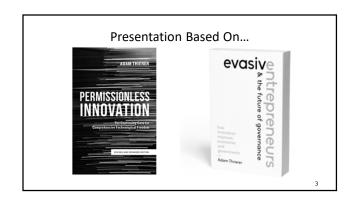


## Conflict of Interest Disclosure

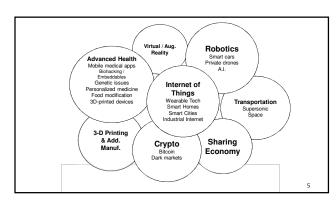
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# **Learning Objectives**

- Describe a method used to regulate the advancement of technology
- Define precautionary principle
- Discuss factors that allow pharmacy to safely advance under Permissionless Innovation







A "Technopanic" Mentality Dominates Policy Discussions "Panic Cycles"

HEIGHT OF PHYSTERIA

POINT OF PANIC OF PA







# The Clash of Policy Paradigms

Permissionless Innovation vs. the Precautionary Principle

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# Tech Policy Paradigms / Governance "Visions"

<u>Permissionless Innovation</u> = The general freedom to experiment & learn through trial-and-error. A general openness to change, disruption, risk-taking & the possibility of failure.

<u>Precautionary Principle</u> = Crafting public policies to control or limit new innovations until their creators can prove that they won't cause any harms.

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# "Hopper's Law"

"It's easier to ask forgiveness than it is to get permission."

- Former Navy Rear Admiral Grace Hopper explaining how she got things done as a computer programmer in the US Navy.

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## The Conflict of Visions over Innovation Policy

	Precautionary Principle	Permissionless Innovation
Innovation	must be carefully guided	should be free-wheeling
Priority	Stability / equilibrium	Spontaneity / experimentation
Risk	risk anticipation is preferred	risk adaptation is preferred
Solutions	Preemptive (ex ante) top-down controls/solutions	Reactive (ex post) bottom-up remedies
Presumption	Innovators must ask, "Mother, May I?"	Innovators are "innocent until proven guilty"
Ethos	"Better to be safe than sorry"	"Nothing ventured, nothing gained"

. .

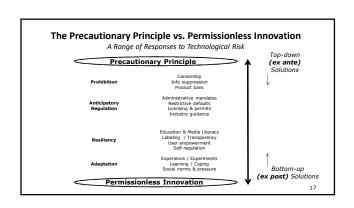
# Why Permissionless Innovation Should Generally be the Default

If we spend all our time living in constant fear of worst-case scenarios—and premising public policy upon such fears—it means that best-case scenarios will never come about.

Wisdom and progress are born from experience, including experiences that involve risk and the possibility of occasional mistakes and failures.

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# "The Risk of Avoiding All Risks" "We've consulered every potential risk, except the roles of excelleg all risks." There can be no reward without some risk.



# What Happens When Worlds Collide?

... when digital tech invades health & medical arena? ... when old & new policy paradigms conflict?

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INEVITABLE

## A Conflict of Visions for Medicine

#### **Traditional Medicine**

- Paternalistic
- · Permission-based
- · Risk is feared
- Prior restraints (ex ante controls)
- "Mother, May I?"
- "Fortress" mentality

#### Internet Model

- Freedom-oriented
- Permissionless
- Risk is embraced
- No prior restraint (ex post remedies)
- "Innocent till proven guilty"
- "Frontier" mentality

Problem: These worlds are colliding.

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Technologies That are "Born Free" Will Have an Easier Time than Those "Born in Regulatory Captivity"

#### "Born Free"

(less law / few agencies)

"Born Captive"

- - Smartphone apps
- 3D Printing
- Virtual Reality / AR
- Artificial intelligence

(lots of law / existing agencies)

- online services / social media Driverless cars (DOT)
  - Medical technology (FDA)
  - Food tech (FDA, USDA) Commercial drones (FAA)
  - Supersonic & Space (FAA)
  - · Financial services
  - Problem: Again, these worlds are colliding!

# "Software Is Eating the World"

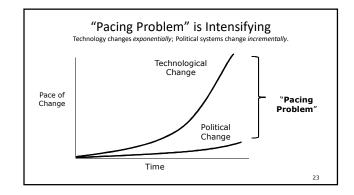


"Health care and education, in my view, are next up for fundamental software-based transformation."

