AMERICAN PHARMACEUTICAL ASSOCIATION,
*Washington, D.C., September 23, 1960.*

Re notice of proposal to amend labeling requirements (21 CFR 1, 130) dated July 18, 1960; appearing in Federal Register, July 22, 1960 (25 F.R. 6895).

HEARING CLERK,
*Department of Health, Education and Welfare,*
*Washington, D.C.*

DEAR SIR: The American Pharmaceutical Association desires to file the following supplemental statement. Our original statement was filed on September 20, 1960.

We have noted that statements filed by other interested parties contain divergent recommendations worthy of consideration and suggestions for discussions on their viewpoints. In the interest of bringing to the Department of Health, Education and Welfare the most constructive consensus possible on the major problem of placing adequate information in the hands of the health professions, the American Phamaceutical Association recommends that an early conference be arranged by the Food and Drug Administration with representatives of the pharmaceutical industry, medicine, and pharmacy.

We feel that such a conference under the leadership of the Food and Drug Administration would be most productive, and the American Pharmaceutical Association is prepared to participate.

Sincerely yours,

WILLIAM S. APPLE, *Secretary.*

Mr. GORDON. Mr. Grossman, do you have any questions?

Mr. GROSSMAN. Dr. Apple, I have several questions here.

Getting back to your community formulary, I think this is a very progressive, constructive idea, and I wondered—you say on page 27 of your testimony that several pharmaceutical groups have indicated an interest in testing this concept in a number of States. I wonder if you could be more specific.

Dr. APPLE. Well, not at this time. These are all preliminary meetings that we have had, and until the State and local organizations concerned have come to a firm decision and have had their conferences with the counterpart medical societies at the respective levels, I think it would be premature to comment on our discussions.

Mr. GROSSMAN. For example, could not these be used in certain disadvantaged areas in large cities to cut the prices of drugs to these people that Senator Hatfield was talking about earlier?

Mr. STEEVES. We have suggested, Mr. Grossman, that the pharmacists in the area of OEO clinics, for example, get together in just this type of a proposition, develop a formulary so that they can meet the economics that are involved in these OEO clinics, and we have been doing this for some time. This is already in progress and being considered in a number of areas.

Dr. APPLE. You see the immediate reaction of a Federal agency is to go in there and start its own pharmacy program, and we do have this problem right now with OEO. As we have indicated in testimony before other committees of the Senate and the House, there are ways which the community pharmacist can continue to serve without this disruptive situation if we are given an opportunity, and the opportunity hinges basically on two things: One, the opportunity for pharmacists to buy as cheaply as the Government buys and other favored