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9 **UNITED STATES DISTRICT COURT**
10 **EASTERN DISTRICT OF CALIFORNIA**

11 UNITED STATES OF AMERICA, *ex rel.*
FRANK SOLIS,

12 PLAINTIFF,

13 v.

14 MILLENNIUM PHARMACEUTICALS,
15 INC., SCHERING-PLOUGH CORP., and
16 MERCK & CO.,

17 DEFENDANTS.
18
19

CASE NO. 2:09-cv-3010-MCE-JFM

PHRMA'S RESPONSE TO THE UNITED STATES' OPPOSITION TO PHRMA'S AMICUS BRIEF

Date: October 16, 2014
Time: 2:00 p.m.
Assigned to: Hon. Morrison C. England, Jr.
Location: Courtroom 7, 14th Floor

1 Because the government grossly misstates PhRMA’s argument, it is indeed “important to
2 make clear precisely what PhRMA . . . contends that the First Amendment provides.” USG Opp.
3 2. PhRMA’s position is that for a party’s speech to “knowingly caus[e]” someone else to submit a
4 false claim under the False Claims Act (FCA), the First Amendment demands a *direct causal*
5 *nexus* between the speech and the claim. PhRMA Br. 5-6. That nexus is absent here. The speech
6 at issue does not urge or instruct others to submit false claims. All the manufacturer did was share
7 with doctors copies of medical articles published in leading peer-reviewed journals discussing an
8 unapproved use of an FDA-approved drug. It is undisputed that this speech is *truthful*. Such
9 speech may educate doctors, who may exercise their medical judgment and prescribe FDA-
10 approved drugs for unapproved uses to treat patients. But such physician conduct is not just
11 lawful. It is so central to the practice of modern medicine that doctors may thwart the standard of
12 care if they do *not* prescribe FDA-approved drugs for unapproved uses that would be appropriate
13 for the patient. *Id.* at 1. This Court should thus hold that manufacturers cannot face FCA liability
14 for sharing truthful information with doctors about unapproved uses of FDA-approved drugs.¹

15 Rather than respond to this argument, the government attacks a straw man: it accuses
16 PhRMA of advocating a First Amendment right to shield *all* speech from sanction, no matter how
17 closely connected to unlawful conduct. USG Opp. 2-3. But there is an obvious distinction
18 between speech (even truthful speech) that incites illicit conduct—which is unprotected—and
19 speech that encourages lawful conduct in the form of medically appropriate treatment—which the
20 First Amendment plainly protects. The government’s interpretation of the FCA runs roughshod
21 over this difference, and is at least as radical as the position the government invents for PhRMA.

22 The dangers of the government’s position bear repeating. The government states that
23 speech may expose a party to treble damages for “knowingly caus[ing]” the submission of a false
24 claim if it is “reasonably foreseeable that the . . . statements would influence” the submission of a
25 claim that is not “eligible for payment in light of applicable law.” SOI 9; *accord* USG Opp. 2.
26 Taken to its logical conclusion, the government’s interpretation has no rational stopping point.

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28 ¹ “USG Opp.” is the United States’ Statement of Interest in Opposition to PhRMA’s *Amicus* Brief (Dkt. # 141).
“PhRMA Br.” is PhRMA’s *Amicus* Brief (Dkt # 137). “SOP” is the United States’ Statement of Interest (Dkt. # 120).

1 FCA liability would attach to *any* speech to doctors about any unapproved use of any FDA-
2 approved medicine. Fellow doctors, patient advocacy groups, insurance companies, and the
3 medical journals themselves all foreseeably distribute the same information to doctors as
4 manufacturers do. They all would be just as liable for inciting false claims under the
5 government’s stated theory. Because the government’s interpretation punishes truthful speech that
6 underpins modern medicine and helps save lives, this Court should resoundingly reject it.

