Evaluation and Impact Assessment of the Fgas Regulation

Fields marked with * are mandatory.

Introduction

Fluorinated gases (F-gases) are strong, man-made greenhouse gases that contribute to global warming. The most relevant F-gases are hydrofluorocarbons (HFCs), as well as perfluorocarbons (PFCs) and sulphur hexafluoride (SF6). Since 1990, EU emissions of F-gases almost doubled until 2014, after which they started to decline due to EU legislation. They are used in various applications (e.g. refrigeration, airconditioning, insulation foams), but also in some industrial processes and electrical transmission (SF6). The current F-gas Regulation (<u>Regulation (EU) No 517/2014</u>) applies since 2015 and aims at reducing EU F-gas emissions by two-thirds by 2030, compared to 2010 levels.

The F-gas Regulation preceded the passing of both the Paris Climate Agreement and the Kigali Amendment to the Montreal Protocol on substances that deplete the ozone layer, where Parties agreed to limit progressively the production and consumption of HFCs. More recently, the EU Commission adopted the European Green Deal Communication and proposed a European Climate Law establishing the framework for achieving the objective of climate neutrality by 2050, including increasing the ambition of 2030 climate targets. Ambitious action to avoid emissions of high global warming potential (GWP) greenhouse gases such as F-gases is key to reaching these objectives. The inception impact assessment on the F-gas Regulation can be found here.

The purpose of this open public consultation (OPC) is to determine public opinion on the performance of the existing F-gas Regulation to date and on the choice and potential impacts of future policy options. As the evaluation of the current Regulation will be conducted back-to-back with the impact assessment of the Commission proposal for revising the rules, this consultation will cover both.

This questionnaire is split into three parts: general awareness of F-gas (policy) (Part 1), general views on the F-gas Regulation (Part 2) and specialised views on the choice and impacts of the envisaged policy options (Part 3).

About you

* Language of my contribution

- Bulgarian
- Croatian
- Czech
- Danish

- Dutch
- English
- Estonian
- Finnish
- French
- Gaelic
- German
- Greek
- Hungarian
- Italian
- Latvian
- Lithuanian
- Maltese
- Polish
- Portuguese
- Romanian
- Slovak
- Slovenian
- Spanish
- Swedish
- * I am giving my contribution as
 - Academic/research institution
 - Business association
 - Company/business organisation
 - Consumer organisation
 - EU citizen
 - Environmental organisation
 - Non-EU citizen
 - Non-governmental organisation (NGO)
 - Public authority
 - Trade union
 - Other
- * First name

*Surname

PROAÑO

* Email (this won't be published)

isabel.proano@efanet.org

*Organisation name

255 character(s) maximum

European Federation of Allergy and Airways Diseases Patients' Associations

*Organisation size

- Micro (1 to 9 employees)
- Small (10 to 49 employees)
- Medium (50 to 249 employees)
- Large (250 or more)

Transparency register number

255 character(s) maximum

Check if your organisation is on the <u>transparency register</u>. It's a voluntary database for organisations seeking to influence EU decision-making.

28473847513-94

*Country of origin

Please add your country of origin, or that of your organisation.

Afghanistan	Djibouti	Libya	Saint Martin
Åland Islands	Dominica	Liechtenstein	Saint Pierre
			and Miquelon
Albania	Dominican	Lithuania	Saint Vincent
	Republic		and the
			Grenadines
Algeria	Ecuador	Luxembourg	Samoa
American	Egypt	Macau	San Marino
Samoa			

