try to guarantee to the public and the Government the benefit of genuine competition in the drug field.

What you have done here, Senator Nelson, in bringing the facts out is extremely worthwhile and important. I would hope that when we look at this problem in the Finance Committee in connection with paying for drugs under medicare and medicaid, a great deal of the work will have been done for us by this subcommittee of the Committee on Small Business.

I am proud to be a member of this subcommittee, Senator Nelson, once having been its chairman. I think you are doing a magnificent job, and we are very proud that you could find the time and devote the energy to do this vital work along with the capable staff you have here, Ben Gordon and others, who are helping dispose of the old myths and bringing out the truth. I think you are doing a very good job and we appreciate it.

Senator NELSON. Thank you, Senator Long. The staff of the Finance Committee, through your direction and cooperation, has been very useful to the committee. We have had testimony, as you know, from a number of very distinguished witnesses, including the witness who is before us today.

I think it has developed some very valuable and a useful record for the committee, and out of it I think it will furnish the basis for some education plus, possibly, some useful legislation.

I appreciate your remarks.

Senator LONG. We are happy to make available such competence as our staff possesses in this area, and we would hope that at a suitable time, you could return the favor.

Thank you very much.

Senator NELSON. Thank you, Senator Long.

What I was getting at, Doctor, is this: We have had a number of physicians, pharmacologists in teaching institutions, who say the information isn't readily available to a doctor. All I am saying is, why couldn't something better than what we have got at least be made available to the physician?

Dr. CLUFF. I think it could be, and as a matter of fact, I know at the present time such a formulary as I think you are talking about is either under advisement or is very soon to be developed. My point here was that I had assumed that you were speaking about a restrictive formulary.

Senator NELSON. No; I was just talking about——

Dr. CLUFF. Now, I gather you are talking about an information formulary.

Senator NELSON. I wasn't using the term in the same sense as a hospital formulary——

Dr. CLUFF. No.

Senator NELSON. Where they may at a hospital say you may not, except with special permission or under certain conditions, use anything except what is in our formulary. I realize that each staff—and, perhaps, it depends upon the kind of hospital—determines the nature of the formulary.

I was thinking of one that would be informational and useful, particularly to a private practicing physician who doesn't have the benefit of a hospital staff and a hospital formulary and easily available