

## **INTERNATIONAL TRADE ADVISORY COMMITTEES** **WARRANTING PUBLIC HEALTH AND HEALTH CARE** **REPRESENTATION**

May 2, 2005

United States trade advisory committees which currently lack and warrant public health and health care and health care representation are discussed below. The following statements and passages from the respective advisory committee reports demonstrate that they are of interest to and directly affect the work of the Public Health and Health Care community.

### **TIER 1: ADVISORY COMMITTEE FOR TRADE POLICY AND NEGOTIATIONS**

**(ACTPN)** – This is the top-level committee which provides overall trade policy advice. Members are appointed by the U.S. President. This committee includes representation from the food industry and pharmaceutical industry.

The ACTPN Report to the President on the **US-Australia Free Trade Agreement**, on March 12, 2004, stated:

“**Agriculture** --The agreement addresses sanitary and phytosanitary (SPS) issues and establishes a special working mechanism for bilateral cooperation and closer mutual engagement in regulatory processes with a view toward greater reliance on science-based measures.”<sup>1</sup>

Public Health and Health Care Interest and Work Affected: Public Health and Health Care organizations are centrally concerned with health promotion, and prevention of harm to the public. The Public Health and Health Care community offers significant expertise in the generation and evaluation of “science-based measures,” and is centrally concerned about discussion and consideration of sanitary and phytosanitary (SPS) issues and related regulatory processes. The absence of public health and health care representation has precluded discussion, for example, of the precautionary principle, an important consideration in developing standards that protect public health and health care.

“**Government Procurement** -- The ACTPN is pleased with the provisions on government procurement, which provide U.S. firms competitive entry to Australian central government entities.”<sup>2</sup>

Public Health and Health Care Interest and Work Affected: Government procurement relates to procurement of affordable medicines, for example, by the Department of Veterans’ Affairs. Under the US-Australia FTA, drug companies can challenge drug listing, purchasing and reimbursement decisions by the Department of Veterans Affairs, Medicare, Medicaid and other government authorities, which could lead to higher drug prices for the vulnerable populations affected. This issue was not addressed by the ACTPN report.

The March, 2004 ACTPN Report to the President on **the U.S.–Central America Free Trade Agreement (CAFTA)** stated: “...the CAFTA makes significant advances in protecting intellectual

property, ensuring fair and effective protection for investors, ...greatly improving access for service providers...”<sup>3</sup>

“**Services** -- The ACTPN is pleased that the agreement’s services commitments cover both the cross-border supply of services and the right to invest and establish a local service presence...”<sup>4</sup>...the committee...wants to highlight particularly significant services industry accomplishments including the market opening achieved for U.S. telecommunications and insurance providers in Costa Rica –a major accomplishment.”<sup>5</sup>

Public Health and Health Care Interest and Work Affected: The issue of cross-border supply of services, including direct investment and local service presence, are of considerable interest to the Public Health and Health Care community, as it directly impacts the provision and infrastructure of medical and health care services. CAFTA opens the insurance industry in Costa Rica, for example, which has direct implications for public health and health care provision of services and infrastructure, and indirectly affects conditions in the U.S.

“**Investment** -- The ACTPN applauds the full inclusion of investor-state provisions that provide access to impartial third-party arbitration of investor disputes with governments, which provide an important safety net and provide assurances of fair treatment of possible disputes.”<sup>6</sup>

Public Health and Health Care Interest and Work Affected: “Investor-state provisions” may be and have been invoked to challenge US laws, rules, policies and programs that protect or enhance the public’s health, and that provide or regulate vital human services.

“**Intellectual Property Rights (IPR)** -- The ACTPN applauds and endorses the state-of-the-art IPR provisions in the Central America agreement. In the view of the ACTPN these provisions are the best that have been negotiated in any U.S. trade agreement, and should serve as the template for other agreements in the Hemisphere. The protection of patents...sets a new standard for free trade agreements that the committee hopes will be incorporated into additional agreements.”<sup>7</sup>

Public Health and Health Care Interest and Work Affected: Intellectual property rights and patents for pharmaceutical products are integral to the work of the Public Health and Health Care community, which is concerned with access, affordability, safety and efficacy, as well as product innovation.