Andorra	El Salvador	Madagascar	São Tomé and
			Príncipe
Angola	Equatorial Guinea	Malawi	Saudi Arabia
Anguilla	Eritrea	Malaysia	Senegal
Antarctica	Estonia	Maldives	Serbia
Antigua and	Eswatini	Mali	Seychelles
Barbuda			
Argentina	Ethiopia	Malta	Sierra Leone
Armenia	Falkland Islands	Marshall	Singapore
		Islands	
Aruba	Faroe Islands	Martinique	Sint Maarten
Australia	Fiji	Mauritania	Slovakia
Austria	Finland	Mauritius	Slovenia
Azerbaijan	France	Mayotte	Solomon
			Islands
Bahamas	French Guiana	Mexico	Somalia
Bahrain	French	Micronesia	South Africa
	Polynesia		
Bangladesh	French	Moldova	South Georgia
	Southern and		and the South
	Antarctic Lands		Sandwich
			Islands
Barbados	Gabon	Monaco	South Korea
Belarus	Georgia	Mongolia	South Sudan
Belgium	Germany	Montenegro	Spain
Belize	Ghana	Montserrat	Sri Lanka
Benin	Gibraltar	Morocco	Sudan
Bermuda	Greece	Mozambique	Suriname
Bhutan	Greenland	Myanmar	Svalbard and
		/Burma	Jan Mayen
Bolivia	Grenada	Namibia	Sweden
Bonaire Saint Eustatius and Saba	Guadeloupe	Nauru	Switzerland

Bosnia and	Guam	Nepal	Syria
Herzegovina			
Botswana	Guatemala	Netherlands	Taiwan
Bouvet Island	Guernsey	New Caledonia	Tajikistan
Brazil	Guinea	New Zealand	Tanzania
British Indian	Guinea-Bissau	Nicaragua	Thailand
Ocean Territory			
British Virgin	Guyana	Niger	The Gambia
Islands	-	-	
Brunei	Haiti	Nigeria	Timor-Leste
Bulgaria	Heard Island	Niue	Togo
guu	and McDonald		
	Islands		
Burkina Faso	Honduras	Norfolk Island	Tokelau
Burundi	Hong Kong	Northern	Tonga
Durunui	Tiong Kong	Mariana Islands	U
Cambodia		North Korea	Trinidad and
Camboula	Hungary	 North Korea 	
		A 1 A	Tobago
Cameroon	Iceland	North	Tunisia
		Macedonia	- ·
Canada	India	Norway	Turkey
Cape Verde	Indonesia	Oman	Turkmenistan
Cayman Islands	Iran	Pakistan	Turks and
			Caicos Islands
Central African	Iraq	Palau	Tuvalu
Republic			
Chad	Ireland	Palestine	Uganda
Chile	Isle of Man	Panama	Ukraine
China	Israel	Papua New	United Arab
		Guinea	Emirates
Christmas	Italy	Paraguay	United
Island		. unuguuy	Kingdom
Clipperton	Jamaica	Peru	United States
Cipperiori	Jamaila		United States

Cocos (Keeling) Islands	Japan	Philippines	United States Minor Outlying Islands
Colombia	Jersey	Pitcairn Islands	Uruguay
Comoros	Jordan	Poland	US Virgin
			Islands
Congo	Kazakhstan	Portugal	Uzbekistan
Cook Islands	Kenya	Puerto Rico	Vanuatu
Costa Rica	Kiribati	Qatar	Vatican City
Côte d'Ivoire	Kosovo	Réunion	Venezuela
Croatia	Kuwait	Romania	Vietnam
Cuba	Kyrgyzstan	Russia	Wallis and
			Futuna
Curaçao	Laos	Rwanda	Western
			Sahara
Cyprus	Latvia	Saint	Yemen
_	_	Barthélemy	-
Czechia	Lebanon	Saint Helena	Zambia
		Ascension and	
		Tristan da	
		Cunha	
Democratic	Lesotho	Saint Kitts and	Zimbabwe
Republic of the		Nevis	
Congo	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Denmark	Liberia	Saint Lucia	

* Publication privacy settings

The Commission will publish the responses to this public consultation. You can choose whether you would like your details to be made public or to remain anonymous.

Anonymous

Only your type of respondent, country of origin and contribution will be published. All other personal details (name, organisation name and size, transparency register number) will not be published.

Public

Your personal details (name, organisation name and size, transparency register number, country of origin) will be published with your contribution.

