluation and supervision of medicinal products and should further develop the Agency's leading role in coordinating and supporting the response to shortages during the COVID-19 pandemic.	



Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
27	Recital 17	(17) In order to ensure that safe, high quality, and efficacious medicinal products, which have the potential to address public health emergencies, can be developed and made available within the Union as soon as possible during public health emergencies, an emergency task force should be established within the Agency to provide advice on such medicinal products. The Emergency Task Force should provide advice free of charge on scientific questions related to the development of treatments and vaccines and on clinical trial protocols, to those organisations involved in their development, such as marketing authorisation holders, clinical trial sponsors, public health bodies, and academia, irrespective of their exact role in the development of such medicinal products.		(17) In order to ensure that safe, high quality, and efficacious medicinal products, which have the potential to address public health emergencies, can be developed and made available within the Union as soon as possible during public health emergencies, an emergency task force should be established within the Agency to provide advice on such medicinal products. The Emergency Task Force should provide advice free of charge on scientific questions related to the development of treatments and vaccines and on clinical trial protocols, to those organisations involved in their development, such as marketing authorisation holders, clinical trial sponsors, public health bodies, and academia, irrespective of their exact role in the development of such medicinal products. <b><u>Decisions on clinical trial applications should remain within the responsibilities of the Member States, in accordance with Regulation (EU) No 536/2014.</u></b>	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
28	Recital 18	(18) The work of the Emergency Task Force should be separate from the work of the scientific committees of the Agency and should be carried out without prejudice to the scientific assessments of those committees. The Emergency Task Force should provide recommendations with regard to the use of medicinal products in the fight <b><i>against the disease that is responsible for</i></b> the public health crisis. The Committee for Medicinal Products for Human Use should be able to use those recommendations when preparing scientific opinions on compassionate or other early use of a medicinal product prior to marketing authorisation.	<b>Amendment 23</b>  (18) The work of the Emergency Task Force should be separate from the work of the scientific committees of the Agency and should be carried out without prejudice to the scientific assessments of those committees. The Emergency Task Force should provide recommendations with regard to the use of medicinal products in the fight <b><i>to overcome</i></b> the public health crisis. The Committee for Medicinal Products for Human Use should be able to use those recommendations when preparing scientific opinions on compassionate or other early use of a medicinal product prior to marketing authorisation. <b><i>The Executive Steering Group on Shortages and Safety of Medicinal Products could also draw on the work of the Emergency Task Force when developing the critical medicines lists.</i></b>	(18) The work of the Emergency Task Force should be separate from the work of the scientific committees of the Agency and should be carried out without prejudice to the scientific assessments of those committees. The Emergency Task Force should provide <b><i>advice and</i></b> recommendations with regard to the use of medicinal products in the fight against the disease that is responsible for the public health crisis. The Committee for Medicinal Products for Human Use should be able to use those recommendations when preparing scientific opinions on compassionate or other early use of a medicinal product prior to marketing authorisation.	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
29	Recital 19	(19) The establishment of the Emergency Task Force should build on the support provided by the Agency during the COVID-19 pandemic, notably as regards scientific advice on clinical trials design and product development as well as the ‘rolling’ review i.e. on an on-going basis, of emerging evidence to allow a more efficient assessment of medicinal products including vaccines during public health emergencies.	<b>Amendment 24</b>  (19) The establishment of the Emergency Task Force should build on the support provided by the Agency during the COVID-19 pandemic, notably as regards scientific advice on clinical trials design and product development as well as the ‘rolling’ review i.e. on an on-going basis, of emerging evidence to allow a more efficient assessment of medicinal products including vaccines during public health emergencies, <i>while guaranteeing a high level of human health protection.</i>	(19) The establishment of the Emergency Task Force should build on the support provided by the Agency during the COVID-19 pandemic, notably as regards scientific advice on clinical trials design and product development as well as the ‘rolling’ review i.e. on an on-going basis, of emerging evidence to allow a more efficient assessment of medicinal products including vaccines during public health emergencies.	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
30	Recital 19 a (EP) (new)		<b>Amendment 25</b>  <i>(19a) Experience with clinical trials during the COVID-19 pandemic revealed a tremendous amount of duplication of investigations on the same interventions, many small trials, under-representation of important population subgroups, based on gender, age, ethnicity or medical comorbidities, and a lack of collaboration, posing a risk of research waste. To improve the clinical research agenda, international regulators pointed out the need for robust evidence on quality, efficacy and safety of medicinal products. The main way to obtain reliable evidence is through coordinated, well-designed, adequately powered large randomised controlled trials. Clinical trial results and data should be made public.</i>		

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
30 bis	Recital 19 a (Council) (new)			<u><i>(19a) Whenever necessary and considering that human medicinal products may impact the veterinary sector, a close liaison with the national competent authorities for veterinary medicinal products should be foreseen.</i></u>	
31	Recital 19 b (EP) (new)		<p><b>Amendment 26</b></p> <p><i>(19b) The clinical trials phase during which the safety, efficacy and quality of medicinal product candidates is studied in humans, is a key step in the development of medicinal products, including vaccines. It is therefore important that Regulation (EU) No 536/2014 of the European Parliament and of the Council<sup>1a</sup> is fully applied, in particular as regards the launch of a functioning clinical trials information system.</i></p> <p><sup>1a</sup> <i>Regulation (EU) No 536/2014 of the European Parliament and of the Council of 16 April 2014 on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC (OJ L 158, 27.5.2014, p. 1).</i></p>		

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
32	Recital 20	(20) Individual research entities may agree together, or with another party, to act as a sponsor in order to prepare one harmonised Union-wide clinical trial protocol, yet experience during the COVID-19 pandemic has shown that initiatives to set up large multinational trials struggle to materialise due to the lack of a single entity that can undertake all the responsibilities and activities of a sponsor within the Union, while interacting with multiple Member States	<b>Amendment 27</b>  (20) Individual research entities may agree together, or with another party, to act as a sponsor in order to prepare one harmonised Union-wide clinical trial protocol, yet experience during the COVID-19 pandemic has shown that initiatives to set up large multinational trials struggle to materialise due to the lack of a single entity that can undertake all the responsibilities and activities of a sponsor within the Union, while interacting with multiple Member States. <i><b>In that regard, a new Union wide and Union funded vaccine trial network called VACCELERATE was launched in light of the Commission communication of 17February 2021 entitled ‘HERA Incubator: Anticipating together the threat of COVID-19 variants’. The Emergency Task Force should build on that trial network and other established networks such as the Heads of Medicines Agencies, the Clinical Trials Facilitation and</b></i>	(20) Individual research entities may agree together, or with another party, to act as a sponsor in order to prepare one harmonised Union-wide clinical trial protocol, yet experience during the COVID-19 pandemic has shown that initiatives to set up large multinational trials struggle to materialise due to the lack of a single entity that can undertake all the responsibilities and activities of a sponsor within the Union, while interacting with multiple Member States.	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
32 continued		<p>It is therefore <i>appropriate</i> for the Agency to identify and facilitate such initiatives by giving advice on the possibilities to act as a sponsor or, where applicable, to define respective responsibilities as co-sponsors in accordance with Article 72 of Regulation (EU) 536/2014. Such an approach would strengthen the research environment in the Union, and promote harmonisation and avoid subsequent delays in integrating the results of research to a</p>	<p><b><i>Coordination Group and the European Clinical Research Infrastructure Network to ensure that adequate data on new medicinal products in light of a possible public health emergency is expediently generated.</i></b></p> <p>It is therefore <i>imperative</i> for the Agency to identify and facilitate such initiatives by giving advice on the possibilities to act as a sponsor or, where applicable, to define respective responsibilities as co-sponsors in accordance with Article 72 of Regulation (EU) 536/2014 <b><i>and coordinate the development of clinical trial protocols. The Emergency Task Force should define the most clinically relevant performance targets for vaccines and treatments to be measured in clinical trials, so that they can meet the criteria for effective public health interventions.</i></b> Such an approach would strengthen the research environment in the Union, and promote harmonisation and avoid subsequent delays in integrating the results of research to a.</p>	<p>It is therefore appropriate for the Agency to identify and facilitate such initiatives by giving advice on the possibilities to act as a sponsor or, where applicable, to define respective responsibilities as co-sponsors in accordance with Article 72 of Regulation (EU) 536/2014. Such an approach would strengthen the research environment in the Union, and promote harmonisation and avoid subsequent delays in integrating the results of research to a</p>	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
32 continued		marketing authorisation. A Union sponsor could benefit from Union research funding available at the time of the public health emergency as well as existing clinical trial networks to facilitate the development, application, submission, and running of the trial. This may be particularly valuable for trials established by Union or international public health or research organisations.	marketing authorisation. A Union sponsor could benefit from Union research funding available at the time of the public health emergency as well as existing clinical trial networks to facilitate the development, application, submission, and running of the trial. This may be particularly valuable for trials established by Union or international public health or research organisations	marketing authorisation. A Union sponsor could benefit from Union research funding available at the time of the public health emergency as well as existing clinical trial networks to facilitate the development, application, submission, and running of the trial. This may be particularly valuable for trials established by Union or international public health or research organisations.	
33	Recital 21	(21) With respect to medical devices, an executive steering group on medical devices should be established to coordinate urgent actions within the Union in relation to the management of supply and demand issues of medical devices, and to establish a list of critical devices in the case of a public health emergency.		(21) With respect to medical devices, an executive steering group on medical devices should be established to coordinate urgent actions within the Union in relation to the management of supply and demand issues of medical devices, and to establish a list of critical devices in the case of a public health emergency.	



Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
34	Recital 21a (new)			<i><u>(21a) In order to establish the list of critical devices and to facilitate the monitoring process, the manufacturers or their authorised representative and, where necessary, concerned notified bodies should provide the requested information. In specific situations, namely when a Member State considers the need to provide for temporary exemptions pursuant to Article 59(1) of Regulation (EU) 2017/745 or Article 54(1) of Regulation (EU) 2017/746 with a view to mitigating potential or actual shortages of medical devices and in vitro diagnostic medical devices, also the importer and distributor should play a relevant role in providing the requested information, if no authorised representative is designated by the non-EU manufacturer.</u></i>	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
35	Recital 21b (new)			<i><u>(21b) Considering that the Medical Device Coordination Group (MDCG), as established in Regulation (UE) 2017/745, is the formal forum to discuss regulatory aspects on medical devices sector, including Market Surveillance and in order to contribute with medical devices competence and experience necessary for the monitoring and mitigating of shortages of critical medical devices, the Executive Steering Group on Shortages of Medical Devices should closely liaise with the MDCG, as appropriate. Effective coordination with the MDCG could be useful for the definition of the list of critical medical devices and information to be provided as well for the adoption of recommendations by the Executive Steering Group on Shortages of medical devices.</u></i>	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
36	Recital 22	(22) This Regulation also provides the Agency with a role to support the expert panels on medical devices designated under Commission Implementing Decision (EU) 2019/1396 to provide independent scientific and technical assistance to the Member States, the Commission, the Medical Device Coordination Group (MDCG), notified bodies and manufacturers.	<p><b>Amendment 28</b></p> <p>(22) This Regulation also provides the Agency with a role to support the expert panels on medical devices designated under Commission Implementing Decision (EU) 2019/1396<sup>12</sup> to provide independent scientific and technical assistance to the Member States, the Commission, the Medical Device Coordination Group (MDCG), notified bodies and manufacturers, <b>while upholding maximum transparency as a condition for fostering trust and confidence in the Union regulatory system.</b></p> <p><sup>12</sup> Commission Implementing Decision (EU) 2019/1396 of 10 September 2019 laying down the rules for the application of Regulation (EU) 2017/745 of the European Parliament and of the Council as regards the designation of expert panels in the field of medical devices OJ L 234, 11.9.2019, p. 23</p>	(22) This Regulation also provides the Agency with a role to support the expert panels on medical devices designated under Commission Implementing Decision (EU) 2019/1396 to provide independent scientific and technical assistance to the Member States, the Commission, the <del>Medical Device Coordination Group (MDCG)</del> , <b>MDCG</b> , notified bodies and manufacturers.	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
37	Recital 22 a (new)		<b>Amendment 29</b>  <i>(22a) The Emergency Task Force should review clinical trial protocols and advice developers on clinical trials that are conducted in the Union, providing guidance on clinically relevant endpoints and targets for vaccines and treatments in order to guide clinical trial design toward meeting the criteria for effective public health interventions.</i>		

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
38	Recital 23	(23) In addition to their role in clinical evaluation assessments and performance evaluations of certain high risk medical devices and <i>in vitro</i> diagnostic medical devices in accordance with Regulation (EU) 2017/745 and Regulation (EU) 2017/746 respectively, as well as providing opinions in response to consultation by manufacturers and notified bodies, the expert panels should play an essential role in the preparedness for and management of public health crises for medical devices, including those devices which have the potential to address public health emergencies. The panels are to provide scientific, technical, and clinical assistance to the Member States, the Commission, and the Medical Device Coordination Group (MDCG). In particular the panels are to contribute to the development of guidance on a number of points including clinical and performance aspects for specific devices, categories, or groups of devices or specific hazards related to a category or		(23) In addition to their role in clinical evaluation assessments and performance evaluations of certain high risk medical devices and <i>in vitro</i> diagnostic medical devices in accordance with Regulation (EU) 2017/745 and Regulation (EU) 2017/746 respectively, as well as providing opinions in response to consultation by manufacturers and notified bodies, <del>the expert panels should play an essential role in the preparedness for and management of public health crises for medical devices, including those devices which have the potential to address public health</del> emergencies. The panels are to provide scientific, technical, and clinical assistance to the Member States, the Commission, and the <del>Medical Device Coordination Group (MDCG).</del> <u>MDCG</u> . In particular the panels are to contribute to the development of guidance on a number of points including clinical and performance aspects for specific devices, categories, or groups of devices or specific hazards related to a category or	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
38 continued		group of devices, develop clinical evaluation and performance evaluation guidance in line with the state of the art, and contribute to the identification of concerns and emerging issues on safety and performance.		group of devices, develop clinical evaluation and performance evaluation guidance in line with the state of the art, and contribute to the identification of concerns and emerging issues on safety and performance. <i><u>In this context, the expert panels together with MDCG and its technical groups could play a relevant role in the preparedness for and management of public health crises for medical devices, particularly those of high risk including those devices which have the potential to address public health emergencies without prejudice to tasks and obligations under Regulation (EU) 2017/745 and Regulation (EU) 2017/746.</u></i>	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
39	Recital 24	(24) Given the Agency's long-standing and proven record of expertise in the field of medicinal products and considering the Agency's experience from working with a multitude of groups of experts, it is appropriate to establish the appropriate structures within the Agency to monitor potential shortages of medical devices in the context of a public health emergency and to provide the Agency with a mandate to host the expert panels on medical devices. This would allow for long-term sustainability for the functioning of the panels and provide clear synergies with related crisis preparedness work for medicinal products. Those structures would in no way change the regulatory system or the decision-making procedures in the area of medical devices already in place in the Union, which should remain clearly distinct from the one for medicinal products.	<b>Amendment 30</b>  (24) Given the Agency's long-standing and proven record of expertise in the field of medicinal products and considering the Agency's experience from working with a multitude of groups of experts, it is appropriate to establish the appropriate structures within the Agency to monitor potential shortages of medical devices in the context of a public health emergency and to provide the Agency with a mandate to host the expert panels on medical devices. <b><i>In light of this, all national and, eventually, Union entities engaged in stockpiling of medical devices, should report their stocks to the Agency.</i></b> This would allow for long-term sustainability for the functioning of the panels and provide clear synergies with related crisis preparedness work for medicinal products. Those structures would in no way change the regulatory system or the decision-making procedures in the area of medical devices already in place in the Union, which should remain clearly distinct from the one for medicinal products.	(24) Given the Agency's long-standing and proven record of expertise in the field of medicinal products and considering the Agency's experience from working with a multitude of groups of experts, it is appropriate to establish the <del>appropriate</del> <b><i>suitable</i></b> structures within the Agency to monitor potential shortages of medical devices in the context of a public health emergency and to provide the Agency with a mandate to host the expert panels on medical devices. This would allow for long-term sustainability for the functioning of the panels and provide clear synergies with related crisis preparedness work for medicinal products. Those structures would in no way change the regulatory system or the decision-making procedures in the area of medical devices already in place in the Union, which should remain clearly distinct from the one for medicinal products.	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
40	Recital 24a (new)			<u><i>(24a) To ensure a smooth transition to the Agency, the support for the expert panels should be provided by the Commission, until the 1 March 2022.</i></u>	



Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
41	Recital 25	(25) In order to facilitate the work and the exchange of information under this Regulation, provision should be made for the establishment and management of IT infrastructures and synergies with other existing IT systems or systems under development, including the EUDAMED IT platform for medical devices. That work should also be facilitated by, where appropriate, emerging digital technologies such as computational models and simulations for clinical trials, as well as data from the EU Space Programme such as the Galileo geolocation services, and Copernicus earth observation data.	<b>Amendment 31</b>  (25) In order to facilitate the work and the exchange of information under this Regulation, provision should be made for the establishment and management of IT infrastructures and synergies with other existing IT systems or systems under development, including the EUDAMED IT platform for medical devices, <i><b>alongside enhanced protection of data infrastructure and deterrence from possible cyberattacks.</b></i> That work should also be facilitated by, where appropriate, emerging digital technologies such as computational models and simulations for clinical trials, as well as data from the EU Space Programme such as the Galileo geolocation services, and Copernicus earth observation data.	(25) In order to facilitate the work and the exchange of information under this Regulation, provision should be made for the establishment and management of IT infrastructures and synergies with other existing IT systems <del>and</del> systems under development, including the <del>EUDAMED IT platform</del> <i><b>for European data base on medical devices– EUDAMED. In Eudamed, the European Medical Device Nomenclature (EMDN) system should help to gather relevant information on categorization of medical devices.</b></i> That work should also be facilitated by, where appropriate, emerging digital technologies such as computational models and simulations for clinical trials, as well as data from the EU Space Programme such as the Galileo geolocation services, and Copernicus earth observation data. <i><b>Double or multiple registrations should be avoided to the extent possible.</b></i>	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
42	Recital 26	(26) Rapid access and exchange of health data, including real world data i.e. health data generated outside of clinical studies, is essential to ensure effective management of public health emergencies and other major events. This Regulation should allow the Agency to use and facilitate such exchange and be part of the establishment and operation of the European Health Data Space infrastructure.	<b>Amendment 32</b>  (26) Rapid access and exchange of health data, including real world data i.e. health data generated outside of clinical studies, is essential to ensure effective management of public health emergencies and other major events. This Regulation should allow the Agency to use and facilitate such exchange and be part of the establishment and operation of the European Health Data Space <i>interoperable</i> infrastructure, <i>taking advantage of all the potential of supercomputing, artificial intelligence and big data science to develop predicting models and take better and more timely-effective decisions, without compromising the privacy rights.</i>	(26) Rapid access and exchange of health data, including real world data i.e. health data generated outside of clinical studies, is essential to ensure effective management of public health emergencies and other major events. This Regulation should allow the Agency to use and facilitate such exchange and be part of the establishment and operation of the European Health Data Space infrastructure.	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
43	Recital 26a (new)		<b>Amendment 33</b>  <i>(26a) In order to facilitate the reliable exchange of medicinal product information in a robust and consistent manner, identification of human medicinal products will be based on International Organization for Standardization (ISO) for the identification of medicinal products for human use (IDMP) standards.</i>		

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
44	Recital 26b (new)		<p><b>Amendment 34</b></p> <p><i>(26b) The handling of sensitive data, crucial for dealing with potential public health emergencies, requires a high level of protection against cyber-attacks. Health care organisations have been also facing heightened cyber-security threats in the midst of the COVID-19 pandemic. The Agency itself has been the target of a cyber-attack that resulted in some of the unlawfully accessed documents related to COVID-19 medicines and vaccines belonging to third parties being leaked on the internet. There is therefore the need for the Agency to be equipped with a high level of security against cyber-attacks to ensure the normal functioning of the Agency at all times and especially during public health emergencies. To that end, the Agency should establish a plan to prevent, detect, mitigate and respond to cyber-attacks so that its operation is secured at all times, while preventing any illegal access to documentation held by the Agency.</i></p>		

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
45	Recital 26c (new)		<p><b>Amendment 35</b></p> <p><i>(26c) Due to the sensitive nature of health data, the Agency should safeguard and guarantee its processing operations respect the data protection principles of lawfulness, fairness and transparency, purpose limitation, data minimisation, accuracy, storage limitation, integrity and confidentiality. Where it is necessary for the purposes of this Regulation to process personal data, this should be done in accordance with Union law on the protection of personal data. Any processing of personal data based on this Regulation should take place in accordance with Regulations (EU) 2016/679<sup>1a</sup> and (EU) 2018/1725<sup>1b</sup> of the European Parliament and of the Council</i></p> <p><sup>1a</sup> Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free</p>		

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
45 continued			<p><i>movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (OJ L 119, 4.5.2016, p. 1).</i></p> <p><i><sup>1b</sup> Regulation (EU) 2018/1725 of the European Parliament and of the Council of 23 October 2018 on the protection of natural persons with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data, and repealing Regulation (EC) No 45/2001 and Decision No 1247/2002/EC (OJ L 295, 21.11.2018, p. 39).</i></p>		

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
46	Recital 26d (new)		<p><b>Amendment 36</b></p> <p><i>(26d) It is imperative to have in place robust transparency measures and standards regarding the Agency's regulatory activities on medicinal products and medical devices falling under the scope of this Regulation. Those measures should include timely publication of all relevant information on approved products and clinical data, including full clinical trial protocols. The Agency should apply high degree of transparency on the membership, recommendations, opinions and decisions of the newly established Steering Groups and the Emergency Task Force. Members of the Steering Groups and the Emergency Task Force should have no financial or other interests in the pharmaceutical or medical device industry which could affect their impartiality.</i></p>		

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
47	Recital 26e (new)		<p><b>Amendment 37</b></p> <p><i>(26e) Credibility of the Agency and public trust in its decisions relies on a high degree of transparency. Therefore, proactive engagement of adequate communication tools with the general public should be foreseen. In addition, strengthened and accelerated transparency standards and measures regarding the Agency's working bodies and clinical data assessed for the evaluation and surveillance of medicinal products and medical devices are paramount to gain and upheld public trust. This Regulation establishes a framework for those strengthened transparency standards and measures, based on the Agency's efforts, standards and measures put in place during the COVID-19 pandemic.</i></p>		



Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
48	Recital 27	(27) During a public health emergency or in relation to a major event, the Agency should ensure cooperation with the European Centre for Disease Prevention and Control and other Union Agencies as appropriate. Such cooperation should include data sharing, including data on epidemiological forecasting, regular communication at an executive level, and invitations to representatives of the European Centre for Disease Prevention and Control and other Union Agencies to attend meetings of the Emergency Task Force, the Medicines Steering Group, and the Medical Devices Steering Group, as appropriate.	<b>Amendment 38</b>  (27) During a public health emergency or in relation to a major event, the Agency should ensure cooperation with the European Centre for Disease Prevention and Control and other Union Agencies as appropriate. Such cooperation should include data sharing, including data on epidemiological forecasting, regular communication at an executive level, and invitations to representatives of the European Centre for Disease Prevention and Control and other Union Agencies to attend meetings of the Emergency Task Force, the Medicines Steering Group, and the Medical Devices Steering Group, as appropriate. <i><b>This cooperation should also include strategic discussions with relevant entities of the Union in a position to boost the research and development of appropriate solutions and technologies to mitigate the effects of the public health emergency or major event, or prevent future similar public health emergencies or major events, such as the proposed HERA.</b></i>	(27) During a public health emergency or in relation to a major event, the Agency should ensure cooperation with the European Centre for Disease Prevention and Control and other Union Agencies as appropriate. Such cooperation should include data sharing, including data on epidemiological forecasting, regular communication at an executive level, and invitations to representatives of the European Centre for Disease Prevention and Control and other Union Agencies to attend meetings of the Emergency Task Force, the Medicines <u><b>Shortages</b></u> Steering Group, and the Medical Devices <u><b>Shortages</b></u> Steering Group, as appropriate.	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
49	Recital 27a (new)		<b>Amendment 39</b>  <i>(27a) During a public health emergency or in relation to a major event, the Agency should enable regular exchanges of information with the industry, relevant actors of the pharmaceutical supply chain, representatives of healthcare professionals, patients and consumers, to guarantee early discussions on potential drug shortages in the market and supply constraints, so as to allow better coordination and synergies to mitigate and respond to the public health emergency or the major event.</i>		
50	Recital 27b (new)		<b>Amendment 40</b>  <i>(27b) Taking into account that the COVID-19 pandemic has not come to an end, and that the duration and evolution of health crises, such as pandemics, are uncertain, provision should be made for a review of the effectiveness of the functioning of the structures and mechanisms established in accordance with this Regulation. In light of that review, the structures and mechanisms should be amended, if appropriate.</i>		

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
51	Recital 28	(28) Since the objectives of this Regulation cannot be sufficiently achieved by the Member States alone due to the cross-border dimension of public health emergencies and major events and can, therefore, be better achieved at Union level, the Union may adopt measures, in accordance with the principle of subsidiarity as set out in Article 5 of the Treaty on European Union. In accordance with the principle of proportionality, as set out in that Article, this Regulation does not go beyond what is necessary in order to achieve those objectives.		(28) Since the objectives of this Regulation cannot be sufficiently achieved by the Member States alone due to the cross-border dimension of public health emergencies and major events and can, therefore, be better achieved at Union level, the Union may adopt measures, in accordance with the principle of subsidiarity as set out in Article 5 of the Treaty on European Union. In accordance with the principle of proportionality, as set out in that Article, this Regulation does not go beyond what is necessary in order to achieve those objectives.	
52	Recital 29	(29) In order to ensure that sufficient resources are available for the work provided for under this Regulation, expenditure of the Agency should be covered by the contribution from the Union to the Agency's revenue.	<b>Amendment 41</b>  (29) In order to ensure that sufficient resources, <b><i>including appropriate staffing and adequate expertise</i></b> , are available for the work provided for under this Regulation, expenditure of the Agency should be covered by the contribution from the Union to the Agency's revenue.	(29) In order to ensure that sufficient resources are available for the work provided for under this Regulation, expenditure of the Agency should be covered by the contribution from the Union to the Agency's revenue. <b><u><i>This expenditure should cover activities of Members States' representatives and experts in the Medicines Shortages and Medical Devices Shortages Steering Groups, the Emergency Task Force and their working parties under this Regulation.</i></u></b>	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
53	Recital 29a (new)			<i><u>(29a) Moreover, the EU4Health programme is a tool to provide additional support to national competent authorities in the area of shortages, including through the implementation of actions to mitigate shortages of medicines and improve the security of supply. Under the EU4Health programme Member States may request financial support from the Union in accordance with the EU4Health Regulation (EU) 2021/522, specifically in view of the implementation of their obligations set out in Articles 11 and 25 of this Regulation.</u></i>	
54	Recital 30	(30) The European Data Protection Supervisor has been consulted in accordance with Article 42(1) of Regulation (EU) No 2018/1725 and has adopted an opinion.		(30) The European Data Protection Supervisor has been consulted in accordance with Article 42(1) of Regulation (EU) No 2018/1725 and has adopted an opinion.	

Item	Citation / Recital Number	Commission text (2020/0321 (COD))	EP amendments voted on 8 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
55	Recital 31	(31) In accordance with Article 168(7) of the Treaty, this Regulation fully respects the responsibilities of the Member States for the definition of their public health policy and for the organisation and delivery of health services and medical care as well as the fundamental rights and principles recognised by the Charter of Fundamental Rights of the European Union including the protection of personal data,		(31) In accordance with Article 168(7) of the Treaty, this Regulation fully respects the responsibilities of the Member States for the definition of their public health policy and for the organisation and delivery of health services and medical care as well as the fundamental rights and principles recognised by the Charter of Fundamental Rights of the European Union including the protection of personal data,	
56		HAVE ADOPTED THIS REGULATION:		HAVE ADOPTED THIS REGULATION:	

**Articles**

This Annex contains the Articles in the Proposal for a Regulation on a reinforced role for the European Medicines Agency in crisis preparedness and management for medicinal products and medical devices. For explanations of layout and fonts see Annex A.