# Drivers of Modern Tech Disruption are Spreading

- ✓ the digitization of all data
- massive increases in processing power
- exploding storage capacity
- ubiquitous networking capabilities
- steady miniaturization of everything
- increasing sensorization of the world
- falling cost of almost everything

These factors are now putting pressure on the medical profession and its regulation.





## The "Collingridge Dilemma"



- In other words, once people have it, they won't give it up easily.
- Collingridge referred to this as the "dilemma of control."

(1980)

 "When change is easy, the need for it cannot be foreseen; when the need for change is apparent, change has become expensive, difficult and time-consuming."

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# Technological Civil Disobedience or Evasive Entrepreneurialism

 The refusal of innovators (individuals, groups, or even corporations) or consumers to obey technology-specific laws or regulations because they find them offensive, confusing, time-consuming, expensive, or perhaps just annoying and irrelevant.



- Uber, AirBnB
- 3D printing of medical devices
- Smartphone fitness & diet applications



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# "Innovation Arbitrage" increasing

- Getting easier for innovators to relocate to jurisdictions that provide legal and regulatory environment more hospitable to entrepreneurial activity.
- What happened with capital flows now happening with innovative activities.
- · Happening at both global and domestic scale.
- Ex: genetic testing & modification; medical tourism

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# Congress is Less Engaged in Tech Policy

- legislative and executive efforts to craft policy undermined by chronic "demosclerosis"
  - = growing government dysfunctionalism brought on by the inability of public institutions to adapt to changes
  - Causes: regulatory accumulation, bureaucratic bloat, special interest rent-seeking, lack of expertise, etc.
- we shouldn't expect federal lawmakers to play as much of a role in technological governance as they did in past decades

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#### The Combined Effect of All These Trends

- Combination of pacing problem + evasive entrepreneurialism + global innovation arbitrage + unlevel playing fields + demosclerosis = gradual decline of "hard law"
- · Corresponding rise of "spontaneous private deregulation"
  - the *de facto* rather than the *de jure* elimination of traditional laws and regulations
  - no laws have been altered; no formal deregulation has occurred and yet liberalization has occurred

The Creative Destruction of MEDICINE

What Does This Mean for Medicine?

FORTESS A FRONTIER IN AMERICAN HEATTY CARE

FORTESS A FRONTIER IN AMERICAN HEATTY

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# 5 Specific Future Fault Lines

- 1. Smartphones, health apps, IoT & wearables
- 2. 3D Printing of medical devices
- 3. Big Data, artificial intelligence & "precision medicine" or "personalized medicine"
- 4. Genetic testing & editing
- 5. Biohacking & open source science / citizen

#### Wearables, Mobile Health & the "Quantified Self"



- Nathan Cortez's "Typology of Mobile Health Technologies"

  Connectors: applications that connect smartphones and tablets to FDA-regulated devices, thus amplifying devices 'functionalities.

  Realizators: applications that turn a smartphone or tablet itself into a medical device by replicating the functionality of an FDA-regulated device.

  Automators & Customizers: apps which use questionnaires, algorithms, formulae, medical calculators, or other software parameters to aid clinical decisions.

  Informers & Educators: medical reference texts and educational apps that primarily aim to inform and educate.
- Administrators: apps that automate office functions, like identifying appropriate insurance billing codes or
- Loggers & Trackers: apps that allows users to log, record, and make decisions about their general health and

# The "Sci-Fi" Future of IoT & Wearables Will Arrive

Shortly

- "Implantables" = IoT implanted under skin
- "Ingestibles" = IoT tech that is swallowed
- "Biohacking" = Body modification to enhance or repair human abilities
  - see: http://forum.biohack.me



#### Citizen Scientists & Community Open Science Labs Should DIY citizen scientists & community labs be allowed to make free lifesaving drugs and devices?





# 3D-printed prosthetic limbs

"e-NABLE" volunteers use open-source blueprints & 3D printers to give kids free prosthetic limbs. FDA violation?







# Families custom-made insulin pumps & orthosis

Parents using 3D printers & open source code to help their children with diabetes or cerebral palsy. Do we regulate parents?





#### 3D-Printed orthodontics

23-year old Amos Dudley used a 3D printer to make his own braces. Did this kid violate FDA regs? What if he would have taught others how to do it themselves? Or sold them?



Will We Get the "Right to Try" to Medical Tech Without Ever Passing Any Laws?

- In this new world, traditional "command and control" regulation will start breaking down
- · Citizens will gain "right to try" many new technologies without getting anyone's permission
- · What are we to do about "technologicallyenabled civil disobedience"??