I agree with the personal data protection provisions

Part 1 - Awareness of F-gases

Part 1 seeks to explore your general awareness of F-gas policy

1. Are you informed about:

	Very well informed	Reasonably well informed	Poorly informed	Not informed
Different types of F-gases, their sources, uses and emissions	O	0	۲	0
Impact of F-gases on climate change	0	0	۲	0
EU F-gas policies	0	۲	0	0
International F-gas policies	0	0	۲	0
General international and EU climate policies (Paris Agreement, European Green Deal)	0	۲	0	0

2. Are you familiar with:

	Very familiar	Somewhat familiar	Not very familiar	Not familiar
Containment of F-gases	0	0	0	۲
Training and certification for F-gas personnel	0	0	0	۲
Restrictions related to use of F-gases and equipment	0	0	۲	0
Quota system for F-gases	0	0	0	۲
Company reporting and verification	۲	0	O	۲

Part 2 - General views on the F-gas Regulation

Part 2 seeks to gather general views as regards the performance of the F-gas Regulation and the need for any changes

3. What impact has the F-gas Regulation had with respect to its objectives?

	Very positive	Positive	Neutral	Negative	Very negative	Cannot say
Contribute towards meeting the EU's climate targets	O	0	©	O	©	۲

Facilitate the agreement to phase down HFCs under the Montreal Protocol	O	O	O	0	0	۲
Discourage the use of F-gases with high GWP in the EU	O	O	0	0	0	۲
Promote the use of alternative substances or technologies	O	O	0	۲	0	۲
Prevent leakage and ensure proper end-of-life treatment of equipment	0	0	0	0	0	۲
Stimulate innovation and develop green technologies	O	O	0	0	O	۲

4. To what extent does the F-gas Regulation contribute to recent related EU or international objectives?

	Contributes strongly	Some contribution	Neutral	Adverse contribution	Cannot say
European Green Deal	0	۲	0	0	0
Montreal Protocol (Kigali Amendment)	۲	0	0	0	0
Paris Climate Agreement	0	۲	0	0	0

5. To what extent has the F-gas Regulation been coherent with other EU and international legislation?

	Fully coherent	Somewhat coherent	Not coherent	Cannot say
Montreal Protocol (Kigali Amendment)	۲	0	0	0
Paris Climate Agreement	۲	0	0	0
Mobile Air Conditioning (MAC) Directive	0	0	0	۲
Ozone Regulation	0	0	0	۲
Ecodesign Directive	0	0	0	۲
WEEE Directive and other waste legislation	0	0	0	۲
Customs legislation	O	0	0	۲

Please elaborate:

1000 character(s) maximum

The exemption for MDIs for pharmaceutical ingredients included in the 2014 EU F-Gases Regulation is coherent with the 85% reduction by 2047 introduced by the 2016 Kigali amendment to the Montreal Protocol on Substances that Deplete the Ozone Layer, and exemption for essential medical use therein.

6. Does the F-gas Regulation cover all relevant sectors and sub-sectors using F-gases?

- Yes
- No
- Don't know

Please elaborate:

1000 character(s) maximum

Given that the 2014 EU F-Gases regulation established an exemption for products for medical use, it did not foresee any preparatory and/or obligatory action to scale-down MDI containing HFCs at the European or national levels. Taking into account the extended use of F-Gases in life-saving medication for airways diseases such as asthma (affecting 30 million children and adults under 45 years of age in Europe) and chronic obstructive pulmonary disease (COPD) (estimated to affect 10% of the European population), the EU Regulation should further address the health requirements to reduce MDI use in Europe, addressing issues such as:

- clinical guidelines application at international, European and national levels
- healthcare settings for MDI use and administration
- patients' rights, needs and treatment choices
- personalised medicine and alternative medicine development and affordability,

all necessary aspects to scale-down the use of MDI to the strictly necessary circumstances.

7. To what extent have the Regulation's requirements been effective regarding its objectives (see question 3 above)?

	Very effective	Effective	Not very effective	Ineffective	Cannot say
Containment	0	0	0	0	۲
Recovery and producer responsibilities schemes	0	0	0	0	۲
Training and certification	0	0	0	0	۲
Labelling	0	0	0	۲	0
Restrictions on use and equipment	0	0	0	0	۲
HFC quota system	0	0	0	0	۲
Reporting and verification	0	0	0	0	۲
Collection of emissions data	0	0	0	۲	۲

Please elaborate:

1000 character(s) maximum

Patients and end users are not informed about their inhalers propellants' contribution to climate change through labelling, neither systematically on recycling.