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
<b>57</b>	Chapter I	<b>Chapter I</b> <b>General Provisions</b>		<b>Chapter I</b> <b>General Provisions</b>	
<b>58</b>	Article 1  Article 1 – paragraph 1  Article 1 – paragraph 1 – point a	<i>Article 1</i> <i>Subject Matter</i>  This Regulation provides for, within the European Medicines Agency ('the Agency'), a framework for and the means to:  (a) prepare for and manage the impact of major events on medicinal products for human use and of public health emergencies on medicinal products for human use and on medical devices;	<b>Amendment 42</b>  (a) <b><i>prevent</i></b> , prepare for, <b><i>coordinate</i></b> and manage <b><i>at Union level</i></b> the impact of major events on medicinal products for human use and of public health emergencies on medicinal products for human use and on medical devices;	<i>Article 1</i> <i>Subject Matter</i>  This Regulation provides for, within the European Medicines Agency ('the Agency'), a framework for and the means to:  (a) prepare for and manage the impact of major events on medicinal products for human use and of public health emergencies on medicinal products for human use and on medical devices;	<b><i>Article 1</i></b> <b><i>Subject Matter</i></b>  <b>This Regulation provides for, within the European Medicines Agency ('the Agency'), a framework for and the means to:</b>  <b>(a) prepare for, <i>prevent, coordinate</i> and manage the impact of major events on medicinal products for human use and of public health emergencies on medicinal products for human use and on medical devices <i>at Union level</i>;</b>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
58 continued	<p>Article 1 – paragraph 1 – point b</p> <p>Article 1 – paragraph 1 – point b a (new)</p> <p>Article 1 – paragraph 1 – point c</p> <p>Article 1 – paragraph 1 – point d</p>	<p>(b) monitor and report on shortages of medicinal products for human use and medical devices;</p> <p>(c) provide advice on medicinal products for human use with the potential to address public health emergencies;</p> <p>(d) provide support for the expert panels designated in accordance with Implementing Decision (EU) 2019/1396.</p>	<p><b>Amendment 43</b></p> <p>(b) <b><i>prevent</i></b>, monitor and report on shortages of medicinal products for human use and <b><i>critical</i></b> medical devices;</p> <p><b>Amendment 44</b></p> <p><b><i>(ba) set up an interoperable and digital database at Union level to monitor and report on shortages of medicinal products;</i></b></p>	<p>(b) monitor and report on shortages of medicinal products for human use<sub>2</sub> and medical devices;</p> <p>(c) provide advice on medicinal products for human use with the potential to address public health emergencies;</p> <p>(d) provide <b><i>administrative</i></b> support for the expert panels designated in accordance with <b><i>Implementing Decision Article 106(1) of Regulation (EU) 2019/1396</i></b></p>	<p>(b) monitor , <b><i>prevent</i></b> , and report on shortages of medicinal products for human use and <b><i>critical</i></b> medical devices;</p> <p><b><i>(ba) set up an interoperable and digital database at Union level to monitor and report on shortages of medicinal products;</i></b></p> <p>c) provide advice on medicinal products for human use with the potential to address public health emergencies;</p> <p>d) provide <b><i>administrative</i></b> support for the expert panels designated in accordance with <b><i>Implementing Decision Article 106(1) of Regulation (EU) 2019/1396</i></b></p>
59	<p>Article 2</p> <p>Article 2 – paragraph 1</p> <p>Article 2 – paragraph 1 – point a</p>	<p><i>Article 2</i></p> <p><i>Definitions</i></p> <p>For the purposes of this Regulation, the following definitions shall apply:</p> <p>(a) ‘<i>public health emergency</i>’ means a public health emergency at Union level recognised by the European Commission in accordance with Article 23(1) of Regulation (EU) 2020/[...];</p>		<p><i>Article 2</i></p> <p><i>Definitions</i></p> <p><b><i>1.</i></b> For the purposes of this Regulation, the following definitions shall apply:</p> <p>(a) ‘<i>public health emergency</i>’ means a public health emergency at Union level recognised by the European Commission in accordance with Article 23(1) of Regulation (EU) 2020/[...];</p>	<p><b><i>Article 2</i></b></p> <p><b><i>Definitions</i></b></p> <p><b><i>1.</i></b> For the purposes of this Regulation, the following definitions shall apply:</p> <p>(a) ‘<i>public health emergency</i>’ means a public health emergency at Union level recognised by the European Commission in accordance with Article 23(1) of Regulation (EU) 2020/[...];</p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
59 continued	<p>Article 2 – paragraph 1 – point b</p> <p>Article 2 – paragraph 1 – point b a (new)</p> <p>Article 2 – paragraph 1 – point c</p>	<p>(b) ‘<i>medicinal product</i>’ means a medicinal product as defined in point (2) of Article 1 of Directive 2001/83/EC of the European Parliament and of the Council;</p> <p>(c) ‘<i>medical device</i>’ means both a medical device as defined in point (1) of Article 2 of Regulation (EU) 2017/745, read in conjunction with point (a) of Article 1(6) of that Regulation, and an <i>in vitro</i> diagnostic medical device as defined in point (2) of Article 2 of Regulation (EU) 2017/746;</p>	<p><b>Amendment 45</b></p> <p><i>(ba) ‘veterinary medicinal product’ means a veterinary medicinal product as defined in point (1) of Article 4 of Regulation(EU) 2019/6 of the European Parliament and the Council<sup>1a</sup>;</i></p> <p><sup>1a</sup> <i>Regulation (EU) 2019/6 of the European Parliament and of the Council of 11 December 2018 on veterinary medicinal products and repealing Directive 2001/82/EC (OJ L 4, 7.1.2019, p. 43).</i></p>	<p>(b) ‘<i>medicinal product</i>’ means a medicinal product as defined in point (2) of Article 1 of Directive 2001/83/EC of the European Parliament and of the Council;</p> <p>(c) ‘<i>medical device</i>’ means both a medical device as defined in point (1) of Article 2 of Regulation (EU) 2017/745, read in conjunction with point (a) of Article 1(6) of that Regulation, and an <i>in vitro</i> diagnostic medical device as defined in point (2) of Article 2 of Regulation (EU) 2017/746;</p>	<p>(b) ‘<i>medicinal product</i>’ means a medicinal product as defined in point (2) of Article 1 of Directive 2001/83/EC of the European Parliament and of the Council;</p> <p>(ba) ‘<i>veterinary medicinal product</i>’ means a veterinary medicinal product as defined in point (1) of Article 4 of Regulation(EU) 2019/6 of the European Parliament and the Council<sup>1a</sup>;</p> <p>(c) ‘<i>medical device</i>’ means both a medical device as defined in point (1) of Article 2 of Regulation (EU) 2017/745, read in conjunction with point (a) of Article 1(6) of that Regulation, and an <i>in vitro</i> diagnostic medical device as defined in point (2) of Article 2 of Regulation (EU) 2017/746;</p>



Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
59 continued	Article 2 – paragraph 1 – point c a (EP) (new)  Article 2 – paragraph 1 – point c a (Council) (new)		<b>Amendment 46</b>  <i>(ca) 'supply' refers to the total volume of stock of an individual medicinal product or medical device that is placed on the market by a marketing authorisation holder or a manufacturer;</i>	  <u><i>(ca) 'accessory' for a medical device means an accessory as defined in point (2) of Article 2 of Regulation (EU) 2017/745 and for an in vitro medical device means accessory as defined in point (4) of Article 2 of regulation (EU) 2017/746;</i></u>	<i>(ca) 'supply' refers to the total volume of stock of an individual medicinal product or medical device that is placed on the market by a marketing authorisation holder or the manufacturer;</i>  <u><i>(ca) 'accessory' for a medical device means an accessory as defined in point (2) of Article 2 of Regulation (EU) 2017/745 and for an in vitro medical device means accessory as defined in point (4) of Article 2 of regulation (EU) 2017/746;</i></u>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
59 continued	Article 2 – paragraph 1 – point c b (EP) (new)		<p><b>Amendment 47</b></p> <p><i>(cb) 'demand' relates to the request for a medicinal product or a medical device by a healthcare professional or patient in response to a clinical need. For demand to be satisfactorily met, the medicinal product or the medical device will need to be acquired in time and sufficient quantity to allow continuity of best care of patients. Wholesalers are usually a key supply link between marketing authorisation holders or manufacturers and the users of medicinal products or medical devices, respectively, and in those cases, in order to estimate demand, the quantity requested in wholesale orders should be considered;</i></p>		<p><i>(cb) 'demand' means the request for a medicinal product or a medical device by a healthcare professional or patient in response to a clinical need. For demand to be satisfactorily met, the medicinal product or the medical device will need to be acquired in appropriate time and sufficient quantity to allow continuity of best care of patients. Wholesalers are usually a key supply link between marketing authorisation holders or manufacturers and the users of medicinal products or medical devices, respectively, and in those cases, in order to estimate demand, the quantity requested in wholesale orders should be considered;</i></p>

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59 continued	<p>Article 2 – paragraph 1 – point c b Council (new)</p> <p>Article 2 – paragraph 1 – point d</p> <p>Article 2 – paragraph 1 – point e</p>	<p>(d) ‘shortage’ means that supply of a medicinal product for human use or a medical device does not meet demand for that medicinal product or medical device;</p> <p>(e) ‘developer’ means any legal or natural person seeking to generate scientific data with regard to the quality, safety and efficacy of a medicinal product as part of that product’s development;</p>	<p><b>Amendment 48</b></p> <p>(d) ‘shortage’ means that supply of a medicinal product for human use or a medical device does not meet demand for that medicinal product or medical device <b>at a national level, whatever the cause;</b></p>	<p><u>(cb) ‘in vitro diagnostic medical device’ means an in vitro diagnostic medical device as defined in point (2) of Article 2 of Regulation (EU) 2017/746;</u></p> <p>(d) ‘shortage’ means that supply of a medicinal product for human use or a medical device does not meet demand for that medicinal product or medical device <b>at a national level, whatever the cause;</b></p> <p>(e) ‘developer’ means any legal or natural person seeking to generate scientific data with regard to the quality, safety and efficacy of a medicinal product as part of that product’s development;</p>	<p><u>(cb) ‘in vitro diagnostic medical device’ means an in vitro diagnostic medical device as defined in point (2) of Article 2 of Regulation (EU) 2017/746;</u></p> <p>d) ‘shortage’ means that supply of a medicinal product for human use or a medical device does not meet demand for that medicinal product or medical device <b>at a national level, whatever the cause;</b></p> <p>e) ‘developer’ means any legal or natural person seeking to generate scientific data with regard to the quality, safety and efficacy of a medicinal product as part of that product’s development;</p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
59 continued	Article 2 – paragraph 1 – point f	(f) ‘ <i>major event</i> ’ means an event which is likely to pose a serious risk to public health in relation to medicinal products in more than one Member State. Such an event concerns a deadly threat or otherwise serious threat to health of biological, chemical, environmental or other origin or incident that can affect the supply or quality, safety, and efficacy of medicinal products. Such an event may lead to shortages of medicinal products in more than one Member State and necessitates urgent coordination at Union level in order to ensure a high level of human health protection.	<b>Amendment 49</b>  (f) ‘major event’ means an event which is likely to pose a serious risk to public health in relation to medicinal products in more than one Member State. Such an event concerns a deadly threat or otherwise serious threat to health of biological, chemical, environmental or other origin or incident that can affect the <i>manufacturing</i> , supply, <i>demand</i> or quality, safety, and efficacy of medicinal products. Such an event may lead to shortages of medicinal products in more than one Member State and necessitates urgent coordination at Union level in order to ensure a high level of human health protection. <i>Recurrent problems of supply of medicinal products are excluded from the scope of this definition.</i>	(f) ‘ <i>major event</i> ’ means an event which is likely to pose a serious risk to public health in relation to medicinal products in more than one Member <del>State</del> <i>States</i> . Such an event concerns a deadly threat or otherwise serious threat to health of biological, chemical, environmental or other origin or incident that can affect the <i>manufacturing</i> , supply, <i>demand</i> or quality, safety, and efficacy of medicinal products. Such an event may lead to shortages of medicinal products in more than one Member State and necessitates urgent coordination at Union level in order to ensure a high level of human health protection. <i>Recurrent problems of supply of medicinal products are excluded from the scope of this definition.</i>	(f) ‘major event’ means an event which is likely to pose a serious risk to public health in relation to medicinal products in more than one Member <i>States</i> . Such an event concerns a deadly threat or otherwise serious threat to health of biological, chemical, environmental or other origin or incident that can affect the <i>manufacturing</i> , supply, <i>demand</i> or quality, safety, and efficacy of medicinal products. Such an event may lead to shortages of medicinal products in more than one Member State and necessitates urgent coordination at Union level in order to ensure a high level of human health protection. <i>Recurrent problems of supply of medicinal products are excluded from the scope of this definition.</i>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
59 continued	Article 2 – paragraph 2 (new)			<u>2. For the purposes of this Regulation, references to “medical devices” and “in vitro medical devices” shall be understood as covering the medical devices and the in vitro medical devices and their accessories in the meaning of paragraph 1.</u>	<u>2. For the purposes of this Regulation, references to “medical devices” and “in vitro medical devices” shall be understood as covering the medical devices and the in vitro medical devices and their accessories in the meaning of paragraph 1.</u>
60	Chapter II	<b>Chapter II</b>  <b>Monitoring and mitigating shortages of critical medicinal products and management of major events</b>		<b>Chapter II</b>  <b>Monitoring and mitigating shortages of critical medicinal products and management of major events</b>	
61	Article 3	<i>Article 3</i>  <i>The Executive Steering Group on Shortages and Safety of Medicinal Products</i>		<i>Article 3</i>  <i>”The Executive Steering Group on Shortages and Safety of Medicinal Products</i>	

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
61 continued	Article 3 – paragraph 1	1. The Executive Steering Group on Shortages and Safety of Medicinal Products ('the Medicines Steering Group') is hereby established as part of the Agency. It shall meet either in person or remotely, in preparation for or during a public health emergency or following a request for assistance referred to in Article 4(3). The Agency shall provide its secretariat.	<b>Amendment 50</b>  1. The Executive Steering Group on Shortages and Safety of Medicinal Products ('the Medicines Steering Group') is hereby established as part of the Agency. It shall meet <i>at regular intervals</i> either in person or remotely, <i>and whenever the situation requires</i> , in preparation for or during a public health emergency or following a request for assistance referred to in Article 4(3). The Agency shall provide its secretariat.	1. The Executive Steering Group on Shortages and Safety of Medicinal Products ('the Medicines <i>Shortages</i> Steering Group') is hereby established as part of the Agency. It shall meet either in person or remotely, in preparation for or during a public health emergency or following a request for assistance referred to in Article 4(3). The Agency shall provide its secretariat.	1. The Executive Steering Group on Shortages and Safety of Medicinal Products ('the Medicines <i>Shortages</i> Steering Group') is hereby established as part of the Agency. It shall meet <i>regularly and in addition, whenever the situation requires</i> , either in person or remotely, in preparation for or during a public health emergency or following a request for assistance referred to in Article 4(3). The Agency shall provide its secretariat.

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
61 continued	Article 3 – paragraph 2	2. The Medicines Steering Group shall be composed of a representative of the Agency, a representative of the Commission and one senior representative per Member State. Each Member State shall appoint their representative. Members may be accompanied by experts in specific scientific or technical fields.	<b>Amendment 51</b>  2. The Medicines Steering Group shall be composed of a representative of the Agency, a representative of the Commission and one <i>authorised</i> senior representative per Member State. Each Member State shall appoint their representative. Members may be accompanied by experts in specific scientific or technical fields. <i>The Medicines Steering Group shall also include a representative of the Agency's Patients' and Consumers' Working Party (PCWP) and a representative of the Agency's Healthcare Professionals' Working Party (HCPWP) as observers. The list of the members of the Medicines Steering Group shall be transparent and made public on the Agency's web-portal.</i>	2. The Medicines <i>Shortages</i> Steering Group shall be composed of a representative of the Agency, a representative of the Commission and one <del>senior</del> representative per Member State. Each Member State shall appoint their representative. Members may be accompanied by experts in specific scientific or technical fields.	2. The Medicines <i>Shortages</i> Steering Group shall be composed of a representative of the Agency, a representative of the Commission and one <del>senior</del> <i>appointed</i> representative per Member State. Each Member State shall appoint their representative. Members may be accompanied by experts in specific scientific or technical fields. <i>The Medicines Steering Group shall also include a representative of the Agency's Patients' and Consumers' Working Party (PCWP) and a representative of the Agency's Healthcare Professionals' Working Party (HCPWP) as observers. Representatives of the Agency's Patients and Consumers' Working Party (PCWP) and a representative of the Agency's Healthcare Professionals' Working Party (HCPWP) may also attend as observers. The list of the members of the Medicines Steering Group shall be transparent and made public on the Agency's web-portal.</i>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
61 continued	Article 3 – paragraph 3	3. The Medicines Steering Group shall be chaired by the Agency. The Chair <i>may</i> invite third parties, including representatives of medicinal product interest groups <i>and</i> marketing authorisation holders to attend its meetings.	<b>Amendment 52</b>  3. The Medicines Steering Group shall be chaired by the Agency. <i>Any member of the Medicines Steering Group may propose to the Chair to</i> invite third parties, including representatives of medicinal product interest groups, marketing authorisation holders, <i>wholesale distributors, or any other appropriate actor in the pharmaceutical supply chain, representatives of healthcare professionals, patients and consumers</i> to attend its meetings <i>when their contribution may inform the discussions of the Medicines Steering Group.</i>	3. The Medicines <i>Shortages</i> Steering Group shall be <i>Co-</i> chaired by the Agency- <i>and by a representative of a Member State elected by and amongst its members.</i> The Chair <del>may</del> <i>Co-Chairs</i> invite, <i>as necessary, representatives of national competent authorities for medicinal products for veterinary use, representatives of other relevant competent authorities and other</i> third parties, including representatives of medicinal product interest groups and marketing authorisation holders <i>for medicinal products for human and veterinary use</i> to attend its meetings. The <i>Members of the Medicines Shortages Steering Group may request the Chair to invite third parties to attend its meetings.</i>	3. The Medicines <i>Shortages</i> Steering Group shall be <i>co-</i> chaired by the Agency <i>and by a representative of a Member State elected by and amongst its members.</i>  <i>The Chair may co-chairs may, on their own initiative or following a request from one or more members, invite, as observers and to provide expert advice representatives of national competent authorities for medicinal products for veterinary use, representatives of other relevant competent authorities and</i> third parties, including representatives of medicinal product interest groups, marketing authorisation holders, <i>wholesale distributors, any other appropriate actor in the pharmaceutical supply chain, representatives of healthcare professionals and patients and consumers, to attend its meetings, as necessary.</i>



Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
61 continued	Article 3 – paragraph 3 a (new)		<p><b>Amendment 53</b></p> <p><i>3a. The Medicines Steering Group shall guarantee an open communication and close cooperation with marketing authorisation holders, manufacturers, relevant actors of the pharmaceutical supply chain, and representatives of healthcare professionals, patients and consumers with a view to enabling early notification or identification of potential or actual shortages of medicinal products considered as critical during a major event or a public health emergency as provided for in Article 6.</i></p>		<p><i>See new recital</i></p> <p><i>In order to ensure the inclusivity and transparency of the work of the Medicines Shortages Steering Group, appropriate engagement with relevant third parties, including representatives of medicinal product interest groups, marketing authorisation holders, wholesale distributors, any other appropriate actor in the pharmaceutical supply chain, representatives of healthcare professionals and patients and consumers, needs to be ensured.</i></p> <p><i>3a. The Medicines Shortages Steering Group shall, in coordination with the national competent authorities, facilitate appropriate communication with marketing authorisation holders or their representatives, manufacturers, other relevant actors of the pharmaceutical supply chain, and representatives of healthcare professionals and patients and consumers with a view to receiving relevant information on potential or actual shortages of medicinal products considered as critical during a major event or a public health emergency as provided for in Article 6.</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
61 continued	<p>Article 3 – paragraph 4</p> <p>Article 3 – paragraph 5</p> <p>Article 3 – paragraph 6</p>	<p>4. The Medicines Steering Group shall establish its rules of procedure including procedures relating to the working party referred to the paragraph 5 and on the adoption of lists, sets of information, and recommendations. The rules of procedure shall enter into force after receiving a favourable opinion from the Commission and the Management Board of the Agency.</p> <p>5. The Medicines Steering Group shall be supported in its work by a working party comprised of single points of contact related to shortages from national competent authorities for medicinal products established in accordance with Article 9(1).</p> <p>6. The Medicines Steering Group shall be responsible for fulfilling the tasks referred to in Article 4(4) and Articles 5 to 8.</p>	<p><b>Amendment 54</b></p> <p>6. The Medicines Steering Group shall be responsible for fulfilling the tasks referred to in Article 4(3) and (4) and Articles 5 to 8.</p>	<p>4. The Medicines <u>Shortages</u> Steering Group shall establish its rules of procedure including procedures relating to the working party referred to the paragraph 5 and on the adoption of lists, sets of information, and recommendations. The rules of procedure shall enter into force after receiving a favourable opinion from the Commission and the Management Board of the Agency.</p> <p>5. The Medicines <u>Shortages</u> Steering Group shall be supported in its work by a working party comprised of single points of contact related to shortages from national competent authorities for medicinal products established in accordance with Article 9(1).</p> <p>6. The Medicines <u>Shortages</u> Steering Group shall be responsible for fulfilling the tasks referred to in Article 4(3), Article 4(4) and Articles 5 to 8.</p>	<p>4. The Medicines <u>Shortages</u> Steering Group shall establish its rules of procedure including procedures relating to the working party referred to the paragraph 5 and on the adoption of lists, sets of information, and recommendations. The rules of procedure shall enter into force after receiving a favourable opinion from the Commission and the Management Board of the Agency.</p> <p>5. The Medicines <u>Shortages</u> Steering Group shall be supported in its work by a working party comprised of single points of contact related to shortages from national competent authorities for medicinal products established in accordance with Article 9(1).</p> <p>6. The Medicines <u>Shortages</u> Steering Group shall be responsible for fulfilling the tasks referred to in Article 4(3), Article 4(4) and Articles 5 to 8.</p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
61 continued	Article 3 – paragraph 6a (new)		<b>Amendment 55</b>  <i>6a. The Medicines Steering Group may consult with the Committee for Medicinal Products for Veterinary Use whenever it deems it necessary to deal with public health emergencies and major events related to zoonoses or diseases affecting only animals that have or may have a major impact on human health.</i>		<i>6a. The Medicines Shortages Steering Group may consult with the Committee for Medicinal Products for Veterinary Use whenever it deems it necessary to deal with public health emergencies and major events related to zoonoses or diseases affecting only animals that have or may have a major impact on human health.</i>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
61 continued	Article 3 – paragraph 6b (new)		<p><b>Amendment 56</b></p> <p><i>6b. Members of the Medicines Steering Group shall not have financial or other interests in the pharmaceutical industry that could affect their impartiality. They shall act in the public interest and in an independent manner and make an annual declaration of their financial interests and update it whenever a relevant change occurs. All indirect interests which could relate to the pharmaceutical industry shall be entered in a register held by the Agency and upon request shall be accessible to the public. The declaration of interests shall be made publicly available on the Agency's web-portal.</i></p>		<p><i>6b. The Medicines Shortages Steering Group and the Medical Devices Shortages Steering Group shall carry out their activities in an independent, impartial and transparent manner. The members appointed to the Medicines Shortages Steering Group and the Medical Devices Shortages Steering Group and, where relevant, observers, shall not have any financial or other interests in the pharmaceutical or medical devices industry which could affect their independence or impartiality. The members appointed to the Medicines Shortages Steering Group and the Medical Devices Shortages Steering Group and, where relevant, observers shall make a declaration of their financial and other interests and update them annually and whenever necessary. The declaration of interests shall be made publicly available on the Agency's web-portal. They shall disclose any other facts of which they become aware that might in good faith reasonably be expected to involve, or give rise to, a conflict of interest.</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
61 continued					<i>The members appointed to the Medicines Shortages Steering Group and the Medical Devices Shortages Steering Group and, where relevant, observers, who participate in meetings of the Medicines Shortages Steering Group and the Medical Devices Shortages Steering Group shall declare, before each meeting, any interests which could be considered to be prejudicial to their independence or impartiality with respect to the items on the agenda. Where the Agency decides that a declared interest constitutes a conflict of interest, that member or observer shall not take part in any discussions or decision-making, or obtain any information concerning that item of the agenda. Such declarations of members or observers and the decisions of the Agency shall be recorded in the summary minutes of the meeting. The members appointed to the Medicines Shortages Steering Group and the Medical Devices Shortages Steering Group and, where relevant, observers shall, even after their duties have ceased, be subject to a requirement of professional secrecy.</i>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
62	Article 4  Article 4 – paragraph 1	<p><i>Article 4</i></p> <p><i>Monitoring of events and preparedness for major events and public health emergencies</i></p> <p>1. The Agency shall continuously monitor any event that is likely to lead to a major event or a public health emergency.</p>	<p><b>Amendment 57</b></p> <p>1. The Agency shall continuously monitor any event that is likely to lead to a major event or a public health emergency <i>in coordination with the national competent authorities. In that regard, the Agency shall cooperate closely with the European Centre for Disease Prevention and Control (ECDC) and other Union agencies, where relevant.</i></p>	<p><i>Article 4</i></p> <p><i>Monitoring of events and preparedness for major events and public health emergencies</i></p> <p>1. The Agency, <u>in collaboration with Member States</u>, shall continuously monitor any event <u>related to medicinal products</u> that is likely to lead to a major event or a public health emergency. <u>As necessary, the Agency may seek the support of the ECDC.</u></p>	<p>1. The Agency, <u>in collaboration with Member States</u>, shall continuously monitor any event that is likely to lead to a major event or a public health emergency. <u>As necessary, the Agency shall cooperate with European Centre for Disease Prevention and Control (ECDC) and other Union agencies, where relevant.</u></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
62 continued	Article 4 – paragraph 2	<p>2. To facilitate the monitoring task referred to in paragraph 1, the national competent authorities, through the single points of contact referred to in Article 3(5), shall, based on the reporting criteria specified by the Agency pursuant to Article 9(1)(b), report to the Agency on any event, including a shortage of a medicinal product in a given Member State, that is likely to lead to a major event or a public health emergency. Where a national competent authority informs the Agency of a shortage of a medicinal product in a given Member State, it shall provide the Agency with any information received from the marketing authorisation holder pursuant to Article 23a of Directive 2001/83/EC. Based on a report of an event from a national competent authority and in order to understand the impact of the event in other Member States, the</p>	<p><b>Amendment 58</b></p> <p>2. To facilitate the monitoring task referred to in paragraph 1, the national competent authorities, through the single points of contact referred to in Article 3(5) <i>or the database referred to in Article 12a, once fully functional</i>, shall, based on the reporting criteria specified by the Agency pursuant to Article 9(1)(b), report <i>without delay</i> to the Agency on any event, including a shortage of a medicinal product in a given Member State, that is likely to lead to a major event or a public health emergency. Where a national competent authority informs the Agency of a shortage of a medicinal product in a given Member State, it shall provide the Agency with any information received from the marketing authorisation holder pursuant to Article 23a of Directive 2001/83/EC. Based on a report of an event from a national competent authority and in order to understand the impact of the event in other Member States, the</p>	<p>2. To facilitate the monitoring task referred to in paragraph 1, the national competent authorities, through the single points of contact referred to in Article 3(5), shall, based on the reporting criteria specified by the Agency pursuant to Article 9(1)(b), report to the Agency on any event <u>related to medicinal products</u>, including a shortage of a medicinal product in a given Member State, that is likely to lead to a major event or a public health emergency. Where a national competent authority informs the Agency of a shortage of a medicinal product <del>in a given Member State</del>, it shall provide the Agency with any information received from the marketing authorisation holder pursuant to Article 23a of Directive 2001/83/EC. Based on a report of an event from a national competent authority and in order to understand the impact of the event in other Member States, the</p>	<p>2. To facilitate the monitoring task referred to in paragraph 1, the national competent authorities, through the single points of contact referred to in Article 3(5), <i>{or the database referred to in Article 12a, once fully functional}</i> shall, based on the reporting criteria specified by the Agency pursuant to Article 9(1)(b), report in a timely manner to the Agency on any event, including a shortage of a medicinal product in a given Member State, that is likely to lead to a major event or a public health emergency. Where a national competent authority informs the Agency of <i>such a</i> shortage of a medicinal product <del>in a given Member State</del>, it shall provide the Agency with any information received from the marketing authorisation holder pursuant to Article 23a of Directive 2001/83/EC. Based on a report of an event from a national competent authority and in order to understand the impact of the event in other Member States, the</p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
62 continued	Article 4 – paragraph 3	<p>Agency may request information from the national competent authorities, through the working party referred to in Article 3(5).</p> <p>3. Where the Agency considers that an actual or imminent major event needs to be addressed, it shall inform the Commission and the Member States thereof. The Commission, on its own initiative or following a request from one or more Member States, or the Executive Director of the Agency <i>may</i> request the assistance of the Medicines Steering Group to <i>address</i> the major event.</p>	<p>Agency may request information from the national competent authorities, through the working party referred to in Article 3(5).</p> <p><b>Amendment 59</b></p> <p>3. Where the Agency considers that an actual or imminent major event needs to be addressed, it shall inform the Commission and the Member States thereof. The Commission, on its own initiative or following a request from one or more Member States, or the Executive Director of the Agency <i>shall then</i> request the assistance of the Medicines Steering Group to <i>analyse the available information. Based on the analysis of the information, the Medicines Steering Group may propose to the Commission to formally recognise the major event and, pursuant to Article 5, it shall provide recommendations to address such an event.</i></p>	<p>Agency may request information from the national competent authorities, through the working party referred to in Article 3(5).</p> <p>3. Where the Agency considers that an actual or imminent major event needs to be addressed, it shall <del>inform</del><i>raise the issue of concern to</i> the Commission and the Member States <del>thereof</del><i>for confirmation of the major event and trigger the actions foreseen in this Regulation.</i> The Commission, on its own initiative or following a request from one or more Member States, or the Executive Director of the Agency may request the assistance of the Medicines <i>Shortages</i> Steering Group to address the major event.</p>	<p>Agency may request information from the national competent authorities, through the working party referred to in Article 3(5).</p> <p><i>3. Where the Agency considers that an actual or imminent major event needs to be addressed it shall raise the issue of concern to the Medicines Shortages Steering Group. Following a positive opinion of the Medicines Shortages Steering Group, the Commission may recognise the major event and trigger the actions foreseen in this regulation. The Commission or at least one member state may also raise the issue of concern to MSSG on their own initiative.</i></p>



Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
62 continued	<p>Article 4 – paragraph 4</p> <p>Article 4 – paragraph 5</p> <p>Article 4 – paragraph 5 – point a</p> <p>Article 4 – paragraph 5 – point b</p>	<p>4. The Medicines Steering Group shall inform the Commission and the Executive Director of the Agency, once it considers that the major event has been sufficiently addressed. On the basis of that information or on its own initiative, the Commission or the Executive Director may confirm that the assistance of the Medicines Steering Group is no longer needed.</p> <p>5. In the case of a major event or public health emergency, Articles 5 to 12 shall apply as follows:</p> <p>(a) where the major event or public health emergency may affect the safety, quality, and efficacy of medicinal products, Article 5 shall apply;</p> <p>(b) where the major event or public health emergency may lead to shortages of medicinal products in more than one Member State, Articles 6 to 12 shall apply.</p>		<p>4. The Medicines <u>Shortages</u> Steering Group shall inform the Commission and the Executive Director of the Agency, once it considers that the major event has been sufficiently addressed. On the basis of that information or on its own initiative, the Commission or the Executive Director may confirm that the assistance of the Medicines <u>Shortages</u> Steering Group is no longer needed.</p> <p>5. In the case of a major event or public health emergency, Articles 5 to 12 shall apply as follows:</p> <p>(a) where the major event or public health emergency may affect the safety, quality, and efficacy of medicinal products, Article 5 shall apply;</p> <p>(b) where the major event or public health emergency may lead to shortages of medicinal products in more than one Member State, Articles 6 to 12 shall apply.</p>	<p>4. The Medicines <u>Shortages</u> Steering Group shall inform the Commission and the Executive Director of the Agency, once it considers that the major event has been sufficiently addressed. On the basis of that information or on its own initiative, the Commission or the Executive Director may confirm that the assistance of the Medicines <u>Shortages</u> Steering Group is no longer needed.</p> <p>5. In the case of a major event or public health emergency, Articles 5 to 12 shall apply as follows:</p> <p>(a) where the major event or public health emergency may affect the safety, quality, and efficacy of medicinal products, Article 5 shall apply;</p> <p>(b) where the major event or public health emergency may lead to shortages of medicinal products in more than one Member State, Articles 6 to 12 shall apply.</p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
63	Article 5  Article 5 – paragraph 1	<p><i>Article 5</i></p> <p><i>Evaluation of information and the provision of advice on action in relation to the safety, quality, and efficacy of medicinal products related to public health emergencies and major events</i></p> <p>Following the recognition of a public health emergency or a request for assistance referred to in Article 4(3), the Medicines Steering Group shall evaluate the information related to the major event or the public health emergency and consider the need for urgent and coordinated action with regard to the safety, quality, and efficacy of the medicinal products concerned.</p>		<p><i>Article 5</i></p> <p><i>Evaluation of information and the provision of advice on action in relation to the safety, quality, and efficacy of medicinal products related to public health emergencies and major events</i></p> <p>Following the recognition of a public health emergency or a request for assistance referred to in Article 4(3), the Medicines <b><i>Shortages</i></b> Steering Group shall evaluate the information related to the major event or the public health emergency and consider the need for urgent and coordinated action with regard to the safety, quality, and efficacy of the medicinal products concerned.</p>	<p><b>Article 5</b></p> <p><b>Evaluation of information and the provision of advice on action in relation to the safety, quality, and efficacy of medicinal products related to public health emergencies and major events</b></p> <p>Following the recognition of a public health emergency or a request for assistance referred to in Article 4(3), the Medicines <b><i>Shortages</i></b> Steering Group shall evaluate the information related to the major event or the public health emergency and consider the need for urgent and coordinated action with regard to the safety, quality, and efficacy of the medicinal products concerned.</p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
63 continued	Article 5 – paragraph 2	The Medicines Steering Group shall provide advice to the Commission and Member States on any appropriate action it believes should be taken at Union level on the medicinal products concerned in accordance with the provisions of Directive 2001/83/EC or Regulation (EC) No 726/2004.	<p><b>Amendment 60</b></p> <p>The Medicines Steering Group shall provide advice <i>and recommendations</i> to the Commission and Member States on any appropriate action it believes should be taken at Union level on the medicinal products concerned in accordance with the provisions of Directive 2001/83/EC or Regulation (EC) No 726/2004.<sup>18</sup></p> <p><sup>18</sup> Regulation (EC) No 726/2004</p>	The Medicines <i>Shortages</i> Steering Group shall provide advice to the Commission and Member States on any appropriate action it believes should be taken at Union level on the medicinal products concerned in accordance with the provisions of Directive 2001/83/EC or Regulation (EC) No 726/2004.	<p>The Medicines <i>Shortages</i> Steering Group shall provide [...] <i>recommendations</i> to the Commission and Member States on any appropriate action it believes should be taken at Union level on the medicinal products concerned in accordance with the provisions of Directive 2001/83/EC or Regulation (EC) No 726/2004.</p> <p>Recital</p> <p><i>It is understood that all recommendations, advice, guidance and opinions mentioned in this Regulation are inherently non-binding. Any of these acts allow the Commission, the Agency, the Steering Groups and the ETF to make their views known and to suggest a line of action without imposing any legal obligation on those to whom those acts are addressed</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
63 continued	Article 5 – paragraph 2a (new)  Article 5 – paragraph 2b (new)		<p><b>Amendment 61</b></p> <p><i>The Commission and Member States shall provide a substantiated justification in the event that the recommendations provided by the Medicines Steering Group are not taken into account. The recommendations provided by the Medicines Steering Group, as well as any substantiated justifications provided by the Commission and Member States, shall be made publicly available via the web-portal as referred to in Article 13.</i></p> <p><b>Amendment 62</b></p> <p><i>Where a link is established with zoonoses or diseases affecting only animals that have or may have a major impact on human health or where the use of active ingredients of veterinary medicinal products may be useful to address the public health emergency or the major event, or otherwise whenever necessary, the Medicines Steering Group may liaise with the Committee for Medicinal Products for Veterinary Use.</i></p>		<p><i>The Medicines Steering Group may consult with the Committee for Medicinal Products for Veterinary Use whenever it deems it necessary to deal with public health emergencies and major events related to zoonoses or diseases affecting only animals that have or may have a major impact on human health, or where the use of active ingredients of veterinary medicinal products may be useful to address the public health emergency or the major event, or otherwise whenever necessary.</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
64	Article 6  Article 6 – paragraph 0 (new)	<i>Article 6</i>  <i>Lists of critical medicinal products and information to be provided</i>		<i>Article 6</i>  <i>Lists of critical medicinal products and information to be provided</i>  <b><u>0. Without prejudice to paragraph 2, the Medicines Shortages Steering Group shall define the main therapeutic groups of medicinal products, for ensuring emergency care, surgeries and intensive care which may be adapted as necessary, with a view to respond to a public health emergency or major event.</u></b>	<b><u>Without prejudice to paragraph 2, the Medicines Shortages Steering Group shall identify and establish a list with the main therapeutic groups of medicinal products for ensuring emergency care, surgeries and intensive care which may be adapted as necessary, with a view to inform the preparation of the critical medicines lists as defined in Article 6(1) and Art 6(2), to respond to a public health emergency or major event. The list shall be established six months after the entry into force of the Regulation and updated annually.</u></b>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
64 continued	Article 6 – paragraph 1	<p>1. Following a request for assistance referred to in Article 4(3) and after consultation of its working party, the Medicines Steering Group shall adopt a list of medicinal products authorised in accordance with Directive 2001/83/EC or Regulation (EC) No 726/2004 which it considers as critical during the major event (‘the major event critical medicines list ’). The list shall be updated whenever necessary until the major event has been sufficiently addressed.</p>	<p><b>Amendment 63</b></p> <p>1. Following a request for assistance referred to in Article 4(3) and after consultation of its working party, the Medicines Steering Group shall adopt a list of medicinal products authorised in accordance with Directive 2001/83/EC or Regulation (EC) No 726/2004 which it considers as critical during the major event (‘the major event critical medicines list ’). The list shall be updated whenever necessary until the major event has been sufficiently addressed <i>and it has been confirmed that the assistance of the Medicines Steering Group is no longer needed as referred to in Article 4(4) of this Regulation.</i></p>	<p>1. Following a request for assistance referred to in Article 4(3) and after consultation of its working party, the Medicines <u>Shortages</u> Steering Group shall adopt a list of medicinal products authorised in accordance with Directive 2001/83/EC or Regulation (EC) No 726/2004 which it considers as critical during the major event (‘the major event critical medicines list ’). The list shall be updated whenever necessary until the major event has been sufficiently addressed.</p>	<p>1. Following a request for assistance referred to in Article 4(3) and after consultation of its working party, the Medicines <u>Shortages</u> Steering Group shall adopt a list of medicinal products authorised in accordance with Directive 2001/83/EC or Regulation (EC) No 726/2004 which it considers as critical during the major event (‘the major event critical medicines list ’). The list shall be updated whenever necessary until the major event has been sufficiently addressed <i>and it has been confirmed that the assistance of the Medicines Shortages Steering Group is no longer needed as referred to in Article 4(4) of this Regulation.</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
64 continued	Article 6 – paragraph 2	2. Immediately following the recognition of a public health emergency and after consultation of its working party, the Medicines Steering Group shall adopt a list of medicinal products authorised in accordance with Directive 2001/83/EC or Regulation (EC) No 726/2004 which it considers as critical during the public health emergency ('the public health emergency critical medicines list'). The list shall be updated whenever necessary until the termination of the recognition of the public health emergency.	<b>Amendment 64</b>  2. Immediately following the recognition of a public health emergency and after consultation of its working party, the Medicines Steering Group shall adopt a list of medicinal products authorised in accordance with Directive 2001/83/EC or Regulation (EC) No 726/2004 which it considers as critical during the public health emergency ('the public health emergency critical medicines list'). The list shall be updated whenever necessary until the termination of the recognition of the public health emergency. <i>The list may be updated in accordance with the outcomes of the review process under Article 16 of this Regulation, where appropriate, for which the Medicines Steering Group shall liaise with the Emergency Task Force.</i>	2. Immediately following the recognition of a public health emergency and after consultation of its working party, the Medicines <b>Shortages</b> Steering Group shall adopt a list of medicinal products authorised in accordance with Directive 2001/83/EC or Regulation (EC) No 726/2004 which it considers as critical during the public health emergency ('the public health emergency critical medicines list'). The list shall be updated whenever necessary until the termination of the recognition of the public health emergency.	2. Immediately following the recognition of a public health emergency and after consultation of its working party, the Medicines <b>Shortages</b> Steering Group shall adopt a list of medicinal products authorised in accordance with Directive 2001/83/EC or Regulation (EC) No 726/2004 which it considers as critical during the public health emergency ('the public health emergency critical medicines list'). The list shall be updated whenever necessary until the termination of the recognition of the public health emergency. <i>The list may be updated in accordance with the outcomes of the review process under Article 16 of this Regulation, where appropriate, for which the Medicines Shortages Steering Group shall liaise with the Emergency Task Force.</i>





Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
64 continued	Article 6 – paragraph 4 a (new)		<p><b>Amendment 66</b></p> <p><i>4a. The Agency shall establish a publicly accessible webpage with information on actual shortages of critical medicinal products. Reference to national registries on medicinal products shortages shall also be included. The webpage shall contain information on, but not limited to:</i></p> <p><i>(a) trade name and international non-proprietary name;</i></p> <p><i>(b) indication;</i></p> <p><i>(b) indication;</i></p> <p><i>(c) reason for the shortage;</i></p> <p><i>(d) start and end dates;</i></p> <p><i>(e) Member States affected;</i></p> <p><i>(f) information for healthcare professionals and patients, including information on alternative treatments.</i></p>		<p><i>4a. The Agency shall establish a publicly accessible webpage with information on actual shortages of critical medicinal products, where EMA has assessed the shortage and has provided recommendations to patients and healthcare professionals. Reference to national registries on medicinal products shortages shall also be included. The webpage shall contain information on, but not limited to:</i></p> <p><i>(a) trade name and international non-proprietary name;</i></p> <p><i>(b) indication;</i></p> <p><i>(c) reason for the shortage;</i></p> <p><i>(d) start and end dates;</i></p> <p><i>(e) Member States affected;</i></p> <p><i>(f) information for healthcare professionals and patients, including if alternative treatments are available.</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
65	Article 7  Article 7 – paragraph 1	<p><i>Article 7</i></p> <p><i>Monitoring shortages of medicinal products on the critical medicines lists</i></p> <p>On the basis of the critical medicines lists and the information and data provided in accordance with Articles 10 and 11, the Medicines Steering Group shall monitor supply and demand of medicinal products included on those lists with a view to identifying any potential or actual shortages of those medicinal products. As part of that monitoring, the Medicines Steering Group shall liaise, where relevant, with the Health Security Committee established in Article 4 of Regulation (EU) 2020/[...] and, in the case of a public health emergency, the Advisory Committee on public health emergencies established pursuant to Article 24 of that Regulation.</p>	<p><b>Amendment 67</b></p> <p>On the basis of the critical medicines lists and the information and data provided in accordance with Articles 10 and 11, <b>and the database established in accordance with Article 12a, once fully functional</b>, the Medicines Steering Group shall monitor supply and demand of medicinal products included on those lists with a view to identifying any potential or actual shortages of those medicinal products. As part of that monitoring, the Medicines Steering Group shall liaise, where relevant, with the Health Security Committee established in Article 4 of Regulation (EU) 2020/[...] and, in the case of a public health emergency, the Advisory Committee on public health emergencies established pursuant to Article 24 of that Regulation, <b>as well as with the ECDC</b>.</p>	<p><i>Article 7</i></p> <p><i>Monitoring shortages of medicinal products on the critical medicines lists</i></p> <p><del>On</del><b><u>Following the recognition of a public health emergency or a request for assistance referred to in Article 4(3,) on</u></b> the basis of the critical medicines lists and the information and data provided in accordance with Articles 10 and 11, the Medicines <b><u>Shortages</u></b> Steering Group shall monitor supply and demand of medicinal products included on those lists with a view to identifying any potential or actual shortages of those medicinal products. As part of that monitoring, the Medicines Steering Group shall liaise, where relevant, with the Health Security Committee established in Article 4 of Regulation (EU) 2020/[...] and, in the case of a public health emergency, the Advisory Committee on public health emergencies established pursuant to Article 24 of that Regulation.</p>	<p><del>On</del><b><u>Following the recognition of a public health emergency or a request for assistance referred to in Article 4(3,) on</u></b> the basis of the critical medicines lists and the information and data provided in accordance with Articles 10 and 11, <b>and the database established in accordance with Article 12a, once fully functional</b>, the Medicines <b><u>Shortages</u></b> Steering Group shall monitor supply and demand of medicinal products included on those lists with a view to identifying any potential or actual shortages of those medicinal products. As part of that monitoring, the Medicines Steering Group shall liaise, where relevant, with the Health Security Committee established in Article 4 of Regulation (EU) 2020/[...] and, in the case of a public health emergency, the Advisory Committee on public health emergencies established pursuant to Article 24 of that Regulation <b>as well as with the ECDC</b>.</p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
66	Article 8  Article 8 – paragraph 1	<p><i>Article 8</i></p> <p><i>Reporting and recommendations on shortages of medicinal products</i></p> <p>1. For the duration of a public health emergency or following a request for assistance referred to in Article 4(3) and until its closure, the Medicines Steering Group shall regularly report the results of its monitoring to the Commission and the sub-network referred to in Article 9(2), and, in particular, signal any potential or actual shortages of medicinal products included on the critical medicines lists.</p>	<p><b>Amendment 68</b></p> <p>1. For the duration of a public health emergency or following a request for assistance referred to in Article 4(3) and until its closure, the Medicines Steering Group shall regularly report the results of its monitoring to the Commission and the sub-network referred to in Article 9(2), and, in particular, signal any potential or actual shortages of medicinal products included on the critical medicines lists. <i>Those reports may also be made available to other actors in the pharmaceutical supply chain, where relevant.</i></p>	<p><i>Article 8</i></p> <p><i>Reporting and recommendations on shortages of medicinal products</i></p> <p>1. For the duration of a public health emergency or following a request for assistance referred to in Article 4(3) and until its closure, the Medicines <i>Shortages</i> Steering Group shall regularly report the results of its monitoring to the Commission and the sub-network referred to in Article 9(2), and, in particular, signal any potential or actual shortages of medicinal products included on the critical medicines lists or any event that may lead to a major event. <i>Those reports may also be made available to other actors in the pharmaceutical supply chain, where relevant, and in accordance with relevant competition rules.</i></p>	<p>1. For the duration of a public health emergency or following a request for assistance referred to in Article 4(3) and until its closure, the Medicines <b>Shortages</b> Steering Group shall regularly report the results of its monitoring to the Commission and the sub-network referred to in Article 9(2), and, in particular, signal any potential or actual shortages of medicinal products included on the critical medicines lists or any event that may lead to a major event. <i>Those reports may also be made available to other actors in the pharmaceutical supply chain, where relevant, and in accordance with relevant competition rules.</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
66 continued	Article 8 – paragraph 2	<p>2. Where requested by the Commission or the sub-network referred to in Article 9(2), the Medicines Steering Group shall provide aggregated data and forecasts of demand to substantiate its findings. In that regard, the Medicines Steering Group shall liaise with the European Centre for Disease Prevention and Control to obtain epidemiological data to help forecast medicinal product needs, and with the Executive Steering Group on Shortages of Medical Devices referred to in Article 19 where medicinal products included on the critical medicines lists are administered with a medical device.</p>	<p><b>Amendment 69</b></p> <p>2. Where requested by the Commission, <b><i>one or more national competent authorities</i></b> or the sub-network referred to in Article 9(2), the Medicines Steering Group shall provide aggregated data and forecasts of demand to substantiate its findings. In that regard, the Medicines Steering Group shall <b><i>use data from the database established in accordance with Article 12a, once fully functional, and shall</i></b> liaise with the European Centre for Disease Prevention and Control to obtain epidemiological data, <b><i>models and development scenarios</i></b> to help forecast medicinal product needs, and with the Executive Steering Group on Shortages of Medical Devices referred to in Article 19 where medicinal products included on the critical medicines lists are administered with a medical device. <b><i>The aggregated data and forecasts of demand may also be made available to other actors in the</i></b></p>	<p>2. Where requested by the Commission or the sub-network referred to in Article 9(2), the Medicines <b><i>Shortages</i></b> Steering Group shall provide aggregated data and forecasts of demand to substantiate its findings. In that regard, the Medicines <b><i>Shortages</i></b> Steering Group shall <b><i>use data from the database established in accordance with Article 12a, once fully functional, and shall</i></b> <i>[/comment: for later]</i> liaise with the European Centre for Disease Prevention and Control to obtain epidemiological data, <b><i>models and development scenarios</i></b> to help forecast medicinal product needs, and with the Executive Steering Group on Shortages of Medical Devices referred to in Article 19 where medicinal products included on the critical medicines lists are administered with a medical device. <b><i>The aggregated data and forecasts of demand may also be made available to other actors in the</i></b></p>	<p>2. Where requested by the Commission, <del><b><i>one or more national competent authorities</i></b></del> or the sub-network referred to in Article 9(2), the Medicines <b><i>Shortages</i></b> Steering Group shall provide aggregated data and forecasts of demand to substantiate its findings. In that regard, the Medicines <b><i>Shortages</i></b> Steering Group shall <b><i>use data from the database established in accordance with Article 12a, once fully functional, and shall</i></b> <i>[/comment: for later]</i> liaise with the European Centre for Disease Prevention and Control to obtain epidemiological data, <b><i>models and development scenarios</i></b> to help forecast medicinal product needs, and with the Executive Steering Group on Shortages of Medical Devices referred to in Article 19 where medicinal products included on the critical medicines lists are administered with a medical device. <b><i>The aggregated data and forecasts of demand may also be made available to other actors in the</i></b></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
66 continued	Article 8 – paragraph 3	<p>3. As part of that reporting, the Medicines Steering Group may also provide recommendations on measures, which may be taken by the Commission, Member States, marketing authorisation holders and other entities to prevent or mitigate potential or actual shortages. In that regard the Group shall liaise, as relevant, with the Health Security Committee and, in the case of a public health emergency, the Advisory Committee on public health emergencies.</p>	<p><i>pharmaceutical supply chain, where relevant, with a view to better prevent or mitigate potential or actual shortages. The Medicines Steering Group shall also share its findings and conclusions with Union and national actors engaged with stockpiling of medicinal products and medical devices.</i></p> <p><b>Amendment 70</b></p> <p>3. As part of that reporting, the Medicines Steering Group may also provide recommendations on measures, which may be taken by the Commission, Member States, marketing authorisation holders and other entities, <i>including representatives of healthcare professionals and patient organisations</i>, to prevent or mitigate potential or actual shortages. In that regard the Group shall liaise, as relevant, with the Health Security Committee and, in the case of a public health emergency, the Advisory Committee on public health emergencies.</p>	<p>3. As part of that reporting, the Medicines <u>Shortages</u> Steering Group may also provide recommendations on measures, which may be taken by the Commission, Member States, marketing authorisation holders and other entities to prevent or mitigate potential or actual shortages. <u>Member States may request the Medicines Shortages Steering Group to provide recommendations on measures.</u> In that regard the Group shall liaise, as relevant, with the Health Security Committee and, in the case of a public health emergency, the Advisory Committee on public health emergencies.</p>	<p><del>pharmaceutical supply chain, in respect of competition rules, where relevant, with a view to better prevent or mitigate potential or actual shortages. The Medicines Steering Group shall also share its findings and conclusions with Union and national actors engaged with stockpiling of medicinal products and medical devices.</del></p> <p>3. As part of that reporting, the Medicines <u>Shortages</u> Steering Group may also provide recommendations on measures, which may be taken by the Commission, Member States, marketing authorisation holders and other entities, <u>including representatives of healthcare professionals and patient organisations</u>, to prevent or mitigate potential or actual shortages. <u>Member States may request the Medicines Shortages Steering Group to provide recommendations on measures.</u> In that regard the Group shall liaise, as relevant, with the Health Security Committee and, in the case of a public health emergency, the Advisory Committee on public health emergencies.</p>

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Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
66 continued	Article 8 – paragraph 5 a (new)		<b>Amendment 73</b>  <i>5a. Where the recommendations referred to in paragraphs 3 and 4 are not taken into account or are not implemented, the Commission, Member States and marketing authorisation holders shall provide, where appropriate, a substantiated justification.</i>		<del>5a. — Where the recommendations referred to in paragraphs 3 and 4 are not taken into account or are not implemented, the Commission, Member States and marketing authorisation holders shall provide, where appropriate, a substantiated justification.</del>
67	Article 9          Article 9 – paragraph 1	<i>Article 9</i>  <i>Working methods and provision of information on medicinal products</i>          1. In order to prepare for fulfilling the tasks referred to in Articles 4 to 8, the Agency shall:		<i>Article 9</i>  <i>Working methods and provision of information on medicinal products</i>          1. In order to prepare for fulfilling the tasks referred to in Articles 4 to 8, the Agency, <u>together with Member States,</u> shall:	<i>Article 9</i>  <i>Working methods and provision of information on medicinal products</i>          1. In order to prepare for fulfilling the tasks referred to in Articles 4 to 8, the Agency shall.