**TIER 3 COMMITTEES:** These committees provide technical advice and information regarding products and other factors relevant to US positions in trade negotiations, and are specifically addressed below:

**Consumer Goods (ITAC 4)**

**Distribution Services (ITAC 5)**

**Information and Communications Technologies, Services, and Electronic Commerce (ITAC 8)**

**Services and Finance Industries (ITAC 10)**

**Customs Matters and Trade Facilitation (ITAC 14)**

**Intellectual Property Rights (ITAC 15)**

**Standards and Technical Trade Barriers (ITAC 16)**

**Consumer Goods (ITAC 4)** (formerly ISAC-4) – This committee includes representation from the alcohol industry, food industry, and tobacco industry. The committee has commented on the following issues related to public health and health care:

- **Regulations regarding hazardous substances including alcohol and tobacco**
- **Processed foods**
- **Intellectual property**
- **Investment**

The March 11, 2004 Report of the Industry Sector Advisory Committee on Consumer Goods (ISAC-4) on the **U.S.-Australia Free Trade Agreement (FTA)** stated:

“Market Access for Agricultural Products – ISAC-4 includes a number of processed food manufacturers, as well as wine and spirits producers... We commend negotiators for improving market access for processed foods, and the Committee is extremely pleased that the agreement incorporates explicit recognition that Bourbon and Tennessee Whiskey, which are the leading U.S. spirits exports, as products that may be produced only in the United States.”<sup>8</sup>

Public Health and Health Care Interest: The public health and health care community is vitally interested in and devotes substantial work to addressing the public health and health care implications of alcohol consumption, and promoting alcohol control in the interest of Public Health and Health Care. Trade provisions which promote alcohol distribution and consumption are of the highest interest to the Public Health and Health Care community. Processed foods are also a major area of interest and work in the Public Health and Health Care community, especially with regard to efforts to address obesity.

The report on the **U.S.-Australia Free Trade Agreement** also stated:

“f. Regulatory Transparency – Consumer goods are subject to a wide range of regulation wherever they appear in commerce. We applaud negotiators for securing detailed disciplines on regulatory transparency. Our experience under the NAFTA has been that regulatory transparency is a critical factor in improving the business climate for all firms.”<sup>9</sup>

Public Health and Health Care Interest: The Public Health and Health Care community is very interested in and directly involved in work regarding regulatory transparency, particularly as it impacts public measures which protect and promote health. Under the US-Australia FTA, new rules concerning transparency can challenge drug listing, purchasing and reimbursement decisions by the Department of Veterans Affairs, Medicare, Medicaid and other government authorities, which could lead to higher drug prices for the vulnerable populations affected.<sup>10</sup>

The March 11, 2004 Report of the Industry Sector Advisory Committee on Consumer Goods (ISAC-4) on the **U.S.-Central America Free Trade Agreement (FTA)** stated: “...we generally support provisions on intellectual property and investment.”<sup>11</sup>

“c. Intellectual Property (IP) – In our estimation, the IP chapter of the U.S.-Central America FTA represents a major improvement in IP protection and a useful benchmark for future agreements.”<sup>12</sup>

“d. Investment –The Investment chapter of the U.S.- Central America FTA appears to secure a predictable legal framework.”<sup>13</sup>

Public Health and Health Care Interest: Intellectual property rights and patents in regard to pharmaceutical products are of a high level of interest and an integral aspect of the work of the Public Health and Health Care community, which is concerned with access and affordability, safety and efficacy, as well as product innovation.

The “Investment chapters” of CAFTA may be and have been invoked to challenge US laws, rules, policies and programs that protect or enhance the public’s health, and that provide or regulate vital human services.

Distribution Services (ITAC 5) – Among the purposes of the Industry Trade Advisory Committee on Distribution Services are, “To hear about and discuss various trade matters that impact distribution services, including GATS [General Agreement on Trade in Services]...regional and country distribution services issues, FTAs.”<sup>14</sup> Related public health and health care issues include distribution of:

- **Hazardous products including alcohol and tobacco**
- **Pharmaceuticals**

Public Health and Health Care Interest: Health care and health-related services are significant issues in the GATS negotiations and of fundamental interest to Public Health and Health Care. The Public Health and Health Care community is vitally interested in and devotes substantial work to addressing the Public Health and Health Care implications of alcohol consumption, and promoting alcohol control in the interest of public health and health care. Trade provisions which promote alcohol distribution and consumption are of the highest interest to the Public Health and Health Care community. Current US restrictions in market access rules regarding tobacco and alcohol distribution mean the US can respect minority community efforts to limit the number of liquor stores in their neighborhoods, and enforce state laws on tobacco distribution. In GATS negotiations, the European Community has requested removing these restrictions.