8. Have the following factors presented important challenges for implementing the F-gas Regulation?

Please rate from 1 (= no challenge) to 5 (=very serious challenge)

	1	2	3	4	5	Cannot say
Lack of technical solutions	۲	۲	۲	۲	0	۲
Lack of information and awareness	۲	۲	۲	۲	۲	0
General economic situation	۲	۲	۲	۲	0	0
F-gas policies in non-EU countries	۲	۲	۲	0	0	۲
Unjustified barriers in safety standards and codes	۲	۲	۲	۲	۲	۲
Lack of training on F-gas alternatives	۲	۲	۲	۲	0	۲
Illegal imports	۲	۲	۲	۲	۲	۲
Misuse of quota system	۲	۲	۲	۲	۲	۲
High number of new market players	۲	۲	۲	۲	0	۲
COVID-19 pandemic	0	0	0	0	0	۲

Other challenges:

1000 character(s) maximum

The EU F-Gases Regulation has not contributed to inform people about the implications of their treatment. Most asthma and COPD patients do not know what an F-Gas is, and consequently ignore their inhaler contains an HFC that contributes to climate change. We base this on EFA's 2019 evidence-based survey on asthma and COPD care. 1 in 3 asthma and COPD patients do not feel involved in decisions regarding their treatment. Less than half have a written management plan and, even worse, COPD (33%) and asthma (20%) patients indicate have "never heard about" written management plans, which are basic tools recommended in clinical management guidelines. Many patients are not empowered to play full part in their care, as well as the environmental impact of their treatments. Informing about environmental impact must come with the information on what the solutions are. There are also economic issues regarding the cost of different treatment options have across Member States.

9. Have the following measures been effective in preventing illegal activities?

	Very effective	Effective	Not very effective	Ineffective	Cannot say
Inspections	0	0	0	0	۲

Penalties	0	0	0	0	۲
Customs control	0	0	0	0	۲
Market surveillance	0	0	0	0	۲
Reporting and verification	0	O	0	O	۲

Please elaborate:

1000 character(s) maximum

10. Has the F-gas Regulation been flexible enough to respond to:

	Yes	No	Cannot say
Delays in technological developments and/or market disruptions	۲	0	0
New or emerging issues	0	0	۲

11. In what way has the F-gas Regulation impacted:

	Very positively	Positively	Neutral	Negatively	Very negatively	Cannot say
EU competitiveness	0	0	0	0	0	۲
Trade with third countries	0	0	0	0	0	۲
Better stewardship of F-gases by equipment operators	0	0	0	0	0	۲
F-gas policies by other countries	0	0	0	0	0	۲
EU credibility in this area	۲	0	0	0	O	۲

12. Has the COVID-19 crisis negatively impacted any F-gas sectors?

- yes
- no

Please elaborate:

1000 character(s) maximum

During the COVID-19 pandemic, clinicians are proposing patients changes in their inhaler treatment to substitute aerosol because of the higher risk of COVID-19 contamination when the asthma or COPD medicine is nebulised. [Acute asthma management during SARS-CoV2-pandemic 2020, World Allergy Organisation Journal, May 2020: https://pubmed.ncbi.nlm.nih.gov/32411315/] These medicines have also been used for COVID-19 patients in their breathing issues.

13. Have the costs of the following measures been justified to achieve the objectives (see question 3)?

Please rate from 1 (benefits significantly outweigh the costs) to 5 (Costs significantly outweigh the benefits)

	1	2	3	4	5	Cannot say
Containment	۲	۲	۲	0	0	۲
Training and certification	۲	۲	۲	0	0	۲
Recovery and producer responsibilities schemes	0	۲	۲	0	0	۲
Labelling	۲	۲	۲	0	0	۲
Restrictions on use and equipment	0	0	۲	0	0	۲
HFC quota system	0	0	۲	0	0	۲
Reporting and verification	۲	۲	۲	0	0	۲
Collecting emissions data	0	۲	۲	0	0	۲
National enforcement actions	0	0	0	0	0	۲