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67 continued	<p>Article 9 – paragraph 1 – point a</p> <p>Article 9 – paragraph 1 – point b</p> <p>Article 9 – paragraph 1 – point c</p>	<p>(a) specify the procedures for establishing the critical medicines lists;</p> <p>(b) specify the methods of and criteria for the monitoring, data collection and reporting provided for in Articles 4, 7 and 8;</p> <p>(c) develop streamlined electronic monitoring and reporting systems;</p>	<p><b>Amendment 74</b></p> <p>(a) specify the procedures <b><i>and criteria</i></b> for establishing <b><i>and reviewing</i></b> the critical medicines lists, <b><i>ensuring adequate consultation with marketing authorisation holders and other relevant actors in the pharmaceutical supply chain as well as with healthcare professionals, consumers and patients</i></b>;</p> <p><b>Amendment 75</b></p> <p>(b) specify the methods of and criteria for the monitoring, data collection and reporting provided for in Articles 4, 7 and 8 <b><i>with a basic minimum data set</i></b>;</p> <p><b>Amendment 76</b></p> <p>(c) develop streamlined electronic monitoring and reporting systems <b><i>in coordination with the national competent authorities until the database provided for in Article 12a is fully functional, based on harmonised data fields across Member States</i></b>;</p>	<p>(a) specify the procedures for establishing the critical medicines lists;</p> <p>(b) specify the methods of and criteria for the monitoring, data collection and reporting provided for in Articles 4, 7 and 8;</p> <p>(c) develop streamlined electronic monitoring and reporting systems</p>	<p>(a) specify the procedures <b><i>and criteria</i></b> for establishing <b><i>and reviewing</i></b> the critical medicines lists. <b><i>Member States, healthcare professionals, patients, consumers, marketing authorisation holders and other relevant actors in the pharmaceutical supply chain may be consulted as necessary</i></b>;</p> <p>(b) specify the methods of and criteria for the monitoring, data collection and reporting provided for in Articles 4, 7 and 8 <b><i>with a basic minimum data set</i></b>;</p> <p>(c) develop streamlined electronic monitoring and reporting systems <b><i>facilitating the interoperability with other existing IT systems and systems under development</i></b>.</p>



Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
67 continued	Article 9 – paragraph 1 – point d	(d) establish and maintain membership of the working party referred to in Article 3(5) comprised of single points of contacts from national competent authorities for medicinal products;		(d) establish and maintain membership of the working party referred to in Article 3(5) comprised of single points of contacts from national competent authorities for medicinal products;	d) establish and maintain membership of the working party referred to in Article 3(5) comprised of single points of contacts from national competent authorities for medicinal products
	Article 9 – paragraph 1 – point e	(e) establish and maintain a list of single points of contact from marketing authorisation holders for all medicinal products for human use authorised in the Union, through the database provided for in Article 57(1)(l) of Regulation 726/2004;		(e) establish and maintain a list of single points of contact from marketing authorisation holders for all medicinal products for human use authorised in the Union, through the database provided for in Article 57(1)(l) of Regulation 726/2004;	(e) establish and maintain a list of single points of contact from marketing authorisation holders for all medicinal products for human use authorised in the Union, through the database provided for in Article 57(1)(l) of Regulation 726/2004;
67 continued	Article 9 – paragraph 1 – point f	(f) specify the methods for the provision of recommendations, advice and coordination of measures provided for in Articles 5 and 8.		(f) specify the methods for the provision of recommendations, advice and coordination of measures provided for in Articles 5 and 8.	(f) specify the methods for the provision of recommendations, advice and coordination of measures provided for in Articles 5 and 8.
	Article 9 – paragraph 1 – point f a (new)		<b>Amendment 77</b>  <i>(fa) publish information referred to in points (a), (b) and (f) of this paragraph on its web-portal.</i>		<i>(fa) publish information referred to in points (a), (b) and (f) of this paragraph on a dedicated space in its web-portal.</i>
	Article 9 – paragraph 2	2. Following the recognition of a public health emergency or a request for assistance referred to in Article 4(3) the Agency shall:		2. Following the recognition of a public health emergency or a request for assistance referred to in Article 4(3) the Agency shall:	2. Following the recognition of a public health emergency or a request for assistance referred to in Article 4(3) the Agency shall:

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
67 continued	<p>Article 9 – paragraph 2 – point a</p> <p>Article 9 – paragraph 2 – point b</p> <p>Article 9 – paragraph 2 – point c</p>	<p>(a) establish and maintain for the duration of the public health emergency or major event, a sub-network of single points of contact from marketing authorisation holders based on the medicinal products included on the critical medicines lists;</p> <p>(b) request information from the points of contact included in the sub-network referred to in point (a) and set a deadline for its submission;</p> <p>(c) request information from the single points of contact from Member States’ national competent authorities based on the set of information agreed on by the Medicines Steering Group and set a deadline for its submission.</p>	<p><b>Amendment 78</b></p> <p>(b) request information, <i>including on the supply of the critical medicines lists</i>, from the points of contact included in the sub-network referred to in point (a) and set a deadline for its submission <i>if that information is not available in the database provided for in Article 12a</i>;</p> <p><b>Amendement 79</b></p> <p>(c) request information from the single points of contact from Member States’ national competent authorities based on the set of information agreed on by the Medicines Steering Group and set a deadline for its submission <i>if that information is not available in the database provided for in Article 12a</i>.</p>	<p>(a) establish and maintain for the duration of the public health emergency or major event, a sub-network of single points of contact from marketing authorisation holders based on the medicinal products included on the critical medicines lists;</p> <p>(b) request information, <i>including on the supply of medicines in the critical medicines lists</i>, from the points of contact included in the sub-network referred to in point (a) and set a deadline for its submission <i>if that information is not available in the database provided for in Article 12a</i>;</p> <p>(c) request information from the single points of contact from Member States’ national competent authorities based on the set of information agreed on by the Medicines <i>Shortages</i> Steering Group and set a deadline for its submission <i>if that information is not available in the database provided for in Article 12a</i>.</p>	

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
67 continued	<p>Article 9 – paragraph 3</p> <p>Article 9 – paragraph 3 – point a</p> <p>Article 9 – paragraph 3 – point b</p> <p>Article 9 – paragraph 3 – point ba (new)</p> <p>Article 9 – paragraph 3 – point c</p> <p>Article 9 – paragraph 3 – point d</p>	<p>3. The information referred to in point (b) of paragraph 2 shall include at least:</p> <p>(a) the name of the marketing authorisation holder;</p> <p>(b) the name of the medicinal product;</p> <p>(c) the country of authorisation and marketing status in each Member State;</p> <p>(d) details of the potential or actual shortage such as actual or estimated start and end dates and suspected or known cause;</p>	<p><b>Amendment 80</b></p> <p>(d) details of the potential or actual shortage such as actual or estimated start and end dates and suspected or known cause <i>as well as information on potential bottlenecks in the supply chain;</i></p>	<p>3. The information referred to in point (b) of paragraph 2 shall include at least:</p> <p>(a) the name of the marketing authorisation holder;</p> <p>(b) the name of the medicinal product;</p> <p><u><i>(ba) Identification of active manufacturing sites of finished products and active substances;</i></u></p> <p>(c) the country of authorisation and marketing status in each Member State;</p> <p>(d) details of the potential or actual shortage such as actual or estimated start and end dates and suspected or known cause;</p>	<p>3. The information referred to in point (b) of paragraph 2 shall include at least:</p> <p>(a) the name of the marketing authorisation holder;</p> <p>(b) the name of the medicinal product;</p> <p><u><i>(ba) Identification of active manufacturing sites of finished products and active substances</i></u></p> <p>(d) details of the potential or actual shortage such as actual or estimated start and end dates and suspected or known cause <i>as well as information on potential vulnerability in the supply chain;</i></p>

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67 continued	Article 9 – paragraph 3 – point e Article 9 – paragraph 3 – point e a (new) Article 9 – paragraph 3 – point e b (new)  Article 9 – paragraph 3 – point e c (new) Article 9 – paragraph 3 – point f	(e) sales and market share data;          (f) details of available alternative medicinal products;	<b>Amendement 81</b>  <i>(ea) available stocks;</i> <b>Amendement 82</b>  <i>(eb) quantities already delivered;</i> <b>Amendement 83</b>  <i>(ec) projected deliveries;</i>	(e) <u><b>Data on stock levels,</b></u> sales and market share <del>data</del> ;          (f) details of available alternative medicinal products;	(e) sales and market share data;          <i>(ea) available stocks;</i>          <i>(eb) quantities already delivered;</i>          <i>(ec) projected deliveries;</i> (f) details of available alternative medicinal products;

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Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
68	Article 10  Article 10 – paragraph 1	<p><i>Article 10</i></p> <p><i>Obligations on marketing authorisation holders</i></p> <p>1. In order to facilitate the monitoring referred to in Article 7 and following a request from the Agency, marketing authorisation holders for medicinal products included on the critical medicines lists shall submit the information referred to in Article 9(3) by the deadline set by the Agency. They shall submit the information through the points of contact designated in accordance with Article 9(2) and using the reporting methods and system established pursuant to Article 9(1). They shall provide updates where necessary.</p>		<p><i>Article 10</i></p> <p><i>Obligations on marketing authorisation holders</i></p> <p>1. In order to facilitate the monitoring referred to in Article 7 and following a request from the Agency, marketing authorisation holders for medicinal products included on the critical medicines lists shall submit the information referred to in Article 9(3) by the deadline set by the Agency. They shall submit the information through the points of contact designated in accordance with Article 9(2) and using the reporting methods and system established pursuant to Article 9(1). They shall provide updates where necessary.</p>	<p><i>Article 10</i></p> <p><i>Obligations on marketing authorisation holders</i></p> <p>1. In order to facilitate the monitoring referred to in Article 7 and following a request from the Agency, marketing authorisation holders for medicinal products included on the critical medicines lists shall submit the information referred to in Article 9(3) by the deadline set by the Agency. They shall submit the information through the points of contact designated in accordance with Article 9(2) and using the reporting methods and system established pursuant to Article 9(1). They shall provide updates where necessary.</p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
68 continued	Article 10 – paragraph 2	2. Marketing authorisation holders of medicinal products authorised in the Union shall, within 6 months from the date of application of this Regulation, provide the information required pursuant to Article 9(1)(e) in the form of an electronic submission in the database referred to in Article 57(1)(l) of Regulation (EC) No 726/2004. Those marketing authorisation holders shall update their submission wherever necessary.	<b>Amendement 86</b>  2. Marketing authorisation holders of medicinal products authorised in the Union shall, within 6 months from the date of application of this Regulation, provide the information required pursuant to Article 9(1)(e) in the form of an electronic submission in the database referred to in Article 57(1)(l) of Regulation (EC) No 726/2004 <i>and in compliance with the standards developed by the International Organization for Standardization (ISO) for the identification of medicinal products for human use (IDMP)</i> . Those marketing authorisation holders shall update their submission wherever necessary.	2. Marketing authorisation holders of medicinal products authorised in the Union shall, within 6 months from the date of application of this Regulation, provide the information required pursuant to Article 9(1)(e) in the form of an electronic submission in the database referred to in Article 57(1)(l) of Regulation (EC) No 726/2004. Those marketing authorisation holders shall update their submission wherever necessary.	2. Marketing authorisation holders of medicinal products authorised in the Union shall, within 6 months from the date of application of this Regulation, provide the information required pursuant to Article 9(1)(e) in the form of an electronic submission in the database referred to in Article 57(1)(l) of Regulation (EC) No 726/2004. Those marketing authorisation holders shall update their submission wherever necessary.
	Article 10 – paragraph 3	3. Marketing authorisation holders shall justify the absence of any requested information and any delays in providing it by the deadline set by the Agency.		3. Marketing authorisation holders shall justify the absence of any requested information and any delays in providing it by the deadline set by the Agency.	3. Marketing authorisation holders shall justify the absence of any requested information and any delays in providing it by the deadline set by the Agency.

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
68 continued	Article 10 – paragraph 4	4. Where marketing authorisation holders for medicinal products included on the critical medicines lists indicate that the submitted information contains information of a commercially confidential nature, they shall identify the relevant parts and clarify the reasons for such an indication. The Agency shall assess the merits of each request and protect commercially confidential information against unjustified disclosure.	<b>Amendment 87</b> 4. Where marketing authorisation holders for medicinal products included on the critical medicines lists indicate that the submitted information <i>requested by the Agency or the national competent authorities</i> contains information of a commercially confidential nature, they shall identify the relevant parts and clarify the reasons for such an indication. The Agency shall assess the merits of each request and protect commercially confidential information against unjustified disclosure.	4. Where marketing authorisation holders for medicinal products included on the critical medicines lists indicate that the submitted information contains information of a commercially confidential nature, they shall identify the relevant parts and clarify the reasons for such an indication. The Agency shall assess the merits of each request and protect commercially confidential information against unjustified disclosure.	4. Where marketing authorisation holders for medicinal products included on the critical medicines lists indicate that the submitted information <i>requested by the Agency or the national competent authorities</i> contains information of a commercially confidential nature, they shall identify the relevant parts and clarify the reasons for such an indication. The Agency shall assess the merits of each request and protect commercially confidential information against unjustified disclosure.
	Article 10 – paragraph 5	5. Where marketing authorisation holders for medicinal products included on the critical medicines lists are in possession of any additional information, which provides evidence of a potential or actual shortage they shall immediately provide such information to the Agency.	<b>Amendement 88</b> 5. Where marketing authorisation holders for medicinal products included on the critical medicines lists <i>and/or other relevant actors in the pharmaceutical supply chain</i> are in possession of any additional information, which provides evidence of a potential or actual shortage they shall immediately provide such information to the Agency.	5. Where marketing authorisation holders for medicinal products included on the critical medicines lists are in possession of any additional information, which provides evidence of a potential or actual shortage they shall immediately provide such information to the Agency.	5. Where marketing authorisation holders for medicinal products included on the critical medicines lists <i>or other relevant actors in the pharmaceutical supply chain</i> are in possession of any additional information, which provides evidence of a potential or actual shortage they shall immediately provide such information to the Agency.



Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
68 continued	<p>Article 10 – paragraph 6</p> <p>Article 10 – paragraph 6 – point a</p> <p>Article 10 – paragraph 6 – point b</p> <p>Article 10 – paragraph 6 – point c</p>	<p>6. Following the reporting on the results of the monitoring and any recommendations on preventive or mitigating measures in accordance with Article 8, marketing authorisation holders for medicinal products included on the critical medicines list shall:</p> <p>(a) provide any comments they have to the Agency;</p> <p>(b) take into account any recommendations and guidelines and comply with any measures taken at Union and Member State-level pursuant to Articles 11 and 12;</p> <p>(c) inform the Medicines Steering Group of any measures taken and report on the results of those measures, including information on the resolution of the potential or actual shortage.</p>	<p><b>Amendment 89</b></p> <p>(c) inform the Medicines Steering Group of any measures taken and report on the <b>monitoring and</b> results of those measures, including information on the resolution of the potential or actual shortage.</p>	<p>6. Following the reporting on the results of the monitoring and any recommendations on preventive or mitigating measures in accordance with Article 8, marketing authorisation holders for medicinal products included on the critical medicines list shall:</p> <p>(a) provide any comments they have to the Agency;</p> <p>(b) take into account any recommendations and guidelines and comply with any measures taken at Union and Member State-level pursuant to Articles 11 and 12;</p> <p>(c) inform the Medicines <b>Shortages</b> Steering Group of any measures taken and report on the <b>monitoring and</b> results of those measures, including information on the resolution of the potential or actual shortage.</p>	<p>6. Following the reporting on the results of the monitoring and any recommendations on preventive or mitigating measures in accordance with Article 8, marketing authorisation holders for medicinal products included on the critical medicines list shall:</p> <p>(a) provide any comments they have to the Agency;</p> <p>(b) take into account any recommendations and guidelines and comply with any measures taken at Union and Member State-level pursuant to Articles 11 and 12;</p> <p>(c) inform the Medicines <b>Shortages</b> Steering Group of any measures taken and report on the <b>monitoring and</b> results of those measures, including information on the resolution of the potential or actual shortage.</p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
68 continued	Article 10 – paragraph 6 a (new)		<b>Amendement 90</b>  <i>6a. In order to supplement the shortage prevention and mitigation plans of critical medicinal products, the Agency and national competent authorities may request additional information from wholesale distributors and other relevant actors regarding any logistical challenges incurred by the wholesale supply chain.</i>		<i>6a. In order to supplement the shortage prevention and mitigation plans of critical medicinal products, the Agency and national competent authorities may request additional information from wholesale distributors and other relevant actors regarding any logistical challenges incurred by the wholesale supply chain.</i>
69	Article 11          Article 11 – paragraph 1	<i>Article 11</i>  <i>Obligations on Member States in the monitoring and mitigation of shortages of medicinal products</i>  1. In order to facilitate the monitoring referred to in Article 7 and following a request from the Agency, Member States shall, by the deadline set by the Agency:	<b>Amendment 91</b>  1. In order to facilitate the monitoring referred to in Article 7 and following a request from the Agency, Member States shall, by the deadline set by the Agency, <i>submit the following information provided that it is not available in the database established in Article 12a:</i>	<i>Article 11</i>  <del><i>Obligations on</i></del> <b><i>Role of</i></b> Member States in the monitoring and mitigation of shortages of medicinal products  1. In order to facilitate the monitoring referred to in Article 7 and following a request from the Agency, Member States shall, by the deadline set by the Agency:	<i>Article 11</i>  <del><i>Obligations on</i></del> <b><i>Role of</i></b> Member States in the monitoring and mitigation of shortages of medicinal products  1. In order to facilitate the monitoring referred to in Article 7 and following a request from the Agency, Member States shall, by the deadline set by the Agency, <i>submit the following information provided that it is not available in the database established in Article 12a:</i>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
69 continued	<p>Article 11 – paragraph 1 – point a</p> <p>Article 11 – paragraph 1 – point b</p> <p>Article 11 – paragraph 1 – point c</p>	<p>(a) submit the set of information requested by the Agency including available and estimated data on volume of demand, through its designated point of contact and using the reporting methods and system established pursuant to Article 9(1);</p> <p>(b) indicate the existence of any commercially confidential information and clarify the reasons for such an indication;</p> <p>(c) indicate the absence of any requested information, and any delays in providing requested information by the deadline set by the Agency.</p>		<p>(a) submit the set of information requested by the Agency including available <del>and</del><i>or</i> estimated data on volume of demand, through its designated point of contact and using the reporting methods and system established pursuant to Article 9(1);</p> <p>(b) indicate the existence of any commercially confidential information and clarify the reasons for such an indication; <i>in accordance with article 10(4);</i></p> <p>(c) indicate the absence of any requested information, and any delays in providing requested information by the deadline set by the Agency.</p>	<p>(a) submit the set of information requested by the Agency including available <i>and</i> estimated data on volume of demand, through its designated point of contact and using the reporting methods and system established pursuant to Article 9(1);</p> <p>(b) indicate the existence of any commercially confidential information and clarify the reasons for such an indication; <i>in accordance with article 10(4);</i></p> <p>(c) indicate the absence of any requested information, and any delays in providing requested information by the deadline set by the Agency.</p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
69 continued	Article 11 – paragraph 2	2. Where necessary to fulfil their reporting obligations set out in paragraph 1, Member States, with the support of the Agency, shall gather information and data on stock levels from wholesale distributors and other legal entities entitled to supply the public with medicinal products included on the critical medicines lists.	<b>Amendement 92</b>  2. Where necessary to fulfil their reporting obligations set out in paragraph 1, Member States, with the support of the Agency, shall gather <b>relevant</b> information and data, <b>including</b> on stock levels, from wholesale distributors and other legal entities <b>and persons authorised or</b> entitled to supply the public with medicinal products included on the critical medicines lists.	2. Where necessary to fulfil their reporting obligations set out in paragraph 1, Member States, with the support of the Agency, shall gather information and data on stock levels from wholesale distributors and other legal entities entitled to supply the public with medicinal products included on the critical medicines lists.	<i>2. Wholesale distributors and pharmacists or other legal entities or persons authorised or entitled to supply the public with medicinal products included on the critical medicines lists shall provide relevant information and data, including on stock levels, where necessary for Member States to fulfil their reporting obligations set out in paragraph 1. Where necessary to fulfil their reporting obligations set out in paragraph 1, Member States, with the support of the Agency, shall gather relevant information and data, including on stock levels, from wholesale distributors and pharmacists or other legal entities or persons authorised or entitled to supply the public with medicinal products included on the critical medicines lists.</i>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
69 continued	Article 11 – paragraph 3	3. Where Member States are in possession of any additional information on volume of sales and volumes of prescriptions, including data based on Article 23a of Directive 2001/83/EC, which provides evidence of a potential or actual shortage of a medicinal product included on the critical medicines lists, they shall immediately provide such information to the Medicines Steering Group through their designated points of contact.		3. Where Member States are in possession of any additional information on volume of sales and volumes of prescriptions, including data based on Article 23a of Directive 2001/83/EC, which provides evidence of a potential or actual shortage of a medicinal product included on the critical medicines lists, they shall immediately provide such information to the Medicines <u>Shortages</u> Steering Group through their designated points of contact.	3. Where Member States are in possession of any additional information on volume of sales and volumes of prescriptions, including data based on Article 23a of Directive 2001/83/EC, which provides evidence of a potential or actual shortage of a medicinal product included on the critical medicines lists, they shall immediately provide such information to the Medicines <u>Shortages</u> Steering Group through their designated points of contact.
	Article 11 – paragraph 4	4. Following the reporting on the results of the monitoring and any recommendations on preventive or mitigating measures in accordance with Article 8, Member States shall:		4. Following the reporting on the results of the monitoring and any recommendations on preventive or mitigating measures in accordance with Article 8, Member States shall:	4. Following the reporting on the results of the monitoring and any recommendations on preventive or mitigating measures in accordance with Article 8, Member States shall:
	Article 11 – paragraph 4 – point a	(a) take into account any recommendations and guidelines and comply with any measures taken at Union-level pursuant to Article 12;		(a) <del>take into account</del> <u>consider</u> any recommendations and guidelines and comply with any measures taken at Union-level pursuant to Article 12; <del>(a).</del>	(a) <del>take into account</del> <u>consider</u> any recommendations and guidelines and comply with any measures taken at Union-level pursuant to Article 12; <del>(a).</del>

[illegible]

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
70	Article 12  Article 12 – paragraph 1  Article 12 – paragraph 1 – point a  Article 12 – paragraph 1 – point a a (new)	<p><i>Article 12</i></p> <p><i>Role of the Commission in the monitoring and mitigation of shortages of medicinal products</i></p> <p>The Commission shall take into account the information from and recommendations of the Medicines Steering Group and shall:</p> <p>(a) take all necessary action within the limits of the powers conferred on it, with a view to mitigating potential or actual shortages of medicinal products included on the critical medicines lists;</p>	<p><b>Amendment 94</b></p> <p><i>(aa) facilitate the coordination between manufacturers and other relevant stakeholders to address demand surges;</i></p>	<p><i>Article 12</i></p> <p><del>Role</del><b>Obligations</b> of the Commission in the monitoring and mitigation of shortages of medicinal products</p> <p>The Commission shall take into account the information from and recommendations of the Medicines <b>Shortages</b> Steering Group and shall:</p> <p>(a) take all necessary action within the limits of the powers conferred on it, with a view to mitigating potential or actual shortages of medicinal products included on the critical medicines lists;</p> <p><b>(aa) facilitate the coordination between manufacturers and other relevant stakeholders to address demand surges, where necessary;</b></p>	<p><b>Article 12</b></p> <p><b>Role of the Commission in the monitoring and mitigation of shortages of medicinal products</b></p> <p><b>The Commission shall take into account the information from and recommendations of the Medicines Shortages Steering Group and shall:</b></p> <p><b>(a) take all necessary action within the limits of the powers conferred on it, with a view to mitigating potential or actual shortages of medicinal products included on the critical medicines lists;</b></p> <p><b>(aa) facilitate the coordination between manufacturers and other relevant stakeholders to address demand surges, where necessary;</b></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
70 continued	Article 12 – paragraph 1 – point b	(b) consider the need for guidelines addressed to Member States, marketing authorisation holders, and other entities;	<b>Amendment 95</b>  (b) consider the need for guidelines <i>and recommendations</i> addressed to Member States, marketing authorisation holders, and other entities, <i>including from the pharmaceutical supply chain as well as healthcare professionals, to support them in their work and in the communication with patients;</i>	(b) consider the need for guidelines addressed to Member States, marketing authorisation holders, and other entities;	(b) consider the need for guidelines <i>and recommendations</i> addressed to Member States, marketing authorisation holders, and other entities, <i>including from the pharmaceutical supply chain, where relevant.</i>
	Article 12 – paragraph 1 – point c	(c) inform the Medicines Steering Group of any measures taken and report on the results;			(c) inform the Medicines <i>Shortages</i> Steering Group of any measures taken and report on the results;
	Article 12 – paragraph 1 – point d	(d) request the Medicines Steering Group to provide recommendations or coordinate measures as provided for in Article 8(3), (4) and (5);			(d) request the Medicines <i>Shortages</i> Steering Group to provide recommendations or coordinate measures as provided for in Article 8(3), (4) and (5);
	Article 12 – paragraph 1 – point e	(e) consider the need for medical countermeasures in accordance with Articles 12 and 25(b) of Regulation (EU) 2020/[...];			(e) consider the need for medical countermeasures in accordance with Articles 12 and 25(b) of Regulation (EU) 2020/[...];



Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
70 continued	Article 12 – paragraph 1 – point f	(f) liaise with third countries and relevant international organisations, as appropriate, to mitigate potential or actual shortages of medicinal products included on the critical medicines list or their active pharmaceutical ingredients, where those products or ingredients are imported into the Union and where such potential or actual shortages have international implications.	<b>Amendment 96</b>  (f) liaise with third countries and relevant international organisations, as appropriate, to mitigate potential or actual shortages of medicinal products included on the critical medicines list or their active pharmaceutical ingredients, where those products or ingredients are imported into the Union and where such potential or actual shortages have international implications, <b>and report those actions as well as the results obtained to the Medicines Steering Group.</b>	(f) liaise with third countries and relevant international organisations, as appropriate, to mitigate potential or actual shortages of medicinal products included on the critical medicines list or their active pharmaceutical ingredients, where those products or ingredients are imported into the Union and where such potential or actual shortages have international implications.	(f) liaise with third countries and relevant international organisations, as appropriate, to mitigate potential or actual shortages of medicinal products included on the critical medicines list or their active pharmaceutical ingredients, where those products or ingredients are imported into the Union and where such potential or actual shortages have international implications, <b>and report those actions as well as the results obtained to the Medicines Shortages Steering Group, where relevant.</b>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
71	Article 12 a (new)		<p><b>Amendment 97</b></p> <p><i>Article 12a</i> <i>European Medicines Supply Database</i></p> <p><i>1. The Agency shall, in collaboration with the Commission and Member States, set up, maintain and manage the European medicines supply database (EUMSD) for the following purposes:</i></p> <p><i>(a) to enable the monitoring of supply and demand of medicinal products at Union and Member State level;</i></p> <p><i>(b) to enable the monitoring and reporting of shortages of medicinal products at Union and Member State level;</i></p> <p><i>(c) to enable marketing authorisation holders and wholesale distributors to comply with the information obligations laid down in Article 10;</i></p>		<p><b>Article 12a</b> <b>European Medicines Supply Database</b></p> <p><b>1. The Agency shall, in collaboration with the Commission and Member States, set up, maintain and manage the European medicines supply database (EUMSD) for the following purposes:</b></p> <p><b>(a) to enable the monitoring of supply and demand of medicinal products at Union and Member State level;</b></p> <p><b>(b) to enable the monitoring and reporting of shortages of medicinal products at Union and Member State level;</b></p> <p><b>(c) to enable marketing authorisation holders and wholesale distributors to comply with the information obligations laid down in Article 10;</b></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
71 continued			<p><i>(d) to enable the Commission, the Agency and the national competent authorities to carry out their tasks in accordance with this Regulation on a well-informed basis and to enhance the cooperation between them.</i></p> <p><i>The EUMSD, which shall be functional not only during public health emergencies and major events but also under normal circumstances, shall function as an interoperable and digital database at Union level, based on the data reported through the national electronic platforms established pursuant to paragraph 2. The database shall allow the Agency and the national competent authorities to simultaneously access and share the information provided in the database.</i></p>		<p><i>(d) to enable the Commission, the Agency and the national competent authorities to carry out their tasks in accordance with this Regulation on a well-informed basis and to enhance the cooperation between them.</i></p> <p><i>The EUMSD, which shall be functional not only during public health emergencies and major events but also under normal circumstances, shall function as an interoperable and digital database at Union level, based on the data reported through the national electronic platforms established pursuant to paragraph 2. The database shall allow the Agency and the national competent authorities to simultaneously access and share the information provided in the database.</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
71 continued			<p>2. <i>Each Member State shall develop an electronic platform with a view to establishing real-time monitoring of the supply of medicinal products, capable of determining the volume of supply of each medicinal product existing at any given moment, and detecting, predicting and preventing shortages of medicinal products. Those platforms, which shall be managed by the national competent authorities, shall be fully operational at Member State level by... [30 months after the date of entry into force of this Regulation].</i></p> <p><i>Data on supply and demand shall be reported at Member State level by the following entities:</i></p> <p>(a) <i>marketing authorisation holders</i></p> <p>(b) <i>wholesale distributors</i></p> <p>(c) <i>community and hospital pharmacies.</i></p>		<p>2. <i>Each Member State shall develop an electronic platform with a view to establishing real-time monitoring of the supply of medicinal products, capable of determining the volume of supply of each medicinal product existing at any given moment, and detecting, predicting and preventing shortages of medicinal products. Those platforms, which shall be managed by the national competent authorities, shall be fully operational at Member State level by... [30 months after the date of entry into force of this Regulation].</i></p> <p><i>Data on supply and demand shall be reported at Member State level by the following entities:</i></p> <p>(a) <i>marketing authorisation holders</i></p> <p>(b) <i>wholesale distributors</i></p> <p>(c) <i>community and hospital pharmacies.</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
71 continued			<p>3. <i>In addition to paragraph 2, the electronic platforms shall provide the national competent authorities with real-time access to information on unmet demands from wholesale distributors, community pharmacies and hospital pharmacies at national level. Those platforms shall also allow marketing authorisation holders to report any medicinal products supply problems, including manufacturing problems.</i></p> <p>4. <i>Member State platforms shall be interoperable and shall replicate their information in the EUMSD managed by the Agency, thereby preventing any duplication of the reporting process by the single points of contact established in Article 9(2).</i></p>		<p>3. <i>In addition to paragraph 2, the electronic platforms shall provide the national competent authorities with real-time access to information on unmet demands from wholesale distributors, community pharmacies and hospital pharmacies at national level. Those platforms shall also allow marketing authorisation holders to report any medicinal products supply problems, including manufacturing problems.</i></p> <p>4. <i>Member State platforms shall be interoperable and shall replicate their information in the EUMSD managed by the Agency, thereby preventing any duplication of the reporting process by the single points of contact established in Article 9(2).</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
71 continued			<p>5. <i>The data generated by the Member State platforms and consequently by the EUMSD shall make it possible to identify any supply problems along the supply chain and, through the application of big data techniques and, where appropriate, artificial intelligence, shall be able to forecast supply problems in advance.</i></p> <p>6. <i>The data submitted shall be compliant with the standards developed by the ISO for IDMP and be based on the four domains of master data in pharmaceutical regulatory processes: substance, product, organisation and referential data.</i></p>		<p>5. <i>The data generated by the Member State platforms and consequently by the EUMSD shall make it possible to identify any supply problems along the supply chain and, through the application of big data techniques and, where appropriate, artificial intelligence, shall be able to forecast supply problems in advance.</i></p> <p>6. <i>The data submitted shall be compliant with the standards developed by the ISO for IDMP and be based on the four domains of master data in pharmaceutical regulatory processes: substance, product, organisation and referential data.</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
71 continued			<p>7. <i>The Agency shall, in collaboration with the Commission and Member States, draw up the functional specifications for the database, together with a plan for the implementation of the EUMSD and the Member State platforms by... [6 months after the date of entry into force of this Regulation]. That plan shall seek to ensure that the EUMSD is fully functional by ... [48 months after the date of entry into force of this Regulation].</i></p> <p>8. <i>Where a national competent authority indicates that the submitted information contains information of a commercially confidential nature, it shall identify the relevant parts and clarify the reasons for such an indication. The Agency shall assess the merits of each request and protect commercially confidential information against unjustified disclosure.</i></p>		<p>7. <i>The Agency shall, in collaboration with the Commission and Member States, draw up the functional specifications for the database, together with a plan for the implementation of the EUMSD and the Member State platforms by... [6 months after the date of entry into force of this Regulation]. That plan shall seek to ensure that the EUMSD is fully functional by ... [48 months after the date of entry into force of this Regulation].</i></p> <p>8. <i>Where a national competent authority indicates that the submitted information contains information of a commercially confidential nature, it shall identify the relevant parts and clarify the reasons for such an indication. The Agency shall assess the merits of each request and protect commercially confidential information against unjustified disclosure.</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
71 continued			<b>9. In view of the commercially sensitive nature of the data provided to the EUMSD, access to the database shall be limited to the Commission, the Agency, national competent authorities reporting the data to the database and the Medicines Steering Group.</b>		<b>9. In view of the commercially sensitive nature of the data provided to the EUMSD, access to the database shall be limited to the Commission, the Agency, national competent authorities reporting the data to the database and the Medicines Steering Group.</b>
72	Article 13  Article 13 – paragraph 1	<i>Article 13</i>  <i>Communication on the Medicines Steering Group</i>  The Agency shall, via its web-portal and other appropriate means, in conjunction with national competent authorities, inform the public and interest groups with regard to the work of the Medicines Steering Group.	<b>Amendment 98</b>  The Agency shall, via <b>a dedicated space on</b> its web-portal and other appropriate means, in conjunction with national competent authorities, inform the public and interest groups <b>in a timely manner</b> with regard to the work of the Medicines Steering Group, <b>and respond to disinformation targeting the work of the Medicines Steering Group as appropriate.</b>	<i>Article 13</i>  <i>Communication on the Medicines <u>Shortages</u> Steering Group</i>  The Agency shall, via its web-portal and other appropriate means, in conjunction with national competent authorities, inform the public and interest groups with regard to the work of the Medicines <u>Shortages</u> Steering Group.	<i>Article 13</i>  <i>Communication on the Medicines <u>Shortages</u> Steering Group</i>  The Agency shall, via <b>a dedicated space on</b> its web-portal and other appropriate means, in conjunction with national competent authorities, inform the public and interest groups <b>in a timely manner</b> with regard to the work of the Medicines <u>Shortages</u> Steering Group, <b>and respond to disinformation targeting the work of the Medicines Shortage Steering Group as appropriate.</b>



Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
72 continued	Article 13 – paragraph 1 a (new)		<b>Amendment 99</b>  <i>Proceedings undertaken by the Medicines Steering Group shall be transparent. The agenda and minutes of the Medicines Steering Group as well as the rules of procedure and recommendations and, where appropriate, votes shall be documented and made publicly available, including any dissensions.</i>		<i>Proceedings undertaken by the Medicines Shortages Steering Group shall be transparent. The summaries of the agenda and of the minutes of the Medicines Shortages Steering Group as well as the rules of procedure and recommendations shall be documented and made publicly available on the dedicated space on the Agency web portal.</i>
73	Chapter III	<b>Chapter III</b>  <b>Medicinal Products with the potential to address public health emergencies</b>		<b>Chapter III</b>  <b>Medicinal Products with the potential to address public health emergencies</b>	

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
74	Article 14  Article 14 – paragraph 1	<i>Article 14</i>  <i>The Emergency Task Force</i>  1. The Emergency Task Force is hereby established as part of the Agency. It shall be convened during public health emergencies, either in person or remotely. The Agency shall provide its secretariat.	<b>Amendement 100</b>  1. The Emergency Task Force is hereby established as part of the Agency. It shall be convened <i><b>in preparation for and</b></i> during public health emergencies, either in person or remotely. The Agency shall provide its secretariat.	<i>Article 14</i>  <i>The Emergency Task Force</i>  1. The Emergency Task Force is hereby established as part of the Agency. It shall be convened during public health emergencies, either in person or remotely, <u><b>and cease to be convened after termination of the recognition of a public health emergency pursuant to Article 23(2) of Regulation (EU) [...].</b></u> The Agency shall provide its secretariat.	<i>Article 14</i>  <i>The Emergency Task Force</i>  1. The Emergency Task Force is hereby established as part of the Agency. It shall be convened <i><b>in preparation for and</b></i> during public health emergencies, either in person or remotely. The Agency shall provide its secretariat.

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
74 continued	<p>Article 14 – paragraph 2</p> <p>Article 14 – paragraph 2 – point a</p> <p>Article 14 – paragraph 2 – point b</p>	<p>2. During public health emergencies, the Emergency Task Force shall undertake the following tasks:</p> <p>(a) providing scientific advice and reviewing the available scientific data on medicinal products with the potential to address the public health emergency, including requesting data from developers and engaging with them in preliminary discussions;</p> <p>(b) reviewing clinical trial protocols and providing advice to developers on clinical trials to be conducted in the Union for medicinal products intended to treat, prevent, or diagnose the disease causing the public health emergency, in accordance with Article 15;</p>		<p>2. During public health emergencies, the Emergency Task Force shall undertake the following tasks:</p> <p>(a) <u>in liaison with the scientific committees, working parties, and scientific advisory groups of the Agency</u>, providing scientific advice and reviewing the available scientific data on medicinal products with the potential to address the public health emergency, including requesting data from developers and engaging with them in preliminary discussions;</p> <p>(b) <del>reviewing</del> <u>providing advice on the main aspects of</u> clinical trial protocols; and providing advice to developers on clinical trials <del>to be conducted in the Union</del> for medicinal products intended to treat, prevent, or diagnose the disease causing the public health emergency, in accordance with Article 15 <u>without prejudice to the tasks of the Member States as regards assessment of submitted clinical trial applications to be conducted on their territories in accordance with Article 6 of Regulation (EU) No 536/2014</u>;</p>	<p>2. During public health emergencies, the Emergency Task Force shall undertake the following tasks:</p> <p>(a) <u>in liaison with the scientific committees, working parties, and scientific advisory groups of the Agency</u>, providing scientific advice and reviewing the available scientific data on medicinal products with the potential to address the public health emergency, including requesting data from developers and engaging with them in preliminary discussions;</p> <p>(b) <del>reviewing</del> <u>providing advice on the main aspects of</u> clinical trial protocols; and providing advice to developers on clinical trials <del>to be conducted in the Union</del> for medicinal products intended to treat, prevent, or diagnose the disease causing the public health emergency, in accordance with Article 15 <u>without prejudice to the tasks of the Member States as regards assessment of submitted clinical trial applications to be conducted on their territories in accordance with Regulation (EU) No 536/2014</u>;</p>

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74 continued	<p>Article 14 – paragraph 2 – point c</p> <p>Article 14 – paragraph 2 – point d</p> <p>Article 14 – paragraph 2 – point e</p>	<p>(c) providing scientific support to facilitate clinical trials to be conducted in the Union for medicinal products intended to treat, prevent, or diagnose the disease causing the public health emergency. Such support shall include advice to sponsors of similar or linked planned clinical trials on the establishment, in their place, of joint clinical trials and may include advice on establishing agreements to act as a sponsor or as co-sponsor in accordance with Articles 2(14) and 72 of Regulation (EU) 536/2014;</p> <p>(d) contributing to the work of the scientific committees, working parties and scientific advisory groups of the Agency;</p> <p>(e) providing scientific recommendations with regard to the use of any medicinal product, which may have the potential to address public health emergencies, in accordance with Article 16;</p>		<p>(c) providing scientific support to facilitate clinical trials to be conducted in the Union for medicinal products intended to treat, prevent, or diagnose the disease causing the public health emergency. Such support shall include advice to sponsors of similar or linked planned clinical trials on the establishment, in their place, of joint clinical trials and may include advice on establishing agreements to act as a sponsor or as co-sponsor in accordance with Articles 2(14) and 72 of Regulation (EU) 536/2014;</p> <p>(d) contributing to the work of the scientific committees, working parties and scientific advisory groups of the Agency;</p> <p>(e) <u>in liaison with the scientific committees, working parties, and scientific advisory groups of the Agency</u>, providing scientific recommendations with regard to the use of any medicinal product, which may have the potential to address public health emergencies, in accordance with Article 16;</p>	<p>(c) providing scientific support to facilitate clinical trials to be conducted in the Union for medicinal products intended to treat, prevent, or diagnose the disease causing the public health emergency. Such support shall include advice to sponsors of similar or linked planned clinical trials on the establishment, in their place, of joint clinical trials and may include advice on establishing agreements to act as a sponsor or as co-sponsor in accordance with Articles 2(14) and 72 of Regulation (EU) 536/2014;</p> <p>(d) contributing to the work of the scientific committees, working parties and scientific advisory groups of the Agency;</p> <p>(e) <u>in liaison with the scientific committees, working parties, and scientific advisory groups of the Agency</u>, providing scientific recommendations with regard to the use of any medicinal product, which may have the potential to address public health emergencies, in accordance with Article 16;</p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
74 continued	Article 14 – paragraph 2 – point f	(f) cooperating with Union bodies and agencies, the World Health Organization, third countries, and international scientific organisations on scientific and technical issues relating to the public health emergency and to medicinal products which may have the potential to address public health emergencies, as necessary.	<b>Amendment 101</b>  (f) cooperating with <b><i>national competent authorities</i></b> , Union bodies and agencies, the World Health Organization, third countries, and international scientific organisations on scientific and technical issues relating to the public health emergency and to medicinal products which may have the potential to address public health emergencies, as necessary.	(f) cooperating with Union bodies and agencies, the World Health Organization, third countries, and international scientific organisations on scientific and technical issues relating to the public health emergency and to medicinal products which may have the potential to address public health emergencies, as necessary.	(f) cooperating with <b><i>national competent authorities</i></b> , Union bodies and agencies, the World Health Organization, third countries, and international scientific organisations on scientific and technical issues relating to the public health emergency and to medicinal products which may have the potential to address public health emergencies, as necessary.

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
74 continued	Article 14 – paragraph 3	<p>3. The Emergency Task Force shall be composed of representatives of the scientific committees, working parties, and staff members of the Agency, the coordination group established in accordance with Article 27 of Directive 2001/83/EC, and the Clinical Trials Coordination and Advisory Group established in accordance with Article 85 of Regulation (EU) 536/2014. External experts may be appointed and representatives of other Union bodies and agencies be invited on an ad hoc basis, as necessary. It shall be chaired by the Agency.</p>	<p><b>Amendment 102</b></p> <p>3. The Emergency Task Force shall be composed of representatives of the scientific committees, working parties, <b><i>including representatives of the PCWP and the HCPWP</i></b>, and staff members of the Agency, the coordination group established in accordance with Article 27 of Directive 2001/83/EC, and the Clinical Trials Coordination and Advisory Group established in accordance with Article 85 of Regulation (EU) 536/2014.<sup>21</sup> External experts may be appointed and representatives of other Union bodies and agencies be invited on an ad hoc basis, as necessary. It shall be chaired by the Agency.</p>	<p>3. The Emergency Task Force shall be composed of representatives <b><i>nominated by the scientific committees, working parties, including (vice)Chairs of the scientific committees, working parties, including representatives of the PCWP and the HCPWP</i></b>, and staff members of the Agency, the coordination group established in accordance with Article 27 of Directive 2001/83/EC, and the Clinical Trials Coordination and Advisory Group established in accordance with Article 85 of Regulation (EU) 536/2014. <b><i>as well as other clinical trial experts representing competent authorities of the Member States.</i></b> External experts may be appointed and representatives of other Union bodies and agencies <b><i>shall</i></b> be invited on an ad hoc basis, as necessary, <b><i>especially in cases of public health emergencies which affect also the veterinary medicinal products field.</i></b> It shall be chaired by the Agency <b><i>and co-</i></b></p>	<p>3. The Emergency Task Force shall be composed of representatives, <b><i>nominated by the scientific committees, working parties, including (vice)Chairs of the scientific committees, working parties, including representatives of the PCWP and the HCPWP</i></b>, and staff members of the Agency, the coordination group established in accordance with Article 27 of Directive 2001/83/EC, and the Clinical Trials Coordination and Advisory Group established in accordance with Article 85 of Regulation (EU) 536/2014. <b><i>as well as other clinical trial experts representing competent authorities of the Member States.</i></b> External experts may be appointed and representatives of other Union bodies and agencies <b><i>shall</i></b> be invited on an ad hoc basis, as necessary, <b><i>especially in cases of public health emergencies which affect also the veterinary medicinal products field.</i></b> It shall be chaired by the Agency <b><i>and co-</i></b></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
74 continued	Article 14 – paragraph 4	4. The composition of the Emergency Task Force shall be approved by the Management Board of the Agency. The Executive Director of the Agency or their representative and representatives of the Commission shall be entitled to attend all meetings.		<i><u>chaired by the chair or vice-chair of the Committee for Medicinal Products for Human Use. The Emergency Task Force composition should be publicly available.</u></i> 4. The composition of the Emergency Task Force shall be approved by the Management Board of the Agency- <i><u>taking into account the specific expertise relevant for the therapeutic response to the public health emergency.</u></i> The Executive Director of the Agency or their representative and representatives of the Commission <i><u>and of the Management Board of the Agency</u></i> shall be entitled to attend all meetings.	<i><u>chaired by the chair or vice-chair of the Committee for Medicinal Products for Human Use. The Emergency Task Force composition should be publicly available</u></i> 4. The composition of the Emergency Task Force shall be approved by the Management Board of the Agency- <i><u>taking into account the specific expertise relevant for the therapeutic response to the public health emergency.</u></i> The Executive Director of the Agency or their representative and representatives of the Commission <i><u>and of the Management Board of the Agency</u></i> shall be entitled to attend all meetings.





Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
74 continued	Article 14 – paragraph 7	7. The Emergency Task Force shall perform its tasks as a body separate from, and without prejudice to the tasks of the scientific committees of the Agency as regards the authorisation, supervision and pharmacovigilance of the concerned medicinal products and related regulatory actions to ensure the quality, safety and efficacy of those medicinal products. The Emergency Task Force shall take account of any scientific opinion issued by those committees in accordance with Regulation (EC) No 726/2004 and Directive 2001/83/EC.		7. The Emergency Task Force shall perform its tasks as <del>aan advisory and support</del> body separate from, and without prejudice to the tasks of the scientific committees of the Agency as regards the authorisation, supervision and pharmacovigilance of the concerned medicinal products and related regulatory actions to ensure the quality, safety and efficacy of those medicinal products. <u><i>The Committee for Medicinal Products for Human Use shall take into consideration the Emergency Task Force recommendation, when adopting its opinion.</i></u> The Emergency Task Force shall take account of any scientific opinion issued by those committees in accordance with Regulation (EC) No 726/2004 and Directive 2001/83/EC.	7. The Emergency Task Force shall perform its tasks as <del>aan advisory and support</del> body separate from, and without prejudice to the tasks of the scientific committees of the Agency as regards the authorisation, supervision and pharmacovigilance of the concerned medicinal products and related regulatory actions to ensure the quality, safety and efficacy of those medicinal products. <u><i>The Committee for Medicinal Products for Human Use shall take into consideration the Emergency Task Force recommendation, when adopting its opinion.</i></u> The Emergency Task Force shall take account of any scientific opinion issued by those committees in accordance with Regulation (EC) No 726/2004 and Directive 2001/83/EC.

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
74 continued	Article 14 – paragraph 8          Article 14 – paragraph 9	<p>8. Article 63 of Regulation (EC) No 726/2004 shall apply to the Emergency Task Force as regards transparency and the independence of its members.</p> <p>9. The Agency shall publish information about the medicinal products that the Emergency Task Force considers may have the potential to address public health emergencies and any updates on its web-portal.</p>	<p><b>Amendment 104</b></p> <p>8. Article 63 of Regulation (EC) No 726/2004 shall apply to the Emergency Task Force as regards transparency and the independence of its members. <i>Members of the Emergency Task Force shall update the annual declaration of their financial interests provided for in Article 63 of Regulation (EC) No 726/2004 whenever a relevant change occurs.</i></p> <p>9. The Agency shall publish information about the medicinal products that the Emergency Task Force considers may have the potential to address public health emergencies and any updates on its web-portal.</p>	<p>8. Article 63 of Regulation (EC) No 726/2004 shall apply to the Emergency Task Force as regards transparency and the independence of its members.</p> <p>9. The Agency shall publish information about the medicinal products that the Emergency Task Force considers may have the potential to address public health emergencies and any updates on its web-portal.</p>	<p>8. Article 63 of Regulation (EC) No 726/2004 shall apply to the Emergency Task Force as regards transparency and the independence of its members. <i>Members of the Emergency Task Force shall update the annual declaration of their financial or other interests provided for in Article 63 of Regulation (EC) No 726/2004 whenever a relevant change occurs.</i></p> <p>9. The Agency shall publish information about the medicinal products that the Emergency Task Force considers may have the potential to address public health emergencies and any updates on its web-portal. <i>Without any undue delay and in any case prior to such publication, the Agency shall inform Member States and the Health Security Committee, as appropriate.</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
75	Article 15  Article 15 – paragraph 1          Article 15 – paragraph 2	<p><i>Article 15</i></p> <p><i>Advice on clinical trials</i></p> <p>1. During a public health emergency, the Emergency Task Force shall review clinical trial protocols submitted or intended to be submitted in a clinical trial application by developers of medicinal products as part of an accelerated scientific advice process.</p> <p>2. Where a developer engages in an accelerated scientific advice process, the Emergency Task force shall provide such advice free of charge at the latest 20 days following the submission to the Agency of a complete set of requested information and data by the developer. The advice shall be endorsed by the Committee for Medicinal Products for Human Use.</p>		<p><i>Article 15</i></p> <p><i>Advice on clinical trials</i></p> <p>1. During a public health emergency, the Emergency Task Force shall <del>review</del><u>provide advice on main aspects of</u> clinical trial protocols submitted or intended to be submitted in a clinical trial application, <u>without prejudice of the responsibility of the Member State(s) according to Regulation (EU) 536/2014</u>, by developers of medicinal products as part of an accelerated scientific advice process.</p> <p>2. Where a developer engages in an accelerated scientific advice process, the Emergency Task force shall provide such advice free of charge at the latest 20 days following the submission to the Agency of a complete set of requested information and data by the developer. The advice shall be endorsed by the Committee for Medicinal Products for Human Use.</p>	<p>1. During a public health emergency, the Emergency Task Force shall <del>review</del><u>provide advice on main aspects of</u> clinical trial protocols submitted or intended to be submitted in a clinical trial application, <u>without prejudice of the responsibility of the Member State(s) according to Regulation (EU) 536/2014</u>, by developers of medicinal products as part of an accelerated scientific advice process.</p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
75 continued	Article 15 – paragraph 3  Article 15 – paragraph 4	<p>3. The Emergency Task Force shall establish procedures for the request and submission of the set of information and data required, including information on the Member State or States where an application for authorisation of a clinical trial is submitted or is intended to be submitted.</p> <p>4. The Emergency Task Force shall involve representatives of the Member State or States where an application for authorisation of a clinical trial is submitted or is intended to be submitted in the preparation of the scientific advice.</p>	<p><b>Amendement 105</b></p> <p>3. The Emergency Task Force shall establish procedures <b><i>and guidance</i></b> for the request and submission of the set of information and data required, including information on the Member State or States where an application for authorisation of a clinical trial is submitted or is intended to be submitted.</p>	<p>3. The Emergency Task Force shall establish procedures for the request and submission of the set of information and data required, including information on the Member State or States where an application for authorisation of a clinical trial is submitted or is intended to be submitted.</p> <p>4. The Emergency Task Force shall involve, <b><i>in the preparation of the scientific advice</i></b>, representatives <b><i>with clinical trial expertise</i></b> of the Member State or States <b><i>in particular of those</i></b> where an application for authorisation of a clinical trial is submitted or is intended to be submitted in the preparation of the scientific advice.</p>	<p>3. The Emergency Task Force shall establish procedures <b><i>and guidance</i></b> for the request and submission of the set of information and data required, including information on the Member State or States where an application for authorisation of a clinical trial is submitted or is intended to be submitted.</p> <p>4. <b><i>In preparation of the scientific advice</i></b>, the Emergency Task Force shall involve representatives <b><i>with clinical trial expertise</i></b> of the Member State or States <b><i>in particular of those</i></b> where an application for authorisation of a clinical trial is submitted or is intended to be submitted in the preparation of the scientific advice.</p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
75 continued	Article 15 – paragraph 5  Article 15 – paragraph 6  Article 15 – paragraph 7	<p>5. When authorising a clinical trial application for which scientific advice has been given, Member States shall take that advice duly into account.</p> <p>6. Where a developer is the recipient of scientific advice, the developer shall subsequently submit the data resulting from clinical trials to the Agency following a request made pursuant to Article 16.</p> <p>7. Without prejudice to the provisions of this Article, the scientific advice shall otherwise be provided to those developers in accordance with the procedures established pursuant to Article 57 of Regulation EC (No) 726/2004.</p>	<p><b>Amendment 106</b></p> <p>5. When authorising a clinical trial application for which scientific advice has been given, Member States shall take that advice duly into account. <i><b>The scientific advice provided by the Emergency Task Force shall be without prejudice to the ethical review provided for in Regulation (EU) No 536/2014.</b></i></p>	<p>5. When authorising a clinical trial application for which scientific advice has been given, Member States shall <del>take</del><i><b>consider</b></i> that advice <del>duly</del><i><b>into account.</b></i></p> <p>6. Where a developer is the recipient of scientific advice, the developer shall subsequently submit the data resulting from clinical trials to the Agency following a request made pursuant to Article 16.</p> <p>7. Without prejudice to the provisions of this Article, the scientific advice shall otherwise be provided to those developers in accordance with the procedures established pursuant to Article 57 of Regulation EC (No) 726/2004.</p>	<p>5. When authorising a clinical trial application for which scientific advice has been given, Member States shall <i><b>take that advice into consideration. The scientific advice provided by the Emergency Task Force shall be without prejudice to the ethical review provided for in Regulation (EU) No 536/2014.</b></i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
76	Article 15 a (new)		<p><b>Amendment 107</b></p> <p><i>Article 15a</i>  <i>Public information about clinical trials and marketing authorisation decisions</i></p> <p>1. <i>For the duration of a public health emergency, the sponsors of clinical trials conducted in the Union shall:</i></p> <p>(a) <i>publish the study protocol at the start of the trial through the EU clinical trials register;</i></p> <p>(b) <i>publish the summary of the results through the EU clinical trials register within a timeline set by the Agency that is shorter than the timeline laid down in Article 37 of Regulation (EU) No 536/2014.</i></p> <p>2. <i>Where a medicinal product receives a marketing authorisation, the Agency shall publish:</i></p> <p>(a) <i>the product information with details of the conditions of use at the time of marketing authorisation;</i></p>		<p><b>Article 15a</b>  <b>Public information about clinical trials and marketing authorisation decisions</b></p> <p>1. <b>For the duration of a public health emergency, the sponsors of clinical trials conducted in the Union shall, in particular:</b></p> <p>(a) <b>publish the study protocol at the start of the trial through the EU clinical trials register;</b></p> <p>(b) <b>publish the summary of the results through the EU clinical trials register within a timeline set by the Agency that is shorter than the timeline laid down in Article 37 of Regulation (EU) No 536/2014.</b></p> <p>2. <b>Where a medicinal product receives a marketing authorisation, the Agency shall publish, in particular:</b></p> <p>(a) <b>the product information with details of the conditions of use at the time of marketing authorisation;</b></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
76 continued			<p><i>(b) the European public assessment reports as soon as possible and, where possible, within seven days of marketing authorisation;</i></p> <p><i>(c) the clinical data submitted to the Agency in support of the application where possible within two months of authorisation by the Commission, and after personal data have been anonymised and commercially confidential information redacted;</i></p> <p><i>(d) the full body of the Risk Management Plan and any updated versions.</i></p>		<p><i>(b) the European public assessment reports as soon as possible and, where possible, within seven days of marketing authorisation;</i></p> <p><i>(c) the clinical data submitted to the Agency in support of the application where possible within two months of authorisation by the Commission, and after personal data have been anonymised and commercially confidential information redacted;</i></p> <p><i>(d) the full body of the Risk Management Plan and any updated versions.</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
77	Article 16  Article 16 – paragraph 1	<p><i>Article 16</i></p> <p><i>Review of medicinal products and recommendations on their use</i></p> <p>1. Following the recognition of a public health emergency, the Emergency Task Force shall undertake a review of the available scientific data on medicinal products, which may have the potential to be used to address the public health emergency. The review shall be regularly updated during the public health emergency.</p>	<p><b>Amendment 108</b></p> <p>1. Following the recognition of a public health emergency, the Emergency Task Force shall undertake a review of the available scientific data on medicinal products, which may have the potential to be used to address the public health emergency. The review shall be regularly updated during the public health emergency, <i>including where agreed by the Emergency Task Force and the Committee for Medicinal Products for Human Use in preparation of the assessment of a marketing authorisation application.</i></p>	<p><i>Article 16</i></p> <p><i>Review of medicinal products and recommendations on their use</i></p> <p>1. Following the recognition of a public health emergency, the Emergency Task Force shall undertake a review of the available scientific data on medicinal products, which may have the potential to be used to address the public health emergency. The review shall be regularly updated during the public health emergency.</p>	<p>1. Following the recognition of a public health emergency, the Emergency Task Force shall undertake a review of the available scientific data on medicinal products, which may have the potential to be used to address the public health emergency. The review shall be regularly updated <i>whenever needed</i> during the public health emergency, <i>including where agreed by the Emergency Task Force and the Committee for Medicinal Products for Human Use in preparation of the assessment of a marketing authorisation application.</i></p>



Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
77 continued	Article 16 – paragraph 2	2. In preparation of the review, the Emergency Task Force may request information and data from marketing authorisation holders and from developers and engage with them in preliminary discussions. The Emergency Task Force may also, where available, make use of observational studies of health data generated outside of clinical studies taking into account their reliability.	<b>Amendement 109</b>  2. In preparation of the review, the Emergency Task Force may request information and data from marketing authorisation holders and from developers and engage with them in preliminary discussions. The Emergency Task Force may also, where available, make use of observational studies of health data generated outside of clinical studies taking into account their reliability. <i><b>The Emergency Task Force may liaise with medicine agencies of third countries for additional information and data exchange.</b></i>	2. In preparation of the review, the Emergency Task Force may request information and data from marketing authorisation holders and from developers and engage with them in preliminary discussions. The Emergency Task Force may also, where available, make use of observational studies of health data generated outside of clinical studies taking into account their reliability.  3. Based on a request from one or more Member States, or the Commission, the Emergency Task Force shall provide recommendations to the Committee for Medicinal Products for Human Use for an opinion in accordance with paragraph 4 on the following: (a) the compassionate use of medicinal products falling under the scope of Directive 2001/83/EC or Regulation (EC) No 726/2004;	2. In preparation of the review, the Emergency Task Force may request information and data from marketing authorisation holders and from developers and engage with them in preliminary discussions. The Emergency Task Force may also, where available, make use of observational studies of health data generated outside of clinical studies taking into account their reliability. <i><b>The Emergency Task Force may liaise with medicine agencies of third countries for additional information and data exchange.</b></i>
	Article 16 – paragraph 3	3. Based on a request from one or more Member States, or the Commission, the Emergency Task Force shall provide recommendations to the Committee for Medicinal Products for Human Use for an opinion in accordance with paragraph 4 on the following: (a) the compassionate use of medicinal products falling under the scope of Directive 2001/83/EC or Regulation (EC) No 726/2004;		3. Based on a request from one or more Member States, or the Commission, the Emergency Task Force shall provide recommendations to the Committee for Medicinal Products for Human Use for an opinion in accordance with paragraph 4 on the following: (a) the compassionate use of medicinal products falling under the scope of Directive 2001/83/EC or Regulation (EC) No 726/2004;	
	Article 16 – paragraph 3 – point a				

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77 continued	<p>Article 16 – paragraph 3 – point b</p> <p>Article 16 – paragraph 4</p> <p>Article 16 – paragraph 5</p>	<p>(b) the use and distribution of an unauthorised medicinal product in accordance with Article 5(2) of Directive 2001/83/EC.</p> <p>4. Following receipt of the recommendation, the Committee for Medicinal Products for Human Use shall adopt an opinion on the conditions for use, the conditions for distribution and the patients targeted. The opinion shall be updated where necessary.</p> <p>5. Member States shall take account of the opinions referred to in paragraph 4. Where Member States make use of such an opinion, Article 5(3) and (4) of Directive 2001/83/EC shall apply.</p>		<p>(b) the use and distribution of an unauthorised medicinal product in accordance with Article 5(2) of Directive 2001/83/EC.</p> <p>4. Following receipt of the recommendation, the Committee for Medicinal Products for Human Use shall adopt an <b><i>independent and scientifically based</i></b> opinion on the conditions for use, the conditions for distribution and the patients targeted. The opinion shall be updated where necessary.</p> <p>5. Member States shall take account of the opinions referred to in paragraph 4. Where Member States make use of such an opinion, Article 5(3) and (4) of Directive 2001/83/EC shall apply.</p>	<p>4. Following receipt of the recommendation, the Committee for Medicinal Products for Human Use shall adopt <i>its</i> opinion on the conditions for use, the conditions for distribution and the patients targeted. The opinion shall be updated where necessary.</p>



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78	Article 17  Article 17 – paragraph 1	<p><i>Article 17</i></p> <p><i>Communication on the Emergency Task Force</i></p> <p>The Agency shall, via its web-portal and other appropriate means and, in conjunction with national competent authorities, inform the public and relevant interest groups with regard to the work of the Emergency Task Force.</p>	<p><b>Amendment 111</b></p> <p>The Agency shall, via <b>a dedicated space on</b> its web-portal and other appropriate means and, in conjunction with national competent authorities, inform <b>without delay</b> the public and relevant interest groups with regard to the work of the Emergency Task Force, <b>and respond to disinformation targeting the work of the Emergency Task Force as appropriate.</b></p>	<p><i>Article 17</i></p> <p><i>Communication on the Emergency Task Force</i></p> <p>The Agency shall, via its web-portal and other appropriate means and, in conjunction with national competent authorities, inform the public and relevant interest groups with regard to the work of the Emergency Task Force.</p>	<p>The Agency shall, via <b>a dedicated space on</b> its web-portal and other appropriate means and, in conjunction with national competent authorities, inform <b>in a timely manner</b> the public and relevant interest groups with regard to the work of the Emergency Task Force, <b>and respond to disinformation targeting the work of the Emergency Task Force as appropriate.</b></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
78 continued	Article 17 – paragraph 1 a (new)		<b>Amendment 112</b>  <i>The list of the members of the Emergency Task Force, the rules of procedure, as well as the recommendations provided pursuant to Article 16 (3) and the opinions adopted pursuant to Article 16 (4) shall be published on the Agency’s web-portal.</i>		<p><i>The list of the members of the Emergency Task Force, the rules of procedure and the list of products under review regularly as well as the opinions adopted pursuant to Article 16 (4) shall be published on the Agency’s web-portal.</i></p> <p><i>Recital → “The European Medicines Agency publishes a ‘European Public Assessment Report’ (EPAR) for products authorised in accordance with Regulation (EC) No 726/2004, which provides information on the related assessment by describing the data assessed and the reasons for recommending whether the medicine should be authorised or not. The report will include detailed information of all relevant pre-submission activities, including with regard to the Emergency Task Force the names of the experts involved, and in case a medicine developer requested scientific advice during the pre-submission phase an overview of the scientific topics discussed during this advice.”</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
79	Article 18  Article 18 – paragraph 1  Article 18 – paragraph 1 – point a	<p><i>Article 18</i></p> <p><i>IT tools and data</i></p> <p>To prepare for and support the work of the Emergency Task Force during public health emergencies, the Agency shall:</p> <p>(a) develop and maintain electronic tools for the submission of information and data, including electronic health data generated outside the scope of clinical studies;</p>	<p><b>Amendment 113</b></p> <p>(a) develop and maintain electronic tools, <b><i>including an interoperable and digitalised platform,</i></b> for the submission of information and data, including electronic health data generated outside the scope of clinical studies;</p>	<p><i>Article 18</i></p> <p><i>IT tools and data</i></p> <p>To prepare for and support the <b><i>decision making process and the</i></b> work of the Emergency Task Force during public health emergencies, the Agency shall:</p> <p>(a) develop and maintain electronic tools for the submission of information and data, including electronic health data generated outside <del>the scope of clinical studies</del> <b><i>of clinical studies facilitating interoperability with other existing electronic tools, and tools under development and providing the adequate support to Members States' competent authorities;</i></b></p>	<p>To prepare for and support the work of the Emergency Task Force during public health emergencies, the Agency shall:</p> <p>(a) develop and maintain electronic tools, <b><i>including an interoperable and digitalised platform,</i></b> for the submission of information and data, including electronic health data generated outside the scope of clinical studies <b><i>of clinical studies facilitating interoperability with other existing electronic tools, and tools under development, and providing the adequate support to Members States' competent authorities;</i></b></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
79 continued	Article 18 – paragraph 1 – point b	(b) coordinate independent <b>vaccine</b> effectiveness and safety monitoring studies using relevant data held by public authorities. Such coordination shall be conducted jointly with the European Centre for Disease Prevention and Control and notably through a new vaccine monitoring platform;	<b>Amendment 114</b>  (b) coordinate independent <b>utilisation</b> , effectiveness and safety monitoring studies <b>of medicinal products intended to treat, prevent or diagnose a disease</b> using relevant data held by public authorities; <b>for vaccines</b> , such coordination shall be conducted jointly with the European Centre for Disease Prevention and Control and notably through a new vaccine monitoring platform;	(b) coordinate independent vaccine effectiveness and safety monitoring studies using relevant data held by public authorities. Such coordination shall be conducted jointly with the European Centre for Disease Prevention and Control and notably through a new vaccine monitoring platform;	<b>(b) coordinate independent utilisation, effectiveness and safety monitoring studies of medicinal products intended to treat, prevent or diagnose a disease related to the public health emergency using relevant data, including where relevant data held by public authorities;</b>  <b>(ba) for vaccines, such the coordination referred in point (b) shall be conducted jointly with the European Centre for Disease Prevention and Control and notably through a new vaccine monitoring platform;</b>
	Article 18 – paragraph 1 – point c	(c) as part of its regulatory tasks, make use of digital infrastructures or tools, to facilitate the rapid access to or analysis of available electronic health data generated outside the scope of clinical studies, and the exchange of such data between Member States, the Agency, and other Union bodies;	<b>Amendment 115</b>  (c) as part of its regulatory tasks, make use of digital infrastructures or tools, to facilitate the rapid access to or analysis of available electronic health data generated outside the scope of <b>interventional</b> clinical studies, and the exchange of such data between Member States, the Agency, and other Union bodies;	(c) as part of its regulatory tasks, make use of digital infrastructures or tools, to facilitate the rapid access to or analysis of available electronic health data generated outside the scope of clinical studies, and the exchange of such data between Member States, the Agency, and other Union bodies;	<b>(c) as part of its regulatory tasks, make use of digital infrastructures or tools, to facilitate the rapid access to or analysis of available electronic health data generated outside the scope of clinical studies, and the exchange of such data between Member States, the Agency, and other Union bodies;</b>

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79 continued	Article 18 – paragraph 1 – point d	(d) provide access to the Emergency Task Force to external sources of electronic health data including, health data generated outside the scope of clinical studies, to which the Agency has access.		(d) provide access to the Emergency Task Force to external sources of electronic health data including, health data generated outside the scope of clinical studies, to which the Agency has access.	(d) provide access to the Emergency Task Force to external sources of electronic health data including, health data generated outside the scope of clinical studies, to which the Agency has access.
80		<b>Chapter IV</b>  <b>Monitoring and mitigating shortages of critical medical devices and support for expert panels</b>		<b>Chapter IV</b>  <b>Monitoring and mitigating shortages of critical medical devices and support for expert panels</b>	
81	Article 19  Article 19 – paragraph 1	<i>Article 19</i>  <i>The Executive Steering Group on Medical Devices</i>  1. The Executive Steering Group on Medical Devices (‘the Medical Devices Steering Group’) is hereby established as part of the Agency. It shall meet either in person or remotely, in preparation for or during a public health emergency. The Agency shall provide its secretariat.	<b>Amendment 116</b>  1. The Executive Steering Group on Medical Devices (‘the Medical Devices Steering Group’) is hereby established as part of the Agency. It shall meet <b>at regular intervals</b> either in person or remotely, <b>and whenever the situation requires</b> , in preparation for or during a public health emergency. The Agency shall provide its secretariat.	<i>Article 19</i>  <i>The Executive Steering Group on <u>Shortages of</u> Medical Devices</i>  1. The Executive Steering Group on <b><u>Shortages of</u></b> Medical Devices (‘the Medical Devices <b><u>Shortages</u></b> Steering Group’) is hereby established as part of the Agency. It shall meet either in person or remotely, in preparation for or during a public health emergency. The Agency shall provide its secretariat.	<b>Article 19</b>  <b><u>The Executive Steering Group on Shortages of Medical Devices</u></b>  1. The Executive Steering Group on <b><u>Shortages of</u></b> Medical Devices (‘the Medical Devices <b><u>Shortages</u></b> Steering Group’) is hereby established as part of the Agency. It shall meet <b>regularly and in addition whenever the situation requires</b> , either in person or remotely, in preparation for or during a public health emergency. The Agency shall provide its secretariat.



Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
81 continued	Article 19 – paragraph 2	2. The Medical Devices Steering Group shall be composed of a representative of the Agency, a representative of the Commission and one senior representative per Member State. Each Member State shall appoint their representative. Members may be accompanied by experts in specific scientific or technical fields.	<b>Amendment 117</b>  2. The Medical Devices Steering Group shall be composed of a representative of the Agency, a representative of the Commission and one <i>authorised</i> senior representative per Member State. Each Member State shall appoint their representative. Members may be accompanied by experts in specific scientific or technical fields. <i>The Medical Devices Steering Group shall also include a representative of the PCWP and a representative of the HCPWP as observers. The list of members of the Medical Devices Steering Group shall be transparent and made public on the Agency’s web-portal.</i>	2. The Medical Devices <i>Shortages</i> Steering Group shall be composed of a representative of the Agency, a representative of the Commission and one <del>senior</del> representative per Member State. Each Member State shall appoint <del>their</del> <i>a</i> representative <i>with expertise in the field of medical devices and or in vitro diagnostic medical devices, as relevant. These representatives may be the same as the one appointed for MDCG where appropriate.</i> Members may be accompanied by experts in specific scientific or technical fields.	2. The Medical Devices <i>Shortages</i> Steering Group shall be composed of a representative of the Agency, a representative of the Commission and one <del>senior</del> <i>appointed</i> representative per Member State. Each Member State shall appoint <i>a</i> representative <i>with expertise in the field of medical devices or in vitro diagnostic medical devices, as relevant. These representatives may be the same as the one appointed for MDCG where appropriate.</i> Members may be accompanied by experts in specific scientific or technical fields. <i>Representatives of the PCWP and of the HCPWP may also attend the meetings of the Medical Devices Shortages Steering Group as observers. The list of members of the Medical Devices Shortages Steering Group shall be transparent and made public on the Agency’s web-portal.</i>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
81 continued	Article 19 – paragraph 3	3. The Medical Devices Steering Group shall be chaired by the Agency. The Chair <i>may</i> invite third parties, including representatives of medical device interest groups to attend its meetings.	<b>Amendment 118</b>  3. The Medical Devices Steering Group shall be chaired by the Agency. <i>Any member of the Medical Devices Steering Group may propose to</i> the Chair <i>to</i> invite third parties, including representatives of medical device interest groups, <i>such as representatives of manufacturers and notified bodies or any other actor in the medical devices supply chain, as well as representatives of healthcare professionals, patients and consumers</i> to attend its meetings <i>when their contribution may inform the discussions of the Medical Devices Steering Group</i> .	3. The Medical Devices <u>Shortages</u> Steering Group shall be <u>Co</u> -chaired by the Agency- <u>and by a representative of a Member State elected by and amongst its members.</u> The <del>Chair</del> <u>Co-Chairs</u> may invite third parties, including representatives of medical device interest groups, <u>such as representatives from the industry or from notified bodies,</u> to attend its meetings.	3. The Medical Devices <u>Shortages</u> Steering Group shall be <u>co</u> -chaired by the Agency <u>and by a representative of a Member State elected by and amongst its members.</u> The <u>co</u> -chairs may, <u>on their own initiative or following a request from one or more members,</u> invite, <u>as observers</u> and to provide expert advice third parties including representatives of medical device interest groups, <u>such as representatives of manufacturers and notified bodies or any other actor in the medical devices supply chain, as well as representatives of healthcare professionals, patients and consumers</u> to attend its meetings <u>as necessary.</u>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
81 continued	<p>Article 19 – paragraph 4</p> <p>Article 19 – paragraph 5</p> <p>Article 19 – paragraph 6</p>	<p>4. The Medical Devices Steering Group shall establish its rules of procedure including procedures relating to the working party referred to in paragraph 5, and on the adoption of lists, sets of information and recommendations. The rules of procedures shall enter into force after receiving a favourable opinion from the Commission and the Management Board of the Agency.</p> <p>5. The Medical Devices Steering Group shall be supported in its work by a working party comprised of single points of contact from national competent authorities for medical devices established in accordance with Article 23(1).</p> <p>6. The Medical Devices Steering Group shall be responsible for fulfilling the tasks referred to in Articles 20, 21, and 22.</p>		<p>4. The Medical Devices <u>Shortages</u> Steering Group shall establish its rules of procedure including procedures relating to the working party referred to in paragraph 5, and on the adoption of lists, sets of information and recommendations. The rules of procedures shall enter into force after receiving a favourable opinion from the Commission and the Management Board of the Agency.</p> <p>5. The Medical Devices <u>Shortages</u> Steering Group shall be supported in its work by a working party comprised of single points of contact from national competent authorities <del>for</del> <u>responsible for shortage monitoring and management for medical devices and in vitro diagnostic</u> medical devices established in accordance with Article 23(1).</p> <p>6. The Medical Devices <u>Shortages</u> Steering Group shall be responsible for fulfilling the tasks referred to in Articles 20, 21, and 22.</p>	<p>4. The Medical Devices <u>Shortages</u> Steering Group shall establish its rules of procedure including procedures relating to the working party referred to in paragraph 5, and on the adoption of lists, sets of information and recommendations. The rules of procedures shall enter into force after receiving a favourable opinion from the Commission and the Management Board of the Agency.</p> <p>5. The Medical Devices <u>Shortages</u> Steering Group shall be supported in its work by a working party comprised of single points of contact from national competent authorities <del>for</del> <u>responsible for shortage monitoring and management of medical devices and in vitro diagnostic</u> medical devices established in accordance with Article 23(1).</p> <p>6. The Medical Devices <u>Shortages</u> Steering Group shall be responsible for fulfilling the tasks referred to in Articles 20, 21, and 22.</p>

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81 continued	Article 19 – paragraph 6 a (new)		<b>Amendment 119</b>  <i>6a. Members of the Medical Devices Steering Group shall not have financial or other interests in the medical devices industry that could affect their impartiality. They shall act in the public interest and in an independent manner and make an annual declaration of their financial interests and update it whenever a relevant change occurs. All indirect interests which could relate to the medical devices industry shall be entered in a register held by the Agency and be accessible to the public, upon request. The declaration of interests shall be made publicly available on the Agency's web-portal.</i>		

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
82	Article 20  Article 20 – paragraph 2	<p><i>Article 20</i></p> <p><i>List of critical medical devices and information to be provided</i></p> <p>1. Immediately following the recognition of a public health emergency and after consultation of its working party, the Medical Devices Steering Group shall adopt a list of medical devices which it considers as critical during the public health emergency ('the public health emergency critical devices list'). The list shall be updated whenever necessary until the termination of the recognition of the public health emergency.</p>		<p><i>Article 20</i></p> <p><i>List of critical medical devices and information to be provided</i></p> <p>1. Immediately following the recognition of a public health emergency and after consultation of its working party, the Medical Devices <b><u>Shortages</u></b> Steering Group shall adopt a list of <b><u>categories of essential medical devices and in vitro diagnostic</u></b> medical devices which it considers as critical during the public health emergency ('the public health emergency critical devices list'). <b><u>To the extent possible, relevant information on medical devices and in vitro diagnostics medical devices and related manufacturers shall be gathered from EUDAMED, when fully functional, and also, as appropriate, from importers and distributors. Until then, available information may be gathered also from national databases or other available sources.</u></b> The list shall be updated whenever necessary until the termination of the recognition of the public health emergency.</p>	<p>1. Immediately following the recognition of a public health emergency and after consultation of its working party, the Medical Devices <b><u>Shortages</u></b> Steering Group shall adopt a list of <b><u>categories of critical medical devices and in vitro diagnostic</u></b> medical devices which it considers as critical during the public health emergency ('the public health emergency critical devices list'). <b><u>To the extent possible, relevant information on medical devices and in vitro diagnostics medical devices and related manufacturers shall be gathered from EUDAMED, when fully functional..</u></b> The information shall also be gathered from importers and distributors, as appropriate. <b><u>and also, as appropriate, from importers and distributors. Until EUDAMED is fully functional then, available information may be gathered also from national databases or other available sources.</u></b> The list shall be updated whenever necessary until the termination of the recognition of the public health emergency.</p>



Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
83	Article 21  Article 21 – paragraph 1	<p><i>Article 21</i></p> <p><i>Monitoring shortages of medical devices on the public health emergency critical devices list</i></p> <p>1. On the basis of the public health emergency critical devices list and the information and data provided in accordance with Articles 24 and 25, the Medical Devices Steering Group shall monitor supply and demand of medical devices included on that list with a view to identifying any potential or actual shortages of those medical devices. As part of that monitoring, the Medical Devices Steering Group shall liaise, where relevant, with the Health Security Committee established in Article 4 of Regulation (EU) 2020/[...] and the Advisory Committee on public health emergencies established pursuant to Article 24 of that Regulation.</p>		<p><i>Article 21</i></p> <p><i>Monitoring shortages of medical devices on the public health emergency critical devices list</i></p> <p>1. <del>On</del><u>During</u> the basis <del>recognition</del> of the <del>a</del> public health emergency, <u>and on the basis of the critical medical devices and in vitro diagnostic medical</u> devices list and the information and data provided in accordance with Articles 24 and 25, the Medical Devices <u>Shortages</u> Steering Group shall monitor supply and demand of <u>medical devices and in vitro diagnostic</u> medical devices included on that list with a view to identifying any potential or actual shortages of those medical devices. As part of that monitoring, the Medical Devices <u>Shortages</u> Steering Group shall liaise, where relevant, with <u>the MDCG</u> the Health Security Committee established in Article 4 of Regulation (EU) 2020/[...] and the Advisory Committee on public health emergencies established pursuant to Article 24 of that Regulation.</p>	<p>1. <del>On</del><u>During</u> the basis <del>recognition</del> of the <del>a</del> public health emergency, <u>and on the basis of the critical medical devices and in vitro diagnostic medical</u> devices list and the information and data provided in accordance with Articles 24 and 25, the Medical Devices <u>Shortages</u> Steering Group shall monitor supply and demand of <u>medical devices and in vitro diagnostic</u> medical devices included on that list with a view to identifying any potential or actual shortages of those medical devices. As part of that monitoring, the Medical Devices <u>Shortages</u> Steering Group shall liaise, where relevant, with <u>the MDCG</u> the Health Security Committee established in Article 4 of Regulation (EU) 2020/[...] and the Advisory Committee on public health emergencies established pursuant to Article 24 of that Regulation.</p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
83 continued	Article 21 – paragraph 2	2. As part of the monitoring, the Medical Devices Steering Group may also make use of data from device registries and databanks where such data is available to the Agency. In so doing, the Medical Devices Steering Group shall take into account the data generated pursuant to Article 108 of Regulation (EU) 2017/745 and Article 101 of Regulation (EU) 2017/746.		2. As part of the monitoring, the Medical Devices <u>Shortages</u> Steering Group may also make use of data from device registries and databanks where such data is available to the Agency. In so doing, the Medical Devices <u>Shortages</u> Steering Group shall <u>may</u> take into account the data generated pursuant to Article 108 of Regulation (EU) 2017/745 and Article 101 of Regulation (EU) 2017/746.	2. As part of the monitoring, the Medical Devices <u>Shortages</u> Steering Group may also make use of data from device registries and databanks where such data is available to the Agency. In so doing, the Medical Devices <u>Shortages</u> Steering Group shall <u>may</u> take into account the data generated pursuant to Article 108 of Regulation (EU) 2017/745 and Article 101 of Regulation (EU) 2017/746.
84	Article 22  Article 22 – paragraph 1	<i>Article 22</i>  <i>Reporting and recommendations on shortages of medical devices</i>  1. For the duration of the public health emergency, the Medical Devices Steering Group shall regularly report the results of its monitoring to the Commission and the sub-network referred to in Article 23(1)(b), and, in particular, signal any potential or actual shortages of medical devices included on the public health emergency critical devices list.	<b>Amendment 123</b>  1. For the duration of the public health emergency, the Medical Devices Steering Group shall regularly report the results of its monitoring to the Commission and the sub-network referred to in Article 23(2)(a), and, in particular, signal any potential or actual shortages of medical devices included on the public health emergency critical devices list.	<i>Article 22</i>  <i>Reporting and recommendations on shortages of medical devices</i>  1. For the duration of the public health emergency, the Medical Devices <u>Shortages</u> Steering Group shall regularly report the results of its monitoring to the Commission and the sub-network referred to in Article 23(1)(b2)(a), and, in particular, signal any potential or actual shortages of <u>medical devices and in vitro diagnostic</u> medical devices included on the public health emergency critical devices list.	1. For the duration of the public health emergency, the Medical Devices <u>Shortages</u> Steering Group shall regularly report the results of its monitoring to the Commission and the sub-network referred to in Article 23(1)(b2)(a), and, in particular, signal any potential or actual shortages of <u>medical devices and in vitro diagnostic</u> medical devices included on the public health emergency critical devices list.



Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
84 continued	Article 22 – paragraph 2	<p>2. Where requested by the Commission or the sub-network referred to in Article 23(2)(b), the Medical Devices Steering Group shall provide aggregated data and forecasts of demand to support its findings. In that regard, the Steering Group shall liaise with the European Centre for Disease Prevention and Control to obtain epidemiological data to help forecast medical device needs, and with the Medicines Steering Group referred to in Article 3 where medical devices included on the public health emergency critical devices list are used to jointly with a medicinal product.</p>	<p><b>Amendment 124</b></p> <p>2. Where requested by the Commission, <b><i>one or more national competent authorities</i></b>, or the sub-network referred to in Article 23(2)(a), the Medical Devices Steering Group shall provide aggregated data and forecasts of demand to support its findings. In that regard, the Steering Group shall liaise with the European Centre for Disease Prevention and Control to obtain epidemiological data to help forecast medical device needs, and with the Medicines Steering Group referred to in Article 3 where medical devices included on the public health emergency critical devices list are used to jointly with a medicinal product. <b><i>The Medical Devices Steering Group shall also share its findings and conclusions with Union and national actors engaged with stockpiling of medicinal products and medical devices.</i></b></p>	<p>2. Where requested by the Commission or the sub-network referred to in Article 23(2)(b), the <del>Medical Devices Steering Group</del> <b><i>Shortages</i></b> shall provide aggregated data and forecasts of demand to support its findings. In that regard, the Steering Group shall liaise with the European Centre for Disease Prevention and Control to obtain epidemiological data to help forecast medical device needs, and with the Medicines <b><i>Shortages</i></b> Steering Group referred to in Article 3 where medical devices <b><i>and in vitro diagnostic medical devices</i></b> included on the public health emergency critical devices list are used to jointly with a medicinal product.</p>	<p>2. Where requested by the Commission, <i>Member States</i> or the sub-network referred to in Article 23(2)(a), the Medical Devices <b><i>Shortages</i></b> Steering Group shall provide aggregated data and forecasts of demand to support its findings. In that regard, the Medical Devices <b><i>Shortages</i></b> Steering Group shall liaise with the European Centre for Disease Prevention and Control to obtain epidemiological data to help forecast medical device needs, and with the Medicines <b><i>Shortages</i></b> Steering Group referred to in Article 3 where medical devices <b><i>and in vitro diagnostic medical devices</i></b> included on the public health emergency critical devices list are used to jointly with a medicinal product. <b><i>The findings and conclusions of the Medical Devices Shortages Steering Group may also be made available to other actors in the medical device and in vitro medical device sectors, where relevant, and in accordance with relevant competition rules.</i></b></p>



Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
84 continued	Article 22 – paragraph 5  Article 22 – paragraph 5 a (new)	5. The Medical Devices Steering Group may, upon request from the Commission coordinate measures, where relevant, between the national competent authorities, manufacturers of medical devices, notified bodies, and other entities to prevent or mitigate potential or actual shortages in the context of a public health emergency.	<b>Amendment 125</b>  <i>5a. Where the recommendations referred to in paragraphs 3 and 4 are not taken into account or are not implemented, the Commission, Member States, medical device manufacturers and notified bodies shall provide, where appropriate, a substantiated justification.</i>	5. The Medical Devices <u>Shortages</u> Steering Group may, upon request from the Commission coordinate measures, where relevant, between the national competent authorities, manufacturers of medical devices, notified bodies, and other entities to prevent or mitigate potential or actual shortages in the context of a public health emergency.	5. <u>Where relevant</u> , the Medical Devices <u>Shortages</u> Steering Group may, upon request from the Commission coordinate measures [...] between the national competent authorities, manufacturers of medical devices, notified bodies, and other entities to prevent or mitigate potential or actual shortages in the context of a public health emergency.
85	Article 23  Article 23 – paragraph 1	<i>Article 23</i>  <i>Working methods and provision of information on medical devices</i>  1. In order to prepare for fulfilling the tasks referred to in Articles 20, 21, and 22, the Agency shall:		<i>Article 23</i>  <i>Working methods and provision of information on medical devices</i>  1. In order to prepare for fulfilling the tasks referred to in Articles 20, 21, and 22, the Agency <u>in liaison with MDCG, as appropriate</u> , shall:	1. In order to prepare for fulfilling the tasks referred to in Articles 20, 21, and 22, the Agency shall:

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85 continued	<p>Article 23 – paragraph 1 – point a</p> <p>Article 23 – paragraph 1 – point b</p> <p>Article 23 – paragraph 1 – point c</p>	<p>(a) specify the procedures for establishing the public health emergency critical devices list;</p> <p>(b) develop streamlined electronic monitoring and reporting systems;</p> <p>(c) establish and maintain membership of the working party referred to in Article 19(5) comprised of single points of contact from Member States' national competent authorities for medical devices;</p>	<p><b>Amendment 126</b></p> <p>(a) specify the procedures <b><i>and criteria</i></b> for establishing <b><i>and reviewing</i></b> the public health emergency critical devices list, <b><i>ensuring adequate consultation with manufacturers and other relevant actors in the medical devices supply chain as well as with healthcare professionals, consumers and patients;</i></b></p> <p><b>Amendment 127</b></p> <p>(b) develop streamlined electronic monitoring and reporting systems <b><i>in coordination with the national competent authorities;</i></b></p>	<p>(a) specify the procedures for establishing the public health emergency critical devices list;</p> <p>(b) develop streamlined electronic monitoring and reporting systems, <b><i>facilitating interoperability with existing electronic tools, namely EUDAMED and providing the adequate support to Members States' competent authorities for monitoring and reporting;</i></b></p> <p>(c) establish and maintain membership of the working party referred to in Article 19(5) comprised of single points of contact from Member States' national competent authorities <del>for medical devices;</del></p>	<p>(a) specify the procedures <b><i>and criteria</i></b> for establishing <b><i>and reviewing</i></b> the [...] critical devices lists. <b><i>MDCG, healthcare professionals, patients, consumers, manufactures and other relevant actors in the medical and in vitro medical device sectors supply chain may be consulted as necessary.</i></b></p> <p>(b) develop streamlined electronic monitoring and reporting systems, <b><i>in coordination with the national competent authorities, facilitate interoperability with existing electronic tools, namely EUDAMED and provide the adequate support to Members States' competent authorities for monitoring and reporting</i></b></p> <p>(c) establish and maintain membership of the working party referred to in Article 19(5) comprised of single points of contact from Member States' national competent authorities <b><i>responsible for shortage monitoring and management of medical devices and in vitro diagnostic medical devices for medical devices.</i></b></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
85 continued	<p>Article 23 – paragraph 1 – point d</p> <p>Article 23 – paragraph 1 – point e</p> <p>Article 23 – paragraph 2</p>	<p><i>(d) establish and maintain a list of single points of contact from medical device manufacturers, authorised representatives and notified bodies;</i></p> <p>(e) specify the methods for the provision of recommendations and coordination of measures provided for in Article 22.</p> <p>2. Following the recognition of a public health emergency the Agency shall:</p>	<p><b>Amendment 128</b></p> <p><i>deleted</i></p>	<p>(d) establish and maintain a list of single points of contact from medical device manufacturers, authorised representatives and notified bodies <u>and, if appropriate, importers.</u></p> <p>(e) specify the methods for the provision of recommendations and coordination of measures provided for in Article 22.</p> <p>2. Following the recognition of a public health emergency the Agency shall:</p>	<p>(d) establish and maintain a list of single points of contact from medical device manufacturers, authorised representatives, importers, if appropriate, and notified bodies, through EU or national databases, including Eudamed, or stakeholder associations representing the medical societies.</p> <p><i>RECITAL: Additional recital ∅ In order to ensure the completeness of information and data obtained by the Agency and considering the specific characteristics of the medical device sector, the points of contact for monitoring the shortage of medical devices may be composed by stakeholder associations representing the medical societies at EU or national level with an interest in medical devices and in vitro medical devices, including national public and private hospital and healthcare associations and hospital, health and social care services owners, pharmacies and other relevant non-governmental organisations in the field of health.</i></p>



Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
85 continued	<p>Article 23 – paragraph 2 – point c</p> <p>Article 23 – paragraph 2 – point ca (new)</p> <p>Article 23 – paragraph 3</p> <p>Article 23 – paragraph 3 – point a</p> <p>Article 23 – paragraph 3 – point b</p>	<p>(c) request information from the single points of contact from Member States’ national competent authorities based on the set of information agreed on by the Medical Devices Steering Group and set a deadline for its submission.</p> <p>3. The information referred to in point (b) of paragraph 2 shall include at least:</p> <p>(a) the name of the manufacturer and, if applicable, the name of the authorised representative;</p> <p>(b) identification of the medical device and the intended purpose;</p>		<p>(c) request <u>relevant</u> information from the single points of contact from Member States’ national competent authorities based on the set of information agreed on by the Medical Devices <u>Shortages</u> Steering Group and set a deadline for its submission.</p> <p><u>(ca) other sources, including existing databases and databases in development, may also be used to gather part of the information required under paragraph 3.</u></p> <p>3. The information referred to in point (b) of paragraph 2 shall include at least:</p> <p>(a) the name of the manufacturer and, if applicable, the name of the authorised representative;</p> <p>(b) identification of the medical device and the intended purpose <u>and if applicable specific characteristics;</u></p>	<p>(c) request <u>relevant</u> information from the single points of contact from Member States’ national competent authorities based on the set of information agreed on by the Medical Devices <u>Shortages</u> Steering Group and set a deadline for its submission</p> <p><u>(ca) other sources, including existing databases and databases in development, may also be used to gather part of the information required under paragraph 3.</u></p> <p>(b) identification of the medical device <u>and in vitro diagnostic medical device</u> and the intended purpose and where necessary, <u>specific characteristics;</u></p>

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85 continued	<p>Article 23 – paragraph 3 – point c</p> <p>Article 23 – paragraph 3 – point d</p> <p>Article 23 – paragraph 3 – point e</p> <p>Article 23 – paragraph 3 – point ea (new)</p> <p>Article 23 – paragraph 3 – point eb (new)</p> <p>Article 23 – paragraph 3 – point ec (new)</p> <p>Article 23 – paragraph 3 – point f</p>	<p>(c) if applicable, the name and number of the notified body and information on the relevant certificate or certificates;</p> <p>(d) details of the potential or actual shortage such as actual or estimated start and end dates, and the known or suspected cause;</p> <p>(e) sales and market share data;</p> <p>(f) mitigation plans including production and supply capacity;</p>	<p><b>Amendment 130</b></p> <p><i>(ea) available stocks;</i></p> <p><b>Amendment 131</b></p> <p><i>(eb) quantities already delivered;</i></p> <p><b>Amendment 132</b></p> <p><i>(ec) projected deliveries;</i></p> <p><b>Amendment 133</b></p> <p><i>(f) prevention and mitigation plans including information on production and supply capacity with a view to guarantee continued supply and prevent shortages of medical devices included on the public health emergency critical devices list.</i></p>	<p>(c) if applicable, the name and number of the notified body and information on the relevant certificate or certificates;</p> <p>(d) details of the potential or actual shortage such as actual or estimated start and end dates, and the known or suspected cause;</p> <p>(e) sales and market share data;</p> <p>(f) mitigation plans including production and supply capacity;</p>	<p><i>(ea) available stocks</i></p> <p><i>(eb) quantities already delivered</i></p> <p><i>(ec) projected deliveries</i></p> <p><i>(f) prevention and mitigation plans at least including information on production and supply capacity;</i></p>





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85 continued	Article 23 – paragraph 3 – point i	(i) where conformity assessments are on-going, the status of the conformity assessment by the concerned notified bodies in relation to medical devices included in the public health emergency critical devices list and possible issues which need to be resolved in order to complete the conformity assessment process.		(i) where conformity assessments are on-going, the status of the conformity assessment by the concerned notified bodies in relation to medical devices <u>and in vitro diagnostic medical devices</u> included in the public health emergency critical devices list and possible <u>critical</u> issues <u>that have impact and</u> which need to be <del>resolved</del> <u>considered</u> in order to complete the conformity assessment process.	(i) where conformity assessments are on-going, the status of the conformity assessment by the concerned notified bodies in relation to medical devices and <u>in vitro diagnostic medical devices</u> included in the public health emergency critical devices list and possible <u>critical</u> issues <u>that have impact and</u> which need to be <del>resolved</del> <u>considered</u> in order to complete the conformity assessment process.
86	Article 24	<i>Article 24</i> <i>Obligations on medical device manufacturers, authorised representatives, and notified bodies</i>		<i>Article 24</i> <i>Obligations on medical device manufacturers, authorised representatives, <u>importers, distributors</u> and notified bodies</i>	<i>Obligations on medical device manufacturers, authorised representatives, <u>importers, distributors</u> and notified bodies</i>





Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
86 continued	<p>Article 24 – paragraph 5</p> <p>Article 24 – paragraph 5 – point a</p> <p>Article 24 – paragraph 5 – point b</p> <p>Article 24 – paragraph 5 – point c</p> <p>Article 24 – paragraph 5 – point d</p>	<p>5. Following the reporting on the results of the monitoring and any recommendations on preventive or mitigating measures in accordance with Article 22, manufacturers of medical devices included on the public health emergency critical devices list and concerned notified bodies shall:</p> <p>(a) provide any comments they have to the Agency;</p> <p>(b)</p> <p>(c) take into account any recommendations and guidelines and comply with any measures taken at Union and Member State-level pursuant to Articles 25 and 26;</p> <p>(d) inform the Medical Devices Steering Group of any measures taken and report on the results, including information on the resolution of the potential or actual shortage.</p>		<p>5. Following the reporting on the results of the monitoring and any recommendations on preventive or mitigating measures in accordance with Article 22, manufacturers <del>of</del> <u>for their authorised representatives and, if appropriate, importers and distributors of medical devices and in vitro diagnostic</u> medical devices included on the public health emergency critical devices list and concerned notified bodies shall:</p> <p>(a) provide any comments they have to the Agency;</p> <p>(b) —</p> <p>(<del>b</del>) take into account any recommendations and guidelines and comply with any measures taken at Union and Member State-level pursuant to Articles 25 and 26;</p> <p>(<del>d</del><u>c</u>) inform the Medical Devices <u>Shortages</u> Steering Group of any measures taken and report on the results, including information on the resolution of the potential or actual shortage.</p>	<p>5. Following the reporting on the results of the monitoring and any recommendations on preventive or mitigating measures in accordance with Article 22, manufacturers <del>of</del> <u>for their authorised representatives and, if appropriate, importers and distributors of medical devices and in vitro diagnostic</u> medical devices included on the public health emergency critical devices list and concerned notified bodies shall:</p> <p>(<del>d</del><u>c</u>) inform the Medical Devices <u>Shortages</u> Steering Group of any measures taken and report on the results, including information on the resolution of the potential or actual shortage.</p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
86 continued	Article 24 – paragraph 6	6. Where manufacturers of medical devices included on the public health emergency critical devices list are established outside the Union and are unable to provide the information required, in accordance with this Article, it shall be provided by the authorised representatives.		6. Where manufacturers of medical devices <u>and in vitro diagnostic medical devices</u> included on the public health emergency critical devices list are established outside the Union <del>and are unable to provide</del> , the information required, in accordance with this Article, it shall be provided by the authorised representatives <del>-, or, if appropriate, importers and distributors.</del>	6. Where manufacturers of medical devices <u>and in vitro diagnostic medical devices</u> included on the public health emergency critical devices list are established outside the Union <del>and are unable to provide</del> , the information required, in accordance with this Article, it shall be provided by the authorised representatives <del>-, or, if appropriate, importers and distributors.</del>
87	Article 25  Article 25 – paragraph 1	<i>Article 25</i>  <i>Obligations on Member States in the monitoring and mitigation of shortages of medical devices</i>  1. In order to facilitate the monitoring referred to in Article 21 and following a request from the Agency, Member States shall, by the deadline set by the Agency:		<i>Article 25</i>  <del><i>Obligations on</i></del> <u><i>Role of Member States in the monitoring and mitigation of shortages of medical devices</i></u>  1. In order to facilitate the monitoring referred to in Article 21 and following a request from the Agency, Member States shall, by the deadline set by the Agency:	<i>Article 25</i>  <del><i>Obligations on</i></del> <u><i>Role of Member States in the monitoring and mitigation of shortages of medical devices</i></u>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
87 continued	<p>Article 25 – paragraph 1 – point a</p> <p>Article 25 – paragraph 1 – point b</p> <p>Article 25 – paragraph 1 – point c</p>	<p>(a) submit the set of information requested by the Agency, including information about needs related to the medical devices included in the public health emergency critical devices list, and available and estimated data on the volume of demand, through its designated point of contact and using the reporting methods and system established pursuant to Article 23(1);</p> <p>(b) indicate the existence of any commercially confidential information, and, clarify the reasons for such an indication;</p> <p>(c) indicate the absence of any requested information, and any delays in providing requested information by the deadline set by the Agency.</p>		<p>(a) submit the set of information requested by the Agency, including <i>available</i> information about needs related to the medical devices <i>and in vitro diagnostic medical devices</i> included in the public health emergency critical devices list, and available <i>and</i> estimated data on the volume of demand, through its designated point of contact and using the reporting methods and system established pursuant to Article 23(1);</p> <p>(b) indicate the existence of any commercially confidential information, and, clarify the reasons for such an indication; <i>in accordance with Article 24 (3);</i></p> <p>(c) indicate the absence of any requested information, and any delays in providing requested information by the deadline set by the Agency.</p>	<p>(a) submit the set of information requested by the Agency, including <i>available</i> information about needs related to the medical devices <i>and in vitro diagnostic medical devices</i> included in the public health emergency critical devices list, and available <i>and</i> estimated data on the volume of demand, through its designated point of contact and using the reporting methods and system established pursuant to Article 23(1);</p> <p>(b) indicate the existence of any commercially confidential information, and, clarify the reasons for such an indication; <i>, in accordance with Article 24 (3);</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
87 continued	Article 25 – paragraph 2  Article 25 – paragraph 3  Article 25 – paragraph 4	<p>2. Where necessary to fulfil their reporting obligations set out in paragraph 1, Member States shall gather information from manufacturers, importers, distributors and notified bodies on medical devices included on the public health emergency critical devices list.</p> <p>3. Where Member States are in possession of any additional information, which provides evidence of a potential or actual shortage, they shall immediately provide such information to the Medical Devices Steering Group through their designated points of contact.</p> <p>4. Following the reporting on the results of the monitoring and any recommendations on preventive or mitigating measures in accordance with Article 22, Member States shall:</p>	<p><b>Amendment 134</b></p> <p>2. Where necessary to fulfil their reporting obligations set out in paragraph 1, Member States shall gather information from manufacturers, importers, distributors, <i>healthcare professionals</i> and notified bodies on medical devices included on the public health emergency critical devices list.</p>	<p>2. Where necessary to fulfil their reporting obligations set out in paragraph 1, Member States shall gather information from manufacturers, importers, distributors and notified bodies on medical devices <i>and in vitro diagnostic medical devices</i> included on the public health emergency critical devices list.</p> <p>3. Where Member States are in possession of any additional information, which provides evidence of a potential or actual shortage, they shall immediately provide such information to the Medical Devices <i>Shortages</i> Steering Group through their designated points of contact.</p> <p>4. Following the reporting on the results of the monitoring and any recommendations on preventive or mitigating measures in accordance with Article 22, Member States shall:</p>	<p>2. Where necessary to fulfil their reporting obligations set out in paragraph 1, Member States shall gather information from manufacturers <i>and their authorised representatives, healthcare providers</i>, importers, distributors, <i>as applicable</i>, and notified bodies on medical devices <i>and in vitro diagnostic medical devices</i> included on the public health emergency critical devices list.</p> <p>3. Where Member States are in possession of any additional information, which provides evidence of a potential or actual shortage, they shall immediately provide such information to the Medical Devices <i>Shortages</i> Steering Group through their designated points of contact.</p>



Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
87 continued	Article 25 – paragraph 4 – point a  Article 25 – paragraph 4 – point b	(b) consider the need to provide for temporary exemptions at Member State level pursuant to Article 59(1) of Regulation (EU) 2017/745 or Article 54(1) of Regulation (EU) 2017/746 with a view to mitigating potential or actual shortages of medical devices included on the public health emergency critical devices list;  (c) take into account any recommendations and guidelines and comply with any measures taken at Union-level pursuant to Article 26;	<b>Amendment 135</b>  (a) consider the need to provide for temporary exemptions at Member State level pursuant to Article 59(1) of Regulation (EU) 2017/745 or Article 54(1) of Regulation (EU) 2017/746 with a view to mitigating potential or actual shortages of medical devices included on the public health emergency critical devices list, <i>while at the same time ensuring a high level of patient and product safety</i> ;	(ba) consider the need to provide for temporary exemptions at Member State level pursuant to Article 59(1) of Regulation (EU) 2017/745 or Article 54(1) of Regulation (EU) 2017/746 with a view to mitigating potential or actual shortages of medical devices <u>and in vitro diagnostic medical devices</u> included on the public health emergency critical devices list;  (e) <del>take into account</del> (b) <u>consider</u> any recommendations and guidelines and <del>comply with any</del> measures taken at Union-level pursuant to Article 26 (a);	(ba) consider the need to provide for temporary exemptions at Member State level pursuant to Article 59(1) of Regulation (EU) 2017/745 or Article 54(1) of Regulation (EU) 2017/746 with a view to mitigating potential or actual shortages of medical devices <u>and in vitro diagnostic medical devices</u> included on the public health emergency critical devices list; <i>while at the same time seeking to ensure a high level of patient and product safety</i> ;  (e) <del>take into account</del> (b) <u>consider</u> any recommendations and guidelines and <del>comply with any</del> measures taken at Union-level pursuant to Article 26 (a);

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87 continued	Article 25 – paragraph 4 – point c	(d) inform the Medical Devices Steering Group of any measures taken and report on the results of those measures, including information on the resolution of the potential or actual shortage.		( <del>dc</del> ) inform the Medical Devices <b>Shortages</b> Steering Group of any measures taken and report on the results of those measures, including information on the resolution of the potential or actual shortage.	( <del>dc</del> ) inform the Medical Devices <b>Shortages</b> Steering Group of any measures taken and report on the results of those measures, including information on the resolution of the potential or actual shortage. <i>Where an alternative course of action has been taken at national level, the Member States where such alternative occurred, shall share, in a timely manner, the reasons to the Medical Devices Shortages Steering Group. The recommendations, guidelines and measures taken at Union level pursuant to Article 26(a) and a summary report of the lessons learned, shall be made publicly available via the web-portal as referred to in Article 13.</i> ( <del>dc</del> ) inform the Medical Devices <b>Shortages</b> Steering Group of any measures taken and report on the results of those measures, including information on the resolution of the potential or actual shortage.

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
88	<p>Article 26</p> <p>Article 26 – paragraph 1</p> <p>Article 26 – paragraph 1 – point a</p>	<p><i>Article 26</i></p> <p><i>Role of the Commission in the monitoring and mitigation of shortages of medical devices</i></p> <p>The Commission shall take into account the information from and recommendations of the Medical Devices Steering Group and shall:</p> <p>(a) take all necessary action within the limits of the powers conferred on it, with a view to mitigating potential or actual shortages of medical devices included on the public health emergency critical devices list, including, where necessary, granting temporary exemptions at Union level pursuant to Article 59(3) of Regulation (EU) 2017/745 or Article 54(3) of Regulation (EU) 2017/746;</p>	<p><b>Amendment 136</b></p> <p>(a) take all necessary action within the limits of the powers conferred on it, with a view to mitigating potential or actual shortages of medical devices included on the public health emergency critical devices list, including, where necessary, granting temporary exemptions at Union level pursuant to Article 59(3) of Regulation (EU) 2017/745 or Article 54(3) of Regulation (EU) 2017/746 <b>while at the same time ensuring both patient and product safety;</b></p>	<p><i>Article 26</i></p> <p><del>Role</del><b>Obligations</b> of the Commission in the monitoring and mitigation of shortages of medical devices</p> <p>The Commission shall take into account the information from and recommendations of the Medical Devices <b>Shortages</b> Steering Group and shall:</p> <p>(a) take all necessary action within the limits of the powers conferred on it, with a view to mitigating potential or actual shortages of medical devices <b>and in vitro diagnostic medical devices</b> included on the public health emergency critical devices list, including, where necessary, granting temporary exemptions at Union level pursuant to Article 59(3) of Regulation (EU) 2017/745 or Article 54(3) of Regulation (EU) 2017/746, <b>while respecting the conditions set in those articles;</b></p>	<p><b>Role of the Commission in the monitoring and mitigation of shortages of medicinal products</b></p> <p><b>The Commission shall take into account the information from and recommendations of the Medical Devices Shortages Steering Group and shall:</b></p> <p><b>(a) take all necessary action within the limits of the powers conferred on it, with a view to mitigating potential or actual shortages of medical devices and in vitro diagnostic medical devices included on the public health emergency critical devices list, including, where necessary, granting temporary exemptions at Union level pursuant to Article 59(3) of Regulation (EU) 2017/745 or Article 54(3) of Regulation (EU) 2017/746, while respecting the conditions set in those articles and at the same time seeking to ensure both patient and product safety;</b></p>

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88 continued	Article 26 – paragraph 1 – point b	(b) consider the need for guidelines addressed to Member States, medical device manufacturers, notified bodies and other entities;	<b>Amendment 137</b>  (b) consider the need for guidelines addressed to Member States, medical device manufacturers, notified bodies, <b>healthcare professionals</b> and other entities <b>where this is proportionate, justified and necessary</b> ;	(b) consider the need for guidelines addressed to Member States, medical device manufacturers, notified bodies and other entities;	(b) consider the need for guidelines <b>and recommendations</b> addressed to Member States, medical device manufacturers, notified bodies, and other entities, <b>where relevant</b> ;
	Article 26 – paragraph 1 – point c	(c) request the Medical Devices Steering Group to provide recommendations or coordinate measures pursuant to Article 22(3), (4) and (5);		(c) request the Medical Devices <b>Shortages</b> Steering Group to provide recommendations or coordinate measures pursuant to Article 22(3), (4) and (5);	(c) request the Medical Devices <b>Shortages</b> Steering Group to provide recommendations or coordinate measures pursuant to Article 22(3), (4) and (5);
	Article 26 – paragraph 1 – point d	(d) consider the need for medical countermeasures in accordance with Articles 12 and 25(b) of Regulation (EU) 2020/[...];		(d) consider the need for medical countermeasures in accordance with Articles 12 and 25(b) of Regulation (EU) 2020/[...];	

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88 continued	Article 26 – paragraph 1 – point e	(e) liaise with third countries and relevant international organisations, as appropriate, to mitigate potential or actual shortages of medical devices included on the critical devices list or their component parts, where those devices or parts are imported into the Union, and where such potential or actual shortages have international implications.	<b>Amendment 138</b>  (e) liaise with third countries and relevant international organisations, as appropriate, to mitigate potential or actual shortages of medical devices included on the critical devices list or their component parts, where those devices or parts are imported into the Union, and where such potential or actual shortages have international implications, <i>and report these actions as well as the results obtained to the Medical Devices Steering Group.</i>	(e) liaise with third countries and relevant international organisations, as appropriate, to mitigate potential or actual shortages of medical devices <u>and in vitro diagnostic medical devices</u> included on the critical devices list or their component parts, where those devices or parts are imported into the Union, and where such potential or actual shortages have international implications.	(e) liaise with third countries and relevant international organisations, as appropriate, to mitigate potential or actual shortages of medical devices <u>and in vitro diagnostic medical devices</u> included on the critical devices list or their component parts, where those devices or parts are imported into the Union, and where such potential or actual shortages have international implications, <i>and report these actions as well as the results obtained to the Medical Devices Shortages Steering Group, where relevant.</i>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
89	Article 27  Article 27 – paragraph 1          Article 27 – paragraph 1a (new)	<p><i>Article 27</i></p> <p><i>Communication on the Medical Devices Steering Group</i></p> <p>The Agency shall, via its web-portal and other appropriate means and, in conjunction with national competent authorities, inform the public and relevant interest groups with regard to the work of the Medical Devices Steering Group.</p>	<p><b>Amendment 139</b></p> <p>The Agency shall, via <i>a dedicated space in</i> its web-portal and other appropriate means and, in conjunction with national competent authorities, inform the public and relevant interest groups <i>in a timely manner</i> with regard to the work of the Medical Devices Steering Group <i>and respond to disinformation targeting the work of the Medical Devices Steering Group as appropriate.</i></p> <p><b>Amendment 140</b></p> <p><i>Proceedings undertaken by the Medical Devices Steering Group shall be transparent. The agenda and minutes of the Medical Devices Steering Group as well as the rules of procedure and recommendations and, where appropriate, votes shall be documented and made publicly available, including any dissensions.</i></p>	<p><i>Article 27</i></p> <p><i>Communication on the Medical Devices <u>Shortages</u> Steering Group</i></p> <p>The Agency shall, via its web-portal and other appropriate means and, in conjunction with national competent authorities, inform the public and relevant interest groups with regard to the work of the Medical Devices <u>Shortages</u> Steering Group.</p>	<p><i>Communication on the Medical Devices <u>Shortages</u> Steering Group</i></p> <p>The Agency shall, <i>via a dedicated space in</i> its web-portal and other appropriate means and, in conjunction with national competent authorities, inform the public and relevant interest groups <i>in a timely manner</i> with regard to the work of the Medical Devices <u>Shortages</u> Steering Group <i>and respond to disinformation targeting the work of the Medical Devices Shortages Steering Group as appropriate.</i></p> <p><i>Amendment 140 is linked to AM 99</i></p>

