

York's orders that generic drugs be substituted for more expensive brand-name drugs in prescriptions for medicaid patients.

The city had decided that they were going to ask pharmacists to fill them in this way. The pharmacists refused to do this, and he goes on to say:

"If it is effective" this move on the part of the pharmacists, "could at least double the cost of drugs in the medicaid program, which draws on Federal, State, and city funds to pay health costs for the needy."

With the huge amounts of money that Federal, State, and local governments are spending for medical care, hospital care, and doctor's care, which are going to continue to soar, we clearly must do what we can in the drug field and in every field to control these costs as much as possible.

I then go on in my prepared statement to note the use of the formulary and the pharmacy committee in the education of the doctor. The point that I make is that the hospital really is, in many ways, the best institution to continue the education of the doctor after he leaves his medical school and his residency training. Unfortunately a good many hospitals have no really significant educational programs. Unfortunately a goodly number of doctors, particularly in urban areas, do not have hospital appointments. It may startle you, Senator, to know that one-third of all the doctors in New York City have no hospital affiliation.

Senator NELSON. On that figure, is it necessary that they all do? It occurs to me—say, ophthalmologists—

Dr. CHERKASKY. I would say to you that we are talking about practicing doctors. No practicing doctor can continue to be a good practicing doctor if he doesn't continue his education, and while it is theoretically possible to continue education in other ways than belonging to a hospital, it is not practically possible.

I would say that if a doctor who has not been related to a hospital over some period of time after he has left his medical school, it would be quite miraculous if he continued to be a first-class physician.

Senator NELSON. Are you saying hospital affiliation?

Dr. CHERKASKY. Being a part of the staff of a hospital, working in some hospital, in some capacity.

Senator NELSON. Do you mean by that a doctor who has patients who go to a hospital and are treated by them while they are there?

Dr. CHERKASKY. Attendance at the hospital is part care of the patient and part educational experience. A doctor who is on the staff of a hospital, for example, like ours brings his patients in and he treats them there. But he also participates in the educational program of the interns, the residents, the medical students, and his own. When you find that there are one-third of the doctors who haven't got this kind of a relationship with any hospital, and mind you, many of the hospitals don't have much of an educational program, that even that bare minimum is not available to a huge number of doctors in New York City, and I am sure that this is true in many urban areas, and is a very serious problem. This relates itself to the drug situation because if he is part of our hospital, with a formulary, and with a pharmacy committee, and with a drug newsletter, he is exposed to an educational process.

Of course this hospital relationship really transcends the matter