14. How costly have the following measures been for business?

Rate from 1(marginal costs) to 5 (very high costs)

	1	2	3	4	5	Cannot say
Containment	0	0	0	0	0	۲
Training and certification	۲	۲	0	۲	۲	۲
Recovery and producer responsibility schemes	0	۲	0	۲	۲	۲
Labelling	0	۲	0	۲	۲	۲
Restrictions on use and equipment	۲	۲	۲	۲	۲	۲
HFC quota system	0	0	0	0	0	۲

Reporting and verification	0	۲	۲	0	0	۲
----------------------------	---	---	---	---	---	---

16. Is the F-gas Regulation

Rate from 1 (fully agree) to 5 (absolutely not)

	1	2	3	4	5	Cannot say
clear?	۲	0	0	0	0	0
consistent?	۲	0	0	0	0	0

Please elaborate:

1000 character(s) maximum

17. The F-gas Regulation has

Rate from 1 (fully agree) to 5 (absolutely not)

	1	2	3	4	5	Cannot say
levelled the playing field across the EU	0	0	۲	۲	\bigcirc	۲
increased the level of policy ambition across the EU	0	۲	۲	۲	0	۲
improved consistency of relevant safety standards and codes across the EU	0	0	0	0	0	۲

18. Do you consider that the F-gas Regulation may lead to an increased accumulation of persistent chemicals in the environment?

- Yes
- No
- Cannot say

19. Any other comments

5000 character(s) maximum

Please include any further information useful for this evaluation and impact assessment. In particular, please provide public references to relevant studies, position papers, and case studies or upload relevant documents.

In our evidence based survey on asthma and COPD care, asthma patients reported that their asthma is most commonly treated with inhaled corticosteroids (72%) and use emergency relief (62%) medication.

Active Patients Access Care report, 2019 European Federation of Allergies and Airways Diseases Patients' Associations (EFA): https://www.efanet.org/images/ShowLeadership/Report-Showleadership_FINAL.pdf

These results confirm the persistent reliance and overuse of emergency relief (in part MDI). Worryingly, patients are treating asthma symptoms instead of inflammation and end up to the emergency room at least once a year.

Hospitalisations occur even more often among COPD patients. Despite treatment and frequent follow-up consultations, one in three COPD patients are admitted to the emergency room every year. This situation dramatically increases with severity: over half of patients with severe COPD rely on emergency services at least once a year.

On the future steps towards phasing down F-Gases, we call on the European Union to ensure that the access to the care that people with asthma and COPD need is not compromised, as that would be against their health, and impact their social and fundamental rights.

TO QUESTION 10: pMDIs can be considered as irreplaceable medical technologies because of their dual nature of active compounds and medical devices. Alternatives might differ from current treatments, not to mention the patient education that is needed to develop good inhaler techniques, all aspects having implications for the patient.

The F-Gas regulation has been consistent in extending the phase down framework for pharmaceutical ingredients to allow necessary research and innovation processes within the healthcare sector. According to 2015 data drug development in the respiratory field exceeds 12 years on average. We hope the next generation of inhalers will innovate to treat asthma and COPD more effectively, and in a sustainable way for the planet.

TO QUESTION 22: At EFA we believe and call for a strong EU action on access to information, prevention and care. EU action fights inequalities across Member States and sets information, safety and security standards for health-related products. The role of the European Medicines Agency is crucial on the authorisation of medicines and information about them. EU Member States have the competency to shape the use of medicines in their territory, through prescription schemes (target groups) or reimbursement policies. From our perspective, any decision on the availability of a medicine should be in line with EMA and, in the case of F-gas containing MDI, be accompanied by EU recommendations on how to scale them down putting health concerns at the heart.

Please upload your file

The maximum file size is 1 MB Only files of the type pdf,txt,doc,docx,odt,rtf are allowed

Part 3 - Specialised views on policy options

Part 3 seeks to gather specialised views on the existing regulatory provisions and considered changes to the existing rules. It requires detailed technical knowledge of the F-gas Regulation.