7 1. Far from “never be[ing] endorsed by any court,” USG Opp. 2, PhRMA’s position finds
8 substantial support in Supreme Court cases (albeit ones the government ignores). The Supreme
9 Court has held that if the government wants to punish speech due to its purported link to unlawful
10 conduct, there must be a *direct connection* between the speech and conduct. PhRMA Br. 5-6
11 (citing cases). Mere “reasonabl[e] foreseeability” that speech might “influence” unlawful conduct
12 is insufficient. That is why the government cannot bar speech advocating unlawfulness in the
13 abstract. *Brandenburg v. Ohio*, 395 U.S. 444, 447-48 (1969) (per curiam). Likewise, speech that
14 has some “tendency . . . to encourage unlawful acts,” or that “increases the chance an unlawful act
15 will be committed at some indefinite future time,” cannot be proscribed. *Ashcroft v. Free Speech*
16 *Coalition*, 535 U.S. 234, 253 (2002) (quotation omitted). Such speech expresses discrete ideas
17 that warrant First Amendment protection even if the speech indirectly encourages unlawful
18 conduct. *See Rice v. Paladin Enters., Inc.*, 128 F.3d 233, 243 (4th Cir. 1997).

19 Requiring a close causal connection between speech and unlawful conduct does not
20 immunize speech that incites or aids crimes, which is the epitome of speech intimately tied to
21 unlawful conduct. *Cf.* USG Opp. 3-4. Speech aiding and abetting a crime is an instrument of the
22 crime: it actively “assist[s] the perpetrators.” *United States v. Barnett*, 667 F.2d 835, 841 (9th Cir.
23 1982) (quotations omitted). An agreement among conspirators is “an invitation to engage in an
24 illegal exchange.” *Brown v. Hartlage*, 456 U.S. 45, 55 (1982). And conveying facts about how to
25 make an illegal drug or how to commit murder for hire is “instrumental in and intertwined with the
26 performance of criminal activity.” *Rice*, 128 F.3d at 245 (quotations omitted). As the government
27 previously represented, “[C]ulpability in such cases is premised, not on defendants’ ‘advocacy’ of
28 criminal conduct, but on [their] successful efforts to assist others by detailing to them the means of

1 accomplishing the crimes.” *Id.* at 246 (quoting DOJ report).

2 This case vividly demonstrates the perils of allowing the government to trample the bright
3 constitutional line between speech that directly incites unlawful conduct and speech that does not.
4 The government disturbingly sees a “precise[] analog[ue]” between the “dissemination of printed
5 materials that incite crimes” and “civil liability for causing another party to submit false claims . . .
6 via the dissemination of printed materials.” USG Opp. 4-5 (quotation omitted). Disseminating
7 instructions on how to commit tax evasion induces others to *break the law*. *United States v.*
8 *Hempfling*, 431 F. Supp. 2d 1069, 1074 (E.D. Cal. 2006). But disseminating medical journal
9 articles about clinical trial results at most may encourage others to engage in conduct that is
10 *lawful*—and beneficial to public health and patient care. If doctors decide, based on their medical
11 judgment, to prescribe drugs for unapproved uses, that is legal and what doctors *should* do under
12 their Hippocratic Oaths. To be sure, hospitals may submit reimbursement claims for those
13 prescriptions, which the government may deem ineligible for reimbursement and thus “false.”
14 USG Opp. 2; SOI 9. But hospitals are not getting instruction in how to submit “false” claims from
15 articles about clinical trials that hospitals never received, let alone received from manufacturers.

16 The government’s interpretation is boundless and would open the floodgates to FCA
17 liability for virtually anyone in the medical field. Physicians receive reprints of peer-reviewed
18 medical journal articles about unapproved uses of FDA-approved drugs from any number of
19 sources, any of whom would be similarly liable under the government’s theory of FCA liability.
20 The journals themselves disseminate these articles to subscribers, many of whom are physicians.
21 Physicians share articles with each other. Patient advocacy groups and insurance companies also
22 often distribute medical journal reprints to treating physicians. Under the government’s
23 unbounded theory, the FCA would be transformed into a mechanism for regulating and punishing
24 truthful speech about scientific developments emanating from any of these sources. That result
25 obviously raises serious constitutional problems, especially since there are less intrusive ways to
26 prohibit false claims. Requiring a direct causal nexus between speech and a false claim still serves
27 the government’s interest in punishing those who induce others to submit false claims. And “if the
28 Government could achieve its interests in a manner that . . . restricts less speech, the Government