Information and Communications Technologies, Services, and Electronic Commerce (ITAC 8) (formerly IFAC-4) – This committee includes representation from the health services and health insurance industries. Health-related subjects include:

- **Privacy of data, including medical records**
- **Health-related communications including advertising**

The March 2004 report on the **US-Australia Free Trade Agreement** from the Industry Functional Advisory Committee on Electronic Commerce (IFAC-4) states:

“IFAC-4 members provide advice on trade policy matters on a range of issues, including: electronic commerce negotiating priorities, data privacy,...standards, consumer protection,...and security and content.

“...Given the rapidly changing nature of electronic commerce, the IFAC-4 believes U.S. negotiators should focus on adoption of broad electronic commerce objectives or ‘principles.’...These principles include:

“3. Governments should refrain from enacting trade-related measures that impede ecommerce.

“4. Where legitimate policy objectives require domestic regulations that affect e-commerce, such regulations should be least trade restrictive, nondiscriminatory, transparent, and

promote an open market environment.

“7. trade commitments in services necessary to the conduct of electronic commerce transactions.

“10. data privacy and security issues that impact electronic commerce.”<sup>15</sup>

**Public Health and Health Care Interest:** Data privacy and security, and government safeguards that protect patient and medical privacy are of significant interest to the Public Health and Health Care community, especially as electronic commerce raises new issues of concern regarding privacy and security. Negotiations objectives that call for regulations that are “least trade restrictive” raise serious issues concerning patient and medical privacy protections. Privacy protections are also of concern to researchers and to health care providers who bill using electronic commerce.

The recent GATS decision limiting the U.S.’ internet gambling regulations illustrates the wide area of public health and health care concern in this area.

**Services and Finance Industries (ITAC 10)** (formerly ISAC 13) – This committee reports that its “overall goal is to liberalize trade in the wide range of services...”<sup>16</sup> It includes representation from the health services and health insurance industries. It is chaired by the president of the U.S. Coalition of Service Industries (CSI), which represents major financial, banking, and insurance companies, including health insurance.

The March 2004 **US-Australia Free Trade Agreement** Report of the Industry Sector Advisory Committee on Services for Trade Policy Matters (ISAC 13) stated: “[The US-Australia FTA] has provided commitments above those made in the GATS, including...medical and hospital services, data base services, R&D services on natural sciences...”<sup>17</sup>

#### **Movement of Personnel**

The February, 2003 Report of the Industry Sector Advisory Committee on Services for Trade Policy Matters (ISAC 13) on the **U.S.-Chile Free Trade Agreement (FTA)** stated:

“On December 7, 2001, ISAC 13 proposed to the United States Trade Representative the inclusion of a *special visa* to facilitate personnel mobility as one of the negotiating objectives of this Agreement. The *special visa* would have permitted multiple entries of the holders of the visa for a period as long as three years. ISAC 13 acknowledged that this special temporary entry visa would require a change in U.S. immigration law but believe then, as it does now, that it is desirable to do so to further facilitate the temporary movement of professionals and other essential company personnel between the United States and Chile.”<sup>18</sup>

The March 2004 report on the **US-Australia Free Trade Agreements** from the Industry Sector Advisory Committee on Services for Trade Policy Matters (ISAC 13) stated:

“It would seem appropriate...that the responsible committees of Congress develop guidelines for future bilateral and multilateral trade agreement so that USTR has the flexibility to negotiate temporary entry provisions for highly skilled individuals, senior corporate executives, professional personnel (...health care personnel, as examples)”<sup>19</sup>

“At a minimum, a bilateral trade agreement should include, in the case of business visitors,

a binding for access to the most common short-term business activities and a prohibition of prior approval procedures, petitions, labor certification tests or numerical limitations...Particular attention should be given to the temporary entry of professionals.”<sup>20</sup>

“The agreement does contain language found in other FTAs that requires the formation of a Joint Committee that will report in three years on progress made toward establishing standards and procedures for mutual recognition of licensing for professionals. The goal is admirable, and we applaud the framers of the agreement for encouraging medical societies in both Australia and the United States to work toward this goal.”<sup>21</sup>