Information for stakeholders:

The following policy options are under consideration:

- 1. Seeking alignment with the Montreal Protocol
 - Add new phase-down steps beyond 2030
 - Remove some exemptions and thresholds not foreseen by the Montreal Protocol
 - Make separate HFC production phase-down
 - Add flexibility to align with future Montreal Protocol decisions
- 2. Raising ambition in line with European Green Deal
 - Increase HFC phase-down ambition
 - Prohibit the use of F-gases where feasible
- 3. Improve implementation and enforcement
 - Training on non-F-gas alternatives
 - Detailed rules for customs and surveillance authorities, and facilitating the use of the EU Single Window environment for customs
 - Strengthen obligations of economic operators to prevent illegal trade
 - Limit the market players to legitimate participants
 - More comprehensive monitoring

20. Do you agree that the following review objectives are relevant:

Rate from 1 (fully agree) to 5 (strongly disagree)

	1	2	3	4	5	Cannot say
Ensure EU long-term compliance with Montreal Protocol	۲	0	0	0	\bigcirc	0
Raise ambition in light of the Green Deal and technological progress	۲	0	0	0	0	0
Improve implementation and enforcement	۲	0	0	0	\bigcirc	0

21. Do you see any other main objective for the revision, keeping in mind that a large number of changes may delay the negotiations and thus prevent quickly fixing urgent implementation issues? Please elaborate:

1000 character(s) maximum

Within the 3rd objective on Improving implementation and enforcement, the F-Gases could also introduce clearer and strengthened rules on information to the public (i.e. on-pack labelling, updated patient information leaflet, online portal) for those F-Gases containing products that remain in the market and/or that are produced in EU Member States of by EU Member States companies and commercialised in third countries, and potential foreseen transition to new technologies replacing the old.

22. Do you think the original objectives of the F-gas Regulation (see question 3) and the proposed policy options (see information above) could be better achieved at EU Member State level?

Yes

No

Cannot say

Information for stakeholders: The <u>EU Single Window Environment for Customs</u> involves establishing automatic links between the F-gas Portal and the IT systems of the Member States' customs authorities via a central system supported by the Commission. This will facilitate the customs clearance process by enabling automatic checks of data in customs declarations with data in the F-gas Portal. Further, it would allow for quantity management of F-gases imported in the Union and help to prevent illegal imports.

23. How important are the following measures for improving implementation and enforcement?

Rate from 1 (very important) to 5 (not important)

	1	2	3	4	5	Cannot say
Training of technicians on F-gas alternatives	0	۲	۲	۲	0	۲
Strengthen the role of customs and facilitate the link with the EU Single Window Environment for customs	0	0	0	0	0	۲
Strengthen obligations of economic operators to prevent illegal trade	0	0	0	0	0	۲
Limit the market players to legitimate participants	0	۲	۲	۲	۲	۲
More comprehensive monitoring	0	۲	۲	۲	0	۲
Minimum requirements for penalties at Member State level	0	۲	۲	۲	0	۲

Any other relevant measure for improving enforcement, please specify:

1000 character(s) maximum

- Integrate the human and patient health aspects including impact and policy scenario assessments, to phase down F-Gases, so that there are no unintended negative impacts on health;

- Work with patient organisations, and with primary and secondary healthcare professionals and producers to understand the health needs of patients with asthma and COPD. Consider adherence to treatment and the psychological aspects, including fear due to change;

- Inform citizens and patients how they can contribute to a healthy environment without compromising their care and treatment; Patient and healthcare professional organisations are partners to reduce the environmental impact of our medications through health literacy, inhaler techniques and simple information;

- Encourage health authorities and professionals to invest in the implementation of asthma and COPD disease management guidelines, such as GINA and ERS-ATS so that every patient has a self-management plan.