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90	Article 28	<p><i>Article 28</i></p> <p><i>Support for the expert panels on medical devices</i></p> <p>The Agency shall, on behalf of the Commission, <b>from 1 March 2022 onwards</b>, provide the secretariat of the expert panels designated in accordance with Implementing Decision (EU) 2019/1396 and provide the support necessary to ensure that those panels can efficiently perform their tasks as set out in Article 106(9) and (10) of Regulation (EU) 2017/745. The Agency shall:</p> <p>Article 28 – paragraph 1 – point a</p> <p>Article 28 – paragraph 1 – point b</p> <p>(a) provide administrative and technical support to the expert panels for the provision of scientific opinions, views and advice;</p> <p>(b) facilitate and manage remote and physical meetings of the expert panels;</p>	<p><b>Amendment 141</b></p> <p>The Agency shall, on behalf of the Commission, provide the secretariat of the expert panels designated in accordance with Implementing Decision (EU) 2019/1396 and provide the support necessary to ensure that those panels can efficiently perform their tasks as set out in Article 106(9) and (10) of Regulation (EU) 2017/745. The Agency shall:</p> <p><b>Amendment 142</b></p> <p>(a) provide administrative, <b>scientific</b> and technical support to the expert panels for the provision of scientific opinions, views and advice;</p>	<p><i>Article 28</i></p> <p><i>Support for the expert panels on medical devices</i></p> <p><b>1.</b> The Agency shall, on behalf of the Commission, from 1 March 2022 onwards, provide the secretariat of the expert panels designated in accordance with <del>Implementing Decision</del> <b>Article 106(1) of Regulation (EU) 2019/1396/2017/745</b> and provide the support necessary to ensure that those panels can efficiently perform their tasks as set out in Article 106(9) and (10) of Regulation (EU) 2017/745. The Agency shall:</p> <p>(a) provide administrative and technical support to the expert panels for the provision of scientific opinions, views and advice;</p> <p>(b) facilitate and manage remote and physical meetings of the expert panels;</p>	<p><i>Article 28</i></p> <p><i>Support for the expert panels on medical devices</i></p> <p>The Agency shall, on behalf of the Commission, <b>from 1 March 2022 onward</b>, provide the secretariat of the expert panels designated in accordance with <del>Implementing Decision</del> <b>Article 106(1) of Regulation (EU) 2019/1396/2017/745</b> and provide the support necessary to ensure that those panels can efficiently perform their tasks as set out in Article 106(9) and (10) of Regulation (EU) 2017/745. The Agency shall:</p> <p>(a) provide administrative and technical support to the expert panels for the provision of scientific opinions, views and advice;</p>

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90 continued	Article 28 – paragraph 1 – point c  Article 28 – paragraph 1 – point d	(c) ensure that the work of the expert panels is carried out in an independent manner in accordance with Article 106(3), second subparagraph of Regulation (EU) 2017/745 and establish systems and procedures to actively manage and prevent potential conflicts of interest in accordance with Article 106(3), third subparagraph and Article 107 of that Regulation;  (d) maintain and regularly update a web-page for the expert panels and make publicly available on the web-page all information necessary to ensure the transparency of the activities of the expert panels, including justifications of notified bodies where they did not follow the advice of the expert panels provided pursuant to Article 106(9) of Regulation (EU) 2017/745;		(c) ensure that the work of the expert panels is carried out in an independent manner in accordance with Article 106(3), second subparagraph <b><u>and Article 107</u></b> of Regulation (EU) 2017/745 and <del>establish</del> <b><u>with the</u></b> systems and procedures <b><u>established by the Commission</u></b> to actively manage and prevent potential conflicts of interest in accordance with Article 106(3), third subparagraph <del>and Article 107</del> of that Regulation;  (d) maintain and regularly update a web-page for the expert panels and make publicly available on the web-page all information necessary <b><u>not already publicly available in EUDAMED</u></b> to ensure the transparency of the activities of the expert panels, including justifications of notified bodies where they did not follow the advice of the expert panels provided pursuant to Article 106(9) of Regulation (EU) 2017/745;	(c) ensure that the work of the expert panels is carried out in an independent manner in accordance with Article 106(3), second subparagraph <b><u>and Article 107</u></b> of Regulation (EU) 2017/745 and <del>establish</del> <b><u>with the</u></b> systems and procedures <b><u>established by the Commission</u></b> to actively manage and prevent potential conflicts of interest in accordance with Article 106(3), third subparagraph <del>and Article 107</del> of that Regulation;  (d) maintain and regularly update a web-page for the expert panels and make publicly available on the web-page all information necessary <b><u>not already publicly available in EUDAMED</u></b> to ensure the transparency of the activities of the expert panels, including justifications of notified bodies where they did not follow the advice of the expert panels provided pursuant to Article 106(9) of Regulation (EU) 2017/745;



Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
90 continued	<p>Article 28 – paragraph 1 – point e</p> <p>Article 28 – paragraph 1 – point f</p> <p>Article 28 – paragraph 1 – point g</p> <p>Article 28 – paragraph 1 – point h</p>	<p>(e) publish the scientific opinions, views, and advice of the panels while ensuring confidentiality in accordance with Article 106(12) second subparagraph and Article 109 of Regulation (EU) 2017/745;</p> <p>(f) ensure that remuneration and expenses are provided to the experts in accordance with Article 11 of Implementing Decision (EU) 2019/1396;</p> <p>(g) monitor compliance with the panels' common rules of procedure and available guidelines and methodologies relevant to the functioning of the panels;</p> <p>(h) provide annual reports to the Commission on the work undertaken by the expert panels, including the number of opinions, views and advice delivered.</p>		<p>(e) publish, <u>on behalf of the Commission</u>, the scientific opinions, views, and advice of the panels while ensuring confidentiality in accordance with Article 106(12) second subparagraph and Article 109 of Regulation (EU) 2017/745;</p> <p>(f) ensure that remuneration and expenses are provided to the experts in accordance with <u>implementing acts adopted by the Commission pursuant to Article 11(1) of Implementing Decision Regulation (EU) 2019/1396</u> 2017/745;</p> <p>(g) monitor compliance with the panels' common rules of procedure and available guidelines and methodologies relevant to the functioning of the panels;</p> <p>(h) provide annual reports to the Commission <u>and the MDCG</u> on the work undertaken by the expert panels, including the number of opinions, views and advice delivered.</p>	<p>(e) publish the scientific opinions, views, and advice of the panels while ensuring confidentiality in accordance with Article 106(12) second subparagraph and Article 109 of Regulation (EU) 2017/745;</p> <p>(f) ensure that remuneration and expenses are provided to the experts in accordance with <u>implementing acts adopted by the Commission pursuant to Article 11(1) of Implementing Decision Regulation (EU) 2019/1396</u> 2017/745;</p> <p>(g) monitor compliance with the panels' common rules of procedure and available guidelines and methodologies relevant to the functioning of the panels;</p> <p>(h) provide annual reports to the Commission <u>and the MDCG</u> on the work undertaken by the expert panels, including the number of opinions, views and advice delivered.</p>

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90 continued	Article 28 – paragraph 2 (new)  Article 28 – paragraph 3 (new)			<p><u>2. In order to perform the Agency's tasks, as described under the previous paragraph, the Agency shall establish a collaborative strategy on the administrative and technical support of the work of the expert panels together with Commission and MDCG.</u></p> <p><u>3. The Agency should periodically, at least twice a year, consult the MDCG on the ongoing work of the expert panels in order to present a report of the tasks performed and to discuss and align the strategy defined in point 2.</u></p>	
91	Chapter V	Chapter V  Final Provisions		Chapter V  Final Provisions	
92	Article 29  Article 29 – paragraph 1	<p><i>Article 29</i></p> <p><i>Cooperation between Steering Groups</i></p> <p>1. The Agency shall ensure cooperation between the Medicines and Medical Devices Steering Groups in relation to measures to address major events and public health emergencies.</p>		<p><i>Article 29</i></p> <p><i>Cooperation between Steering Groups, <u>Emergency Task Force and the expert panels</u></i></p> <p>1. The Agency shall ensure cooperation between the Medicines and Medical Devices <u>Shortages</u> Steering Groups in relation to measures to address major events and public health emergencies.</p>	<p><i>Article 29</i></p> <p><u>Cooperation between Steering Groups, Emergency Task Force and the expert panels</u></p> <p>1. The Agency shall ensure cooperation between the Medicines and Medical Devices <u>Shortages</u> Steering Groups in relation to measures to address major events and public health emergencies.</p>

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92 continued	<p>Article 29 – paragraph 2</p> <p>Article 29 – paragraph 3</p> <p>Article 29 – paragraph 4 (new)</p>	<p>2. Members of the Medicines and Medical Devices Steering Groups and their working parties may attend each other's meetings and working parties and, where appropriate, cooperate on monitoring exercises, reporting and opinions.</p> <p>3. In agreement with the Chairs, joint meetings of the Medicines and Medical Devices Steering Groups may be held.</p>		<p>2. Members of the Medicines and Medical Devices <u>Shortages</u> Steering Groups and their working parties may attend each other's meetings and working parties and, where appropriate, cooperate on monitoring exercises, reporting and opinions.</p> <p>3. In agreement with the <u>(Co-)</u> Chairs, joint meetings of the Medicines and Medical Devices Steering Groups <u>Shortages Group</u> may be held.</p> <p>4. <u>Where relevant, the Agency shall ensure cooperation between the Emergency Task Force and the expert panels in relation to preparedness and management of public health crises.</u></p>	<p>2. Members of the Medicines and Medical Devices <u>Shortages</u> Steering Groups and their working parties may attend each other's meetings and working parties and, where appropriate, cooperate on monitoring exercises, reporting and opinions.</p> <p>3. In agreement with the <u>(Co-)</u> Chairs, joint meetings of the Medicines and Medical Devices Steering Groups <u>Shortages Group</u> may be held.</p> <p>4. <u>Where relevant, the Agency shall ensure cooperation between the Emergency Task Force and the expert panels in relation to preparedness and management of public health crises.</u></p>

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93	Article 29 a (new)		<p><b>Amendment 143</b></p> <p><i>Article 29a</i>  <i>Protection against cyber-attacks</i>  <i>The Agency shall be equipped with a high level of security controls and processes against cyber-attacks, cyber-espionage and other data breaches to ensure the protection of health data and the normal functioning of the Agency at all times, and especially during public health emergencies or major events at Union level. To that end, the Agency shall actively pursue and implement best cybersecurity practices within Union institutions, bodies, offices and agencies to prevent, detect, mitigate, and respond to cyber-attacks.</i></p>		<p><i>Article 29a</i>  <i>Protection against cyber-attacks</i></p> <p><i>The Agency shall be equipped with a high level of security controls and processes against cyber-attacks, cyber-espionage and other data breaches to ensure the protection of health data and the normal functioning of the Agency at all times, and especially during public health emergencies or major events at Union level. To that end, the Agency shall actively pursue and implement best cybersecurity practices within Union institutions, bodies, offices and agencies to prevent, detect, mitigate, and respond to cyber-attacks.</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
94	Article 29 b (new)		<p><b>Amendment 144</b></p> <p><i>Article 29b Penalties</i></p> <p><i>Member States shall lay down the rules on penalties applicable to infringements of the obligations established in Articles 10 and 24 and shall take all measures necessary to ensure that they are implemented. The penalties provided for, including financial, shall be effective, proportionate, and dissuasive. Member States shall by... [six months after the date of entry into force of this Regulation] notify the Commission of those rules and of those measures and shall notify it, without delay, of any subsequent amendment affecting them.</i></p>		<p><b>Article 29b Penalties</b></p> <p><i>Member States shall lay down the rules on penalties applicable to infringements of the obligations established in Articles 10 and 24 and shall take all measures necessary to ensure that they are implemented. The penalties provided for, including financial, shall be effective, proportionate, and dissuasive. Member States shall by... [six months after the date of entry into force of this Regulation] notify the Commission of those rules and of those measures and shall notify it, without delay, of any subsequent amendment affecting them.</i></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
95	Article 30  Article 30 – paragraph 1	<p><i>Article 30</i></p> <p><i>Confidentiality</i></p> <p>1. Unless otherwise provided for in this Regulation and without prejudice to Regulation (EC) No 1049/2001 and existing national provisions and practices in the Member States on confidentiality, all parties involved in the application of this Regulation shall respect the confidentiality of information and data obtained in carrying out their tasks in order to protect the following:</p>	<p><b>Amendment 145</b></p> <p>1. Unless otherwise provided for in this Regulation and without prejudice to Regulation (EC) No 1049/201<sup>24</sup> <b><i>and Directive (EU) 2019/1937 of the European Parliament and of the Council<sup>24a</sup></i></b>, and existing national provisions and practices in the Member States on confidentiality, all parties involved in the application of this Regulation shall respect the confidentiality of information and data obtained in carrying out their tasks in order to protect the following:</p> <p><sup>24a</sup> <b><i>Directive (EU) 2019/1937 of the European Parliament and of the Council of 23 October 2019 on the protection of persons who report breaches of Union law (OJ L 305, 26.11.2019, p. 17).</i></b></p>	<p><i>Article 30</i></p> <p><del><i>Confidentiality</i></del></p> <p><b><u>Commercially confidential information</u></b></p> <p>1. Unless otherwise provided for in this Regulation and without prejudice to Regulation (EC) No 1049/2001 and existing national provisions and practices in the Member States on confidentiality, all parties involved in the application of this Regulation shall respect the confidentiality of information and data obtained in carrying out their tasks in order to protect the following:</p>	<p><b><i>Article 30</i></b></p> <p><b><i>Confidentiality</i></b></p> <p>1. Unless otherwise provided for in this Regulation and without prejudice to Regulation (EC) No 1049/201<sup>24</sup> <b><i>and Directive (EU) 2019/1937 of the European Parliament and of the Council<sup>24a</sup></i></b>, and existing national provisions and practices in the Member States on confidentiality, all parties involved in the application of this Regulation shall respect the confidentiality of information and data obtained in carrying out their tasks in order to protect</p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
95 continued	<p>Article 30 – paragraph 1 – point a</p> <p>Article 30 – paragraph 1 – point b</p> <p>Article 30 – paragraph 1 – point c</p>	<p>(a) <i>personal data in accordance with Article 32;</i></p> <p>(b) <i>commercially confidential information and</i> trade secrets of a natural or legal person, <i>including</i> intellectual property rights;</p> <p>(c) the effective implementation of this Regulation.</p>	<p><b>Amendment 146</b></p> <p><i>deleted</i></p> <p><b>Amendment 147</b></p> <p>(b) trade secrets of a natural or legal person <i>in accordance with Directive (EU) 2016/943 of the European Parliament and of the Council<sup>1a</sup>, as well as other commercially confidential information and</i> intellectual property rights;</p> <p><sup>1a</sup> <i>Directive (EU) 2016/943 of the European Parliament and of the Council of 8 June 2016 on the protection of undisclosed know-how and business information (trade secrets) against their unlawful acquisition, use and disclosure (OJ L 157, 15.6.2016, p. 1).</i></p>	<p>(a) <del>personal data in accordance with Article 32;</del></p> <p>(b) <del>commercially confidential information and</del> trade secrets of a natural or legal person, including intellectual property rights;</p> <p>(c) <del>the effective implementation of this Regulation.</del></p>	<p>a) <del>personal data in accordance with Article 32;</del></p> <p>(b) <del>commercially confidential information and</del> trade secrets of a natural or legal person <i>in accordance with Directive (EU) 2016/943 of the European Parliament and of the Council<sup>1a</sup>, as well as other commercially confidential information including</i> intellectual property rights;</p> <p>(c) <del>the effective implementation of this Regulation.</del></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
95 continued	Article 30 – paragraph 2  Article 30 – paragraph 3  Article 30 – paragraph 4	<p>2. All parties involved in the application of this Regulation shall ensure that no commercially confidential information is shared in a way which has the potential to enable undertakings to restrict or distort competition in the meaning of Article 101 TFEU.</p> <p>3. Without prejudice to paragraph 1, information exchanged on a confidential basis between competent authorities and between competent authorities and the Commission and the Agency shall not be disclosed without the prior agreement of the authority from which that information originates.</p> <p>4. Paragraphs 1, 2, and 3 shall not affect the rights and obligations of the Commission, the Agency, Member States and other actors identified in this Regulation with regard to the exchange of information and the dissemination of warnings, nor the obligations of the persons concerned to provide information under criminal law.</p>		<p>2. <u><i>Without prejudice to paragraph 1, All</i></u> parties involved in the application of this Regulation shall ensure that no commercially confidential information is shared in a way which has the potential to enable undertakings to restrict or distort competition in the meaning of Article 101 TFEU.</p> <p>3. Without prejudice to paragraph 1, information exchanged on a confidential basis between competent authorities and between competent authorities and the Commission and the Agency shall not be disclosed without the prior agreement of the authority from which that information originates.</p> <p>4. Paragraphs 1, 2, and 3 shall not affect the rights and obligations of the Commission, the Agency, Member States and other actors identified in this Regulation with regard to the exchange of information and the dissemination of warnings, nor the obligations of the persons concerned to provide information under criminal law.</p>	<p>2. <u><i>Without prejudice to paragraph 1, All</i></u> parties involved in the application of this Regulation shall ensure that no commercially confidential information is shared in a way which has the potential to enable undertakings to restrict or distort competition in the meaning of Article 101 TFEU.</p> <p>3. Without prejudice to paragraph 1, information exchanged on a confidential basis between competent authorities and between competent authorities and the Commission and the Agency shall not be disclosed without the prior agreement of the authority from which that information originates.</p> <p>4. Paragraphs 1, 2, and 3 shall not affect the rights and obligations of the Commission, the Agency, Member States and other actors identified in this Regulation with regard to the exchange of information and the dissemination of warnings, nor the obligations of the persons concerned to provide information under criminal law.</p>



Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
95 continued	Article 30 – paragraph 5	5. The Commission, the Agency, and Member States may exchange commercially confidential information <i>and, where necessary to protect public health, personal data,</i> with regulatory authorities of third countries with which they have concluded bilateral or multilateral confidentiality arrangements.	<b>Amendment 148</b>  <i>5. The Commission, the Agency, and Member States may exchange commercially confidential information with regulatory authorities of third countries with which they have concluded bilateral or multilateral confidentiality arrangements.</i>	5. The Commission, the Agency, and Member States may exchange commercially confidential information <del>and, where necessary to protect public health, personal data,</del> with regulatory authorities of third countries with which they have concluded bilateral or multilateral confidentiality arrangements.	<i>5. The Commission, the Agency, and Member States may exchange commercially confidential information with regulatory authorities of third countries with which they have concluded bilateral or multilateral confidentiality arrangements.</i>
96	Article 30a (new)		<b>Amendment 149</b>  <i>Article 30a Personal data protection</i>  <i>1. Transfers of personal data under this Regulation shall be subject to Regulations (EU) 2016/679 and (EU) 2018/1725 as applicable.</i>	<i><u>Article 30a</u> <u>Personal data protection</u></i>  <i><u>1. Transfers of personal data under this Regulation shall be subject to Regulation (EU) 2016/679 and Regulation (EU) 2018/1725 as applicable.</u></i>	<i><u>Article 30a</u> <u>Personal data protection</u></i>  <i>1. Transfers of personal data under this Regulation shall be subject to Regulations (EU) 2016/679 and (EU) 2018/1725 as applicable.</i>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
96 continued			2. <i>For transfers of personal data to a third country, in the absence of an adequacy decision, or of appropriate safeguards, as referred to in Article 49(1) of Regulation (EU) 2016/679 and Article 50(1) of Regulation (EU) 2018/1725, the Commission, the Agency, and Member States may exchange personal data with regulatory authorities of third countries with which they have concluded bilateral or multilateral confidentiality arrangements where it is necessary for important reasons of public interest, such as to protect public health.</i>	2. <u><i>In the absence of an adequacy decision, or of appropriate safeguards, as referred to in Article 49(1) of Regulation (EU) 2016/679 and Article 50(1) of Regulation (EU) 2018/1725, the Commission, the Agency, and Member States may exchange personal data with regulatory authorities of third countries where necessary for the prevention of or response to a serious threat to public health of a Member State or a third country.</i></u>	2. <i>For transfers of personal data to a third country, in the absence of an adequacy decision, or of appropriate safeguards, as referred to in Article 46 of Regulation (EU) 2016/679 and Article 48 of Regulation (EU) 2018/1725, the Commission, the Agency, and Member States may exchange personal data with regulatory authorities of third countries with which they have put in place confidentiality arrangements where it is necessary for important reasons of public interest, such as to protect public health, in conformity with Article 49 of Regulation (EU) 2016/679 and Article 50 of Regulation (EU) 2018/1725.</i>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
97	Article 30b (EP) Article 30c (Council) (new)		<p><b>Amendment 150</b></p> <p><i>Article 30b</i></p> <p><i>Review</i></p> <p><i>By 31 December 2026 the Commission shall submit to the European Parliament and to the Council an evaluation report on the functioning of this Regulation, accompanied, if appropriate, by a legislative proposal to amend it. This report shall specifically consider the possible extension of the scope to medicinal products for veterinary use.</i></p>	<p><u>Article 30c</u></p> <p><u>Evaluation and Reporting</u></p> <p><u>By [xxx] and every [xxx] years thereafter the Commission shall carry out an evaluation of this Regulation and present a report on the main findings to the European Parliament and the Council, on the crisis preparedness and management framework for medicines and medical devices, including the use of periodic stress tests, accompanied by legislative proposals as appropriate, considering the possible extension of the scope to medicinal products for veterinary use and to PPE for medical use and the possible need to adapt the definitions provided for in Article 2.</u></p>	<p><u>Article 30c</u></p> <p><u>Evaluation and Reporting</u></p> <p><u>By [xxx] and every [xxx] years thereafter the Commission shall carry out an evaluation of this Regulation and present a report on the main findings to the European Parliament and the Council, on the crisis preparedness and management framework for medicines and medical devices, including the use of periodic stress tests, accompanied by legislative proposals as appropriate, considering the possible extension of the scope to medicinal products for veterinary use and to PPE for medical use and the possible need to adapt the definitions provided for in Article 2.</u></p> <p>+ recital and a definition of “stress tests”</p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
98	Article 30b (Council) (new)			<p><b><u>Article 30b</u></b>  <b><u>Union funding</u></b></p> <p><b><u>1. The financing of the Agency's activities in support of the work of the Medicines Shortages and Medical Devices Shortages Steering Groups, the Emergency Task Force, their working parties and expert panels, involving its cooperation with the Commission and the European Centre for Disease Prevention and Control shall be ensured by the Union. The Union's financial assistance to the activities under this Regulation shall be implemented in accordance with Regulation (EU, Euratom) 2018/1046 of the European Parliament and of the Council.</u></b></p>	<p><b><u>Article 30b</u></b>  <b><u>Union funding</u></b></p> <p><b><u>1. The financing of the Agency's activities in support of the work of the Medicines Shortages and Medical Devices Shortages Steering Groups, the Emergency Task Force, their working parties and expert panels, involving its cooperation with the Commission and the European Centre for Disease Prevention and Control shall be ensured by the Union. The Union's financial assistance to the activities under this Regulation shall be implemented in accordance with Regulation (EU, Euratom) 2018/1046 of the European Parliament and of the Council.</u></b></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
98 continued				<p><u>2. The Agency shall remunerate the activities of the Members States' representatives and experts in relation to the Emergency Task Force under this Regulation and reimburse the costs of the Member States' representatives and experts related to the meetings of the Medicines Shortages and Medical Devices Shortages Steering Groups, the Emergency Task Force and their working parties, in accordance with financial arrangements established by the Management Board. Such remuneration shall be paid to national competent authorities.</u></p>	<p><u>2. The Agency shall remunerate the activities of the Members States' representatives and experts in relation to the Emergency Task Force under this Regulation and reimburse the costs of the Member States' representatives and experts related to the meetings of the Medicines Shortages and Medical Devices Shortages Steering Groups, the Emergency Task Force and their working parties, in accordance with financial arrangements established by the Management Board. Such remuneration shall be paid to national competent authorities.</u></p> <p><b>OR</b></p> <p><u>2. The Agency shall remunerate the assessment activities of the rapporteurs in relation to the Emergency Task Force under this Regulation, in addition to reimbursing the expenses of the Member States' representatives and experts related to the meetings of the Medicines Shortages and Medical Devices Shortages Steering Groups, the Emergency Task Force and their working parties, in accordance with financial arrangements established by the Management Board. Such remuneration shall be paid to the relevant national competent authorities</u></p>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
98 continued				<u>3. The Union contribution provided for in Article 67 of Regulation (EC) No 726/2004 shall cover the work of the Agency provided for under this Regulation, including for full remuneration paid to national competent authorities where fee exemptions apply in accordance with Regulation 297/95.</u>	<u>3. The Union contribution provided for in Article 67 of Regulation (EC) No 726/2004 shall cover the work of the Agency provided for under this Regulation, including for full remuneration paid to national competent authorities where fee exemptions apply in accordance with Regulation 297/95.</u>

Item	Article Number	Commission text (2020/0321 (COD))	EP amendments voted on 7 July 2021	Text approved by Council on 15 June 2021	Tentatively agreed text, compromise proposals and comments
99	<p>Article 31</p> <p>Article 31 – paragraph 1</p> <p>Article 31 – paragraph 1 a (new)</p> <p>Article 31 – paragraph 2 (new)</p>	<p><i>Article 31</i></p> <p><i>Entry into Force</i></p> <p>This Regulation shall enter into force on the twentieth day following that of its publication in the <i>Official Journal of the European Union</i>.</p> <p>This Regulation shall be binding in its entirety and directly applicable in all Member States. Done at Brussels,</p>	<p><b>Amendment 151</b></p> <p>Entry into Force <i>and date of application</i></p> <p><b>Amendment 152</b></p> <p><i>Chapter IV shall apply from... [date of entry into force + 12 months].</i></p>	<p><i>Article 31</i></p> <p><i>Entry into Force <u>and date of application</u></i></p> <p><b>1.</b> This Regulation shall enter into force on the twentieth day following that of its publication in the <i>Official Journal of the European Union</i>.</p> <p><b>2. <u>It shall apply from [date of application]</u></b></p> <p>This Regulation shall be binding in its entirety and directly applicable in all Member States. Done at Brussels,</p>	<p><b>Entry into Force <i>and date of application</i></b></p> <p><b>Chapter IV shall apply from... [date of entry into force + 12 months].</b></p>

**Presidency suggestions for alternatives on the database**

The EP has proposed to introduce a European Medicines Supply Database that would consist of two parts. In the first part the database would enable monitoring supply and demand and managing shortages and enabling stakeholders included in the Regulation, to comply with their requirements. In the second part the EP proposes to mandate the MS to create national databases that would enable real-time tracking of supply of medicinal products.

The Proposals from the Presidency are the following:

1. For the proposed European Medicines Supply database, the Council could be able to accept the proposal, if the database would be built by updating the existing database referred to in article 57(1)i of Regulation 726/2004. This database should be updated with a dataset enabling high level reporting of status of supply, demand and shortages of medicinal products at Union and MS level. The data should be provided directly by Marketing Authorisation Holders (MAH) and wholesalers (WS), the data shall be validated by National Competent Authorities (NCA). The NCA should be able to use this information for high level market monitoring and general identification of potential issues with supply and demand. Additionally, pharmacists and other entities or persons entitled or authorised to supply public with medicines, shall report on shortages through the database, but only if the shortage is not already entered in the database. Furthermore, the general dataset in the database should be updated to reflect the reporting requirements set out in this Regulation (e.g. art 9). The database shall be functional not only during Public Health Emergency or major event, but also under normal circumstances, as the MAH already have the requirement to report on marketing status. The proposal would extend this requirement to WS. The database shall be interoperable with already existent national systems or shall have the option for member states (MS) to enter data directly into the database.



2. For the proposed national databases used for real time monitoring, the proposal of the EP is unacceptable. Real time monitoring is already established with the Falsified medicines database. The database contains a lot of useful information, but is not structured appropriately for high level analysis and reporting. Additionally, NCAs lack the legal authority to access that data in order to manage or prevent shortages, as this activity is not listed in art 39 of Falsified Medicines Directive (FMD). The Council can propose to the EP to discuss needed changes to art 39 of FMD and reporting from Falsified medicines database, but establishing an additional system to serve this purpose is unacceptable.

Summary of the Presidency proposal:

1. Using already established infrastructure (Art 57 database and PMS/SPOR), additional information may also be provided from the falsified medicines database.
2. The dataset should be updated to take into account attributes for describing supply, demand and shortages as well as for reporting requirements in the Regulation.
3. MAH, WS, NCA and other stakeholders should enter, review and monitor the information directly in the database.
4. The database should ease communication between stakeholders
5. For scope outside of crisis: The requirement for MAH to submit information regarding marketing status should be provided through the database.
6. Not a lot of additional workload on MS.
7. Interoperable with existing systems on MS level, or offer MS the opportunity to enter data directly into the database.
8. Real time monitoring is not acceptable, but the Presidency is prepared to discuss Article 39 of the Falsified Medicines Directive and report from that database.