“ISAC 13 looks forward to working with USTR and other agencies to fashion commercially meaningful and politically feasible temporary entry/personnel movement proposals.”<sup>22</sup>

The March 2004 **US-Central America Free Trade Agreement** Report of the Industry Sector Advisory Committee on Services for Trade Policy Matters (ISAC 13) stated:

“CAFTA breaks new ground concerning the temporary licensing of physicians and surgeons that will be helpful for US hospitals engaged in international medical care to gain market presence. The committee encourages negotiators to continue to refine temporary licensing language for inclusion in all future Free Trade Agreements.”<sup>23</sup>

Public Health and Health Care Interest: The movement of personnel, including the migration of health clinicians, is of fundamental interest to the Public Health and Health Care community, and raises several important questions, including international agreement on standards for professional training and practice, adequate availability of trained clinicians and service providers in countries that “import” and “export” such workers, and issues of fair working conditions. Increased hiring of immigrant nurses in the US, for example, may mask poor working conditions, and drain important clinical resources away from countries of origin. These issues should be examined in a process which includes public health and health care representation.

The issue of standards and procedures for mutual recognition of licensing for professionals is one of ongoing interest, dialogue and work in the Public Health and Health Care community, as recognized by the comments in the advisory committee report above, and should be involved in the advisory process.

#### Healthcare Services

The March 2004 report on the **US-Australia Free Trade Agreement** of the Industry Sector Advisory Committee on Services for Trade Policy Matters (ISAC 13) stated:

“Regarding the provision of health care services, such as patient care, hospital management and consulting services, clinic ownership, licensing of health professionals and continuing health care education, we find the Free Trade Agreement breaks no substantial new ground, but also offers no new barriers to trade.”

Public Health and Health Care Interest: The provision of health care services, such as patient care, hospital management and consulting services, clinic ownership, licensing of health professionals and continuing health care education are core issues of interest and work of the Public Health and Health Care community.

Investment. The March 2004 **US-Central America Free Trade Agreement** Report of the Industry Sector Advisory Committee on Services for Trade Policy Matters (ISAC 13) stated:

“Foreign direct investment is particularly important for trade in services...and includes high standard protections for such investment, including investor-state arbitration, the free transfer of capital and protections related to expropriation and fair and equitable treatment.”<sup>24</sup>

“ISAC 13’s objective is to ensure high levels of protections for U.S. investors abroad, including protections related to...expropriation,...no performance requirements, investment agreements and investor-state dispute settlement.<sup>25</sup>...Very importantly, the Agreement includes the investor-state dispute settlement mechanism...”<sup>26</sup>

Public Health and Health Care Interest: The “Investment chapters” of CAFTA and other trade agreements, which including provisions that relate to expropriation and investor-state dispute settlement, are of vital interest to the Public Health and Health Care community, as such provisions have been and may be invoked to challenge US laws, rules, policies and programs that protect or enhance the public’s health, and that provide or regulate vital human services. Under NAFTA, a private Canadian corporation is challenging an executive order by the State of California to remove the additive MTBE from gasoline. MTBE is known to leak into ground water, and acts as a carcinogen.

#### Insurance

“While these countries already have fairly open insurance markets, in most cases these insurance commitments are significant improvements over current WTO obligations. Perhaps most significantly, Costa Rica’s insurance sector, which is currently dominated by a monopoly, will be opened for the first time under this agreement, albeit slowly.”<sup>27</sup>

Public Health and Health Care Interest: Insurance, including health insurance, is of primary interest to the Public Health and Health Care community, as it affects standards for performance and patient protections. Programs and rules that can be challenged under trade rules involving insurance, which are of interest to the Public Health and Health Care community, include Medicare, Medicaid, and workers compensation; extending coverage for health care (restricting the number of competing insurers could violate CAFTA); restrictions on genetic and gender discrimination, and patient protection laws.

In the case of Costa Rica, market opening of the insurance industry has direct implications for public health and health care provision of services and infrastructure, with implications for other CAFTA countries, including the U.S.