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#### A New World Demands New Solutions

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#### 3-Part Plan

## 1. Old barriers need to be reformed quickly

- Federal: food & drug law reform / FDA reforms
- State: relax licensing laws / barriers to entry

## 2. "Soft law" becomes essential

- Agency "guidance" & best practices become new norm
- 3. Need for stepped-up risk education

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#### Remove Barriers to Innovation

#### "Right to Earn a Living" / Occupational licensing reform:

- (1) "All occupational regulations shall be limited to those demonstrably necessary and corefully tailored to fulfill legitimate public health, sofety, or welfare objectives." (2) "Within one year following enactment, every agency shall conduct a comprehensive review of all occupational regulations and occupational licenses within their jurisdictions."

#### "Right to Try" / "Right to Tinker"

The Innovator's Presumption: Any person or party (including a regulatory authority) who opposes a new technology or service shall have the burden to demonstrate that such proposal is inconsistent with the public interest.

The Sunsetting Imperative: Any existing or newly imposed technology regulation should include a provision sunsetting the law or regulation within two years. setting the law or regulation within two years.

The Parity Provision: Any operator offering a similarly situated product or service should be regulated no more strippently than its locat populated and any operator of the part of the p ently than its least regulated competitor

#### Soft Law: Hard to Define, But Dominant

- "Instruments or arrangements that create substantive expectations that are not directly enforceable, unlike 'hard law' requirements such as treaties and statutes." (Marchant and Allenby)
- Informal, collaborative, and constantly evolving governance mechanisms
- Soft law already the dominant governance model for today for technology such as: driverless cars, mobile medical applications, the Internet of Things, biometrics, nanotech, biotech, 3D printing, bitcoin, online advertising, and more

# Soft Law Mechanisms for Emerging Tech

- · Guidance documents
- "Sandboxes" (informal consultations) & soft nudges
- Multistakeholder processes
- Agency workshops & reports
- Best practices & codes of conduct
- Industry self-regulation, co-regulation & other collaborative efforts

Soft law has become the dominant modus operandi for modern technological governance, at least in the United States

## **Examples of Modern Soft Law**

- - Policy guidance on autonomous vehicles Proactive principles for vehicular cybersecurity
- Best practices for commercial facial recognition technology
- Voluntary frameworks and multistakeholder process on IoT security upgradability OSTP
- White papers and reports on AI and big data
- FDA
  - Guidance for industry on clinical trial best practices, "medical" smart phone apps, and 3D-printed
- FTC Staff reports and guidance documents on the IoT
- Advisory circulars on small unmanned aircraft systems

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# FDA Stepping Up Use of Soft Law

- FDA has been using guidance documents since it was the Bureau of
- FDA is the most prolific agency promulgator of soft law releasing over 100 guidances every year
  - Reliance is so significant "that a Government Accountability Office report from 2015 noted that, 'certain provisions of the OMB Bulletin [on "Good Guidance Practices"] were informed by written FDA practices for the initiation, development, issuance, and use of their guidance documents."

# More Risk Education Needed

- aim to better inform citizens about relative risk trade-offs they face with new technological capabilities.
- risk education should focus on both the general public and the innovators
- essential in a world of highly personalized medicine, where citizens are more empowered to make their own wellness
- Already part of the FDA's mission, but secondary
  - Strategic Plan for Risk Communication (2009)
  - Communicating Risks and Benefits: An Evidence-Based User's Guide (2011)



# New Policy Approach

- Move toward permissionless innovation where possible
  - innovators are innocent until proven guilty
  - opt for "educate & empower" before "legislate & regulate"
- Science before politics
  - Cost-benefit analysis; sensible definition of "harms"
- Touchstones of good governance... - adaptability, flexibly, openness to change
  - humility, patience, forbearance
  - lots of room for experimentation & reevaluation - "simple rules for a complex world"

# Borrow from Clinton's Internet Vision

Framework for Global Electronic Commerce (1997):

- "the private sector should lead. The Internet should develop as a market driven arena not a regulated industry."
- "governments should avoid undue restrictions on electronic commerce" & "parties should be able to enter into legitimate agreements to buy and sell products and services across the Internet with minimal government involvement or intervention."
- "where governmental involvement is needed," the Framework continued, "its aim should be to support and enforce a **predictable**, **minimalist**, **consistent and simple legal environment** for commerce."