24. To what extent will the following policy options reduce emissions?

Rate from 1 (large savings) to 5 (no benefit)

	1	2	3	4	5	Cannot say
Increase HFC phase-down ambition in line with technological development	۲		0	0		0
Prohibit the use of HFCs in applications where they are no longer needed	۲	0	0	0	0	0
Prohibit the use of other F-gases (i.e. SF6, PFCs,) in applications where these gases are no longer needed	۲	0	0	0	0	0

25. To what extent will the following policy options impact administrative costs?

	Reduce significantly	Reduce	No impact	Increase	Increase significantly	Cannot say
Add new HFC phase-down steps beyond 2030	0	0	0	0	۲	۲
Remove some exemptions and thresholds not foreseen by the Montreal Protocol	O	۲	۲	۲	0	۲
Make separate HFC production phase-down	0	0	0	0	۲	۲
Add flexibility to align with future Montreal Protocol decisions	0	0	0	0	۲	۲
Increase HFC phase-down ambition	0	0	0	0	۲	۲
Prohibit the use of F-gases in products or equipment, where these gases are no longer needed	0	۲	۲	0	0	۲
Technicians training on non-F-gas alternatives	0	0	0	0	۲	۲
Detailed rules for customs and surveillance authorities	0	0	0	0	۲	۲
Strengthen obligations of economic operators to prevent illegal trade	0	0	0	0	۲	۲
Limit the market players to legitimate participants	0	0	0	0	۲	۲
More comprehensive monitoring	0	0	0	0	0	۲

26. Where you expect administrative costs to be significant, please quantify them (EUR or person hours) per relevant option:

1000 character(s) maximum

As possible cost is to address those patients or situations that will need to remain in F-Gas containing MDI because they do not have an alternative.

27. To what extent will the following policy options impact operational costs?

	Reduce significantly	Reduce	No impact	Increase	Increase significantly	Cannot say
Add new HFC phase-down steps beyond 2030	0	0	0	0	۲	۲
Remove some exemptions and thresholds not foreseen by the Montreal Protocol	O	۲	۲	۲	0	0
Make separate HFC production phase-down	0	0	0	0	۲	۲
Add flexibility to align with future Montreal Protocol decisions	0	0	0	0	۲	۲
Increase HFC phase-down ambition	0	0	0	0	۲	۲
Prohibit the use of F-gases in products or equipment, where these gases are no longer needed	O	0	۲	0	0	۲
Technicians training on non-F-gas alternatives	0	0	0	0	۲	۲
Detailed rules for customs and surveillance authorities	0	0	0	0	۲	۲
Strengthen obligations of economic operators to prevent illegal trade	0	0	0	0	۲	۲
Limit the market players to legitimate participants	0	0	0	0	۲	۲
More comprehensive monitoring	0	0	0	0	0	۲

28. Where you expect operational costs to be significant, please quantify them (EUR or person hours) per relevant option:

1000 character(s) maximum

For EFA, if the medical exemption for f-Gases for medical use is removed while there is no proved working alternative for asthma and COPD patients in need of their life-saving medicine, there will be an unquantifiable health burden. Switching chronic disease medicines without warranties might lead some to uncontrolled asthma and worse symptom control in COPD, incurring then in preventable emergency hospitalisations and long-term rehabilitation, or death. The EU has long ago adopted recommendations on personalised medicine, not only referring to the availability of innovative solutions (which are often the most expensive) but also to the accessibility of therapies that work for the individual to be able to offer the right treatment to the right patient. For some, the best available treatment today remains HFC containing MDIs.

29. Do you expect any of the policy options to impact on:

	Significant effect	Slight effect	No effect	Cannot say
EU competitiveness	0	0	0	۲
Trade with non-EU countries	۲	0	0	0
Employment	0	0	0	۲
Consumer prices	۲	0	0	0
R&D and innovation	۲	0	0	0
Internal market	0	0	0	۲
Specific regions	0	0	0	۲
Non-EU stakeholders and international relations	O	O	0	۲
SMEs	0	0	0	۲
Public health and safety	۲	0	0	0

Where significant, please describe effect for the relevant option:

1000 character(s) maximum

TRADE – Often, the only medication available in third countries to treat asthma and COPD containg HFCs. We encourage the EC to connect with the World Health Organisation to estimate how potential changes in the EU F-Gases Regulation might impact health care and treatments in third countries, especially the poorest populations in terms of access to basic medication for asthma and COPD.

CONSUMER PRICES – Conduct quantitative and qualitative research on the impact on patients when changing treatment, including economic aspects such as accessibility.

R&D - Promote and stimulate the development of green smart inhalers that are recyclable.

Contact

Contact Form