Transparency. Regarding CAFTA, the ISAC said:

“The overarching provisions in the introductory chapter on transparency require the essentials: ...the requirement for prompt publication; the requirement that ‘to the extent possible’ measures that each Party proposes to adopt are published in advance... Further, the chapter provides that parties at interest to proceedings receive reasonable notice of such proceedings, and that they are allowed to present their case prior to final administrative actions. Each Party must establish independent tribunals or procedures for prompt review of administrative actions, and has the right to a decision based on evidence.

“This chapter also provides for the Parties to reach agreements mutually recognizing their qualifications and standards for professional practice.”<sup>28</sup>

**Customs Matters and Trade Facilitation (ITAC 14)** (formerly IFAC 1) – The March 2004 **US-Australia Free Trade Agreement** Report of the Industry Functional Advisory Committee on Customs Matters (IFAC 1) stated: “The Industry Functional Advisory Committee (IFAC 1) on Customs Matters is concerned with all aspects of the process of importing and exporting goods through customs services, both domestic and foreign, and, with facilitation of the movement of such goods into and out of customs.”<sup>29</sup>

The March 2004 **US-Central America Free Trade Agreement** Report of the Industry Functional Advisory Committee on Customs Matters (IFAC 1) stated: “The functions of the import process and how it is administered can make the agreement more successful for the benefit of traders or it can maintain non-tariff barriers to that trade.”<sup>30</sup>

**Public Health and Health Care Interest:** Customs matters and trade facilitation, including issues related to facilitation of the movement of goods into and out of customs and non-tariff barriers to trade, are of significant interest to the Public Health and Health Care community, particularly as they relate to goods which impact injury control (tobacco, alcohol, and firearms) and government ability to safeguard public health and health care.

**Intellectual Property Rights (ITAC 15)** (formerly IFAC-3) – This Committee addresses provisions that affect intellectual property rights for pharmaceuticals, as well as communications media and information technology.

The March 2004 **US-Australia Free Trade Agreement** Intellectual Property Provisions Report of the Industry Functional Advisory Committee on Intellectual Property Rights for Trade Policy Matters (IFAC-3) stated:

“IFAC-3 strongly supports the chapter on intellectual property and believes that, on the whole, it establishes key precedential provisions to be included in the other FTAs now being negotiated, including the FTAA.”<sup>31</sup>

“Specifically, IFAC-3’s objectives and priorities seek to further promote the adequate and effective protection of intellectual property rights on a global basis... Finally, the Committee seeks to establish strong precedents in these FTAs in order to raise the global level of protection and enforcement, nationally and in regional and multilateral agreements.”<sup>32</sup>

“IFAC-3 is particularly gratified that AFTA preserves these strong precedents set forth in these other agreements and now, with high-level agreements with both small developing countries in the CAFTA and a strong and mature developed country like Australia, it will prove much easier to convince future FTA countries that strong intellectual property protection is in the interest of all countries regardless of their economic circumstances.”<sup>33</sup>

“The resultant level of intellectual property protection that it contains should set a new baseline for future FTAs, including the FTAA.”<sup>34</sup>

“IFAC-3 also wishes to highlight its expectation that the U.S. will insist, in any future FTA

negotiations with countries that have yet to implement fully their TRIPS obligations, that they not only do so before the launch of the negotiations but also provide a standstill specifically with respect to the approval of generic copies of pharmaceutical products.<sup>35</sup>

“IFAC-3 is also pleased to see that provisions were included in the FTA to enhance the ability of patent owners to prohibit international exhaustion of patent rights. IFAC-3 believes that it is critical that the FTAs include provisions that restrict the authority of countries to provide for international exhaustion of patent rights, including, as was done in the Australian agreement, by protecting the right of the patent owner to prevent the unauthorized importation of goods subject to the patent put on another market by the patent owner or its agent. AFTA [Australia FTA] does so by providing a right of action to enforce contractual provisions that are violated outside the territory of each Party.<sup>36</sup>

“AFTA imposes restrictions on a country’s authority to grant compulsory licenses to situations that are needed to remedy anti-trust violations, national emergencies or other circumstances of extreme urgency, and for public non-commercial use.”<sup>37</sup>

The March 2004 **US-Central America Free Trade Agreement** Intellectual Property Provisions Report of the Industry Functional Advisory Committee on Intellectual Property Rights for Trade Policy Matters (IFAC-3) stated:

“IFAC-3 views the TRIPS Agreement as reflecting minimum international norms of intellectual property protection that most countries should already have in place. The role of the FTAs is to clarify, where necessary, those obligations and to improve upon them by enhancing the level of intellectual property protection in the negotiating partner.<sup>38</sup>

“The patent section of CAFTA provides a number of clarifications and improvements to the protection standards articulated in the TRIPS Agreement. Once implemented, these standards will improve the effectiveness of patent protection in the CAFTA countries.

