

# EPF’s recommendations for the ongoing Trilogues on the Critical Medicines Act (CMA)

February 2026

## Our 6 key demands for the Trilogue negotiations

1. **Stronger Patient Involvement:** Ensure meaningful, structured, and continuous patient involvement by including **two patient representatives as permanent members of the Critical Medicines Coordination Group** → (Art.25)
2. **Stronger Focus on Equal Access to Medicines:** Ensure that the CMA delivers better access to medicines by **safeguarding the EU Joint Procurement provisions and ensure that collaborative procurement can work in practice** → (Art.23)
3. **Stronger Public Procurement Policies:** Promote a genuine shift in public procurement criteria **away from price alone towards criteria that also prioritise quality, long-term security of supply, sustainability and resilience** → (Art.18)
4. **Stronger Safeguards for Public Funding Received:** Include **effective, proportionate, and dissuasive penalties in cases of non-compliance** with specific criteria for the strategic projects → (Art.15 & Art.16)
5. **Stronger Transparency:** Create formal channels for **ongoing engagement with patient representatives, publish regular public reports and monitoring results, and provide open access to information** on CMA implementation and associated activities → (All Chapters)
6. **Stronger Coordination:** Facilitate structured dialogue on the implementation of the CMA within the Critical Medicines Coordination Group to enhance coordination between the EU and Member States; in addition, **establish / maintain digital reporting systems providing real-time updates** on the status of national contingency stocks and stockpiles → (Art.20 & Art.26)

## Additional information: key recommendations by chapter

Chapter I - General provisions	
Ensure the CMA is driven by public health objectives, namely improving patient safety and medicines’ availability (Art.1)	Maintain a targeted scope for strategic projects, focused on critical medicines only (Art.2 and also Art.5)

Ensure clear definitions to contribute to greater legal clarity and a better understanding of the scope of the Regulation ( <b>Art.3</b> )	
<b>Chapter II - Strengthening the Union's security of supply</b>	
Support an inclusive approach to the implementation of the CMA, with meaningful involvement of patient organisations ( <b>Art.4</b> )	
<b>Chapter III - Enabling conditions for investment (Strategic projects)</b>	
Ensure stronger coordination at EU level for the assessment and identification of strategic projects, with early involvement of the Coordination Group & adoption of EC guidelines ( <b>Art.6</b> )	Promote communication and information exchange with organisations and social partners during the implementation of strategic projects and enable the publication of all final decisions on a single website ( <b>Art 8 &amp; Art.14</b> )
Strengthen project promoters' obligations, such as prioritising appropriate and continued supply to the EU market and adopting measures that contribute to availability and affordability, with effective, proportionate, and dissuasive penalties in case of non-compliance ( <b>Art.15 &amp; Art.16</b> )	
<b>Chapter IV – Section 1 - Demand side measures (Public procurement &amp; Contingency stocks requirements)</b>	
Encourage a shift away from price-only award criteria in public procurement by mandating the systematic inclusion of additional criteria such as supply-chain robustness and patient impact, and promoting multi-winner procurements ( <b>Art.18</b> )	Mandate the establishment of national programmes to implement new public procurement rules, ensuring coordination among Member States and consultation of patient organisations prior to their adoption ( <b>Art.19</b> )
Establish and maintain a digital reporting system providing real-time updates on the status of national contingency stock requirements and national stockpile as well as enhanced collaboration in cases of shortages ( <b>Art.20</b> )	
<b>Chapter IV – Section 2 – Collaborative Procurements</b>	
Support Commission-facilitated cross-border procurement by clarifying the obligations of Member States and allow such procurement for medicinal products of common interest ( <b>Art.21</b> )	Support the lowering of the threshold to initiate Commission-led procurement and joint procurement and provide greater legal clarity, while ensuring patient-centric implementation of regulatory flexibilities such as the use of electronic patient information (ePI) only in situations of urgency and/or shortages. ( <b>Art.22-23</b> )
Call for patient involvement in procurement governance mechanisms with the consultations of patient organisations for the adoption of Union guidelines ( <b>Art.24</b> )	
<b>Chapter V – Critical Medicines Coordination Group</b>	
Include two patient representatives as permanent members of the Group. Ensure structured stakeholder consultations and dialogue on the Group's decisions, in order to strengthen transparency, accountability, and democratic health governance ( <b>Art.25</b> )	Expand both the scope and depth of the Group's tasks, in particular to enable more effective monitoring of the implementation of the Critical Medicines Act and the mandatory consultations of patient organisations to build trust and ensure transparency ( <b>Art.26</b> )

## Chapter VI – International cooperation

Clearly state that strategic partnerships must fulfil the same requirements in terms of safety, quality and effectiveness. Include a clear reference to the need for an explicit assessment of the impact of imported medicines on affordability, in order to avoid increased out-of-pocket costs for patients ([Art.27](#))