1 must do so.” *Thompson v. W. States Med. Ctr.*, 535 U.S. 357, 371 (2002).²

2 2. The government argues that, under *Wisconsin v. Mitchell*, 508 U.S. 476 (1993), speech
3 may be evidence of the defendant’s wrongful intent. USG Opp. 2. That is true but irrelevant.
4 *Mitchell* establishes that speech may be evidence of intent *if the defendant committed unlawful*
5 *conduct* and the speech directly bears on the defendant’s motive. The government denies that
6 *Mitchell* distinguished between punishing speech versus conduct. *Id.* at 2 n.2. But *Mitchell* could
7 not be clearer. The defendant was prosecuted for “criminal conduct”—assault. 508 U.S. at 485.
8 The Supreme Court upheld a statute that used the defendant’s speech just before the assault
9 (“There goes a white boy; go get him”) to “enhance[] the maximum penalty for conduct motivated
10 by a discriminatory point of view.” *Id.* at 480-86. The Court reasoned that the state was not just
11 punishing speech; it was punishing the defendant for committing a hate crime, and his speech
12 showed racial animus. *Id.* at 484-87. Because the statute “aimed at conduct unprotected by the
13 First Amendment,” it was constitutional—unlike “the ordinance struck down in *R.A.V. [v. St.*
14 *Paul]*,” which “was explicitly directed at expression” and thus unconstitutional. *Id.* at 487.

15 *Mitchell* is no help to the government here, because the government is not using
16 manufacturers’ speech as evidence of any unlawful conduct by manufacturers. Defendants never
17 submitted any false claims themselves, or committed any other crime. The government accuses
18 defendants of *causing others* to submit false claims, but the means by which manufacturers
19 purportedly did so is by speaking—as the government’s allegations confirm. The government
20 seeks to impose “civil liability for causing another party to submit false claims for payment—*via*
21 *the dissemination of printed materials.*” USG Opp. 5 (emphasis added). The government asserts
22 that “*speech* that serves as a conduit for violations of the law is not constitutionally protected.” *Id.*
23 (emphasis added). The government targets “statements” that “would influence the submission of
24 [] false claims.” SOI 9. And defendants’ speech is the only basis for liability that relator’s
25 Complaint identifies. PhRMA Br. 7. That distinguishes this case from *Mitchell*, and makes this

26 _____
27 ² The government reiterates that *Sorrell* and *Caronia* did not involve the FCA. USG Opp. 3. That does not change
28 those cases’ core holding that the First Amendment protects manufacturers’ speech about unapproved uses of FDA-
approved drugs. *Sorrell v. IMS Health Inc.*, 131 S. Ct. 2653, 2659 (2011); *Caronia v. United States*, 703 F.3d 149,
163 (2d Cir. 2012). Nor does that holding depend on which statute the government invokes to try to limit this speech.

1 case no different from others where the government unconstitutionally punished speech that had
2 no direct link to someone else's unlawful conduct. The Second Circuit condemned the
3 government's last attempt to dodge First Amendment problems by denying that it was targeting
4 speech. *Caronia*, 703 F.3d at 161. Because "the record ma[de] clear that the government
5 prosecuted [defendant] for his [speech]," the government was not using "speech as evidence of
6 intent." *Id.* The government's identical ploy should fare no better here.

7 * * *

8 PhRMA respectfully asks this Court to reject the government's interpretation. This Court
9 should hold that manufacturers who communicate truthfully to doctors about unapproved uses of
10 FDA-approved drugs, when doctors may legally prescribe such drugs, cannot be liable under the
11 FCA because this speech does not *directly* cause the submission of any false claim. This Court
12 also should reject relator's interpretation, which equally offends the First Amendment. Relator
13 asserts that the Food, Drug, and Cosmetic Act (FDCA) categorically prohibits manufacturers'
14 speech about unapproved uses of FDA-approved drugs. Even the government rejects that theory:
15 "[O]ff-label promotion by a manufacturer is not by itself a violation of federal law." USG Opp. 2.

16 Dated: September 9, 2014

Respectfully submitted,

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