“IFAC-3 welcomes the pledge made by the CAFTA countries to “undertake all reasonable efforts” to make patent protection for plants available by the date the agreement enters into force.<sup>39</sup>

“CAFTA also imposes a second set of obligations that...prohibits generic drug approvals during the term of the patent covering the pharmaceutical product (i.e., “linkage”); and requires the mandatory disclosure of the identity of the generic applicant that seeks marketing approval to enter the market during the patent term. (Article 15.10.3)”<sup>40</sup>

Public Health and Health Care Interest: Intellectual property rights and patents in regard to pharmaceutical products are of a high level of interest and an integral aspect of the work of the Public Health and Health Care community, which is concerned with increasing access and affordability of safe and efficacious prescription drugs.

The US-Australia Free Trade Agreement prohibits drug reimportation from Australia without the consent of patent owner.<sup>41</sup> This implicitly applies to importing drugs into the U.S. from any nation where the patent owner has contractual restrictions.

Similarly, the US-Singapore FTA grants patent owners have the right to block reimportation through contractual provisions in the market.<sup>42</sup>

The US-Morocco FTA also prohibits drug reimportation without consent of patent owner. Parties may limit this section to cases where patent owner has placed restrictions on reimportation by contract or other means.<sup>43</sup>

In addition, the Public Health and Health Care community have substantial interest in the issue of intellectual property rights as they may impact protection of patents on plants. Patents of plants may directly impact the economic livelihood and health of local farmers who have traditionally depended on their knowledge of and access to medicinal and nutritional plants but may be required to pay transnational corporations that patent plants.

**Standards and Technical Trade Barriers (ITAC 16)** (formerly IFAC 2) – The March, 2004 Reports of the Industry Functional Advisory Committee on Standards (IFAC 2) on the **U.S.-Australia Free Trade Agreement (FTA)** and the **U.S.-Central America Free Trade Agreement** stated:

“In particular, the Committee provides detailed policy and technical advice, information, and recommendations to the Secretary and the USTR regarding trade barriers and implementation of trade agreements negotiated under Sections 101 or 102 of the Trade Act of 1974, as amended, and Sections 1102 and 1103 of the 1988 Trade Act, which affect the products of its sector;”<sup>44</sup>

“IFAC 2 supported U.S. negotiations, which would seek an opportunity for direct participation on a non-discriminatory basis in the development of Standards-Related Measures (not covered by WTO rules; cf NAFTA 909.7).”<sup>45</sup>

**Public Health and Health Care Interest:** Standards and technical trade barriers are of direct interest to the work of the Public Health and Health Care community, including in the areas of environmental health and safety, agricultural and processed food safety, tobacco and alcohol products. In the absence of internationally recognized standards, public health and health care measures may be subject to challenge under trade agreements.

<sup>1</sup> The U.S.-Australia Free Trade Agreement (FTA) – Report of the Advisory Committee for Trade Policy and Negotiations (ACTPN), March 12, 2004, p.4.

<sup>2</sup> Ibid, p.6.

<sup>3</sup> U.S.–Central America Free Trade Agreement (CAFTA) – The Report of the Advisory Committee for Trade Policy and Negotiations (ACTPN), March 12, 2004, p.2.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid, p.5.

<sup>7</sup> Ibid.

<sup>8</sup> The U.S.- Australia Free Trade Agreement (FTA), Report of the Industry Sector Advisory Committee on Consumer Goods (ISAC-4), March 2004, p. 3-4.

<sup>9</sup> Ibid, p.4-5.

<sup>10</sup> U.S.-Australia Free Trade Agreement, Pharmaceutical Annex 2-C; Chapter 15 Government Procurement, Art.15.11.

<sup>11</sup> The U.S.-Central American Free Trade Agreement (CAFTA) – Report of the Industry Sector Advisory Committee on Consumer Goods (ISAC-4), March 2004, p.2.

<sup>12</sup> Ibid, p.3.

<sup>13</sup> Ibid, p.4.

<sup>14</sup> 2004 Current FY Report: Review of Federal Advisory Committee, ITAC 5, Industry Trade Advisory Committee on Distribution Services, U.S. Department of Commerce, 2004, <http://www.fido.gov/facadatabase/rptannualreport.asp>.

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<sup>15</sup> US-Australia Free Trade Agreement - Report of the Industry Functional Advisory Committee on Electronic Commerce (IFAC-4), March 2004, p.3-5; U.S.-Central America Free Trade Agreement – Report of the Industry Functional Advisory Committee on Electronic Commerce (IFAC-4), March 2004, p.4-5.

<sup>16</sup> Ibid, p.3.

<sup>17</sup> The U.S.-Australia Free Trade Agreement (FTA) - Report of the Industry Sector Advisory Committee on Services for Trade Policy Matters (ISAC 13), March 12, 2004, p.2.

<sup>18</sup> The U.S.-Chile Free Trade Agreement (FTA) – Report of the Industry Sector Advisory Committee on Services for Trade Policy Matters (ISAC 13), February 28, 2003, p.5.

<sup>19</sup> The U.S.-Australia Free Trade Agreement (FTA) – Report of the Industry Sector Advisory Committee on Services for Trade Related Matters (ISAC 13), February 28, 2003, p.7; The U.S.-Central America Free Trade Agreement – Report of the Industry Sector Advisory Committee on Services for Trade Related Matters (ISAC 13), March 17, 2004, p.7.

<sup>20</sup> The U.S.-Australia Free Trade Agreement (FTA) – Report of ISAC 13, op.cit., p. 7.

<sup>21</sup> The U.S.-Australia Free Trade Agreement (FTA) – ITAC 13 Report, op.cit., p.13

<sup>22</sup> Ibid, p.8.

<sup>23</sup> Ibid p.13.

<sup>24</sup> The U.S.-Central America Free Trade Agreement (CAFTA) – Report of the Industry Sector Advisory Committee on Services for Trade Policy Matters (ISAC 13), March 17, 2004, p.2.

<sup>25</sup> Ibid, p.4.

<sup>26</sup> Ibid, p.6.

<sup>27</sup> Ibid.

<sup>28</sup> Ibid, p.8.

<sup>29</sup> The U.S.-Australia Free Trade Agreement – Report of the Industry Functional Advisory Committee on Customs Matters (IFAC 1), March 2004, p.2.

<sup>30</sup> The U.S.-Central American Free Trade Agreement (CAFTA) – Report of the Industry Functional Advisory Committee on Customs Matters (IFAC 1), March 2004, p.3.

<sup>31</sup> The U.S.-Australia Free Trade Agreement (FTA) – The Intellectual Property Provisions Report of the Industry Functional Advisory Committee on Intellectual Property Rights for Trade Policy Matters (IFAC-3), March 12, 2004, p.2-3.

<sup>32</sup> Ibid, p.3.

<sup>33</sup> Ibid, p.4.

<sup>34</sup> Ibid, p.5.

<sup>35</sup> Ibid, p.5-6.

<sup>36</sup> Ibid, 11-12. Nearly identical language is found in the Advisory Committee’s report on the U.S.-Singapore FTA.

<sup>37</sup> Ibid, p.12.

<sup>38</sup> Ibid, p.5.

<sup>39</sup> Ibid, p.13.

<sup>40</sup> Ibid, p.16-17.

<sup>41</sup> U.S.-Australia Free Trade Agreement, Chapter Seventeen Intellectual Property Rights, Article 17.9.4, p.17-15.

<sup>42</sup> U.S.-Singapore Free Trade Agreement, Article 16.7.2 p. 194.

<sup>43</sup> U.S.-Morocco Free Trade Agreement, Chapter Fifteen Intellectual Property Rights, Article 15.9.4, p.15-19—15-20.

<sup>44</sup> The U.S.-Australia Free Trade Agreement (FTA) – Report of the Industry Functional Advisory Committee on Standards (IFAC 2), March 9, 2004, p.3; The U.S.-Central American Free Trade Agreement (CAFTA) – Report of the Industry Functional Advisory Committee on Standards (IFAC 2), March 9, 2004, p.3.

<sup>45</sup> Ibid.