that do not belong meet the standard, we do not really have much of a problem, do we?

Dr. SLESSER. If we take 1,500 as a round number—and I think a part of this problem arises from the fact that no one actually knows how many manufacturers, and I am talking about manufacturers—there are, then you are talking about 1,364 firms, and only 136 of the 1,500 PMA member firms—5 percent of the drug supply in this country can be meaningful if the products are given to people who are seriously ill and need effective medication, and they happen not to be.

Senator NELSON. But in any event, as I understand it, the members of the PMA manufacture about 95 percent of the prescription drugs. If they meet the standards, we do not have a quality control problem as to 95 percent. Then of that 5 percent who do not belong to the association, there are certainly some who meet the standards. So you are down to a situation where a very small percentage—it could be 2 percent, or 1 percent—of the drugs on the market are not meeting the quality control standards that you suggest.

All I am saying is that this big problem is not nearly so big as it would appear from your testimony, is it?

Mr. CUTLER. Senator, while you were over in the Senate just recently Mr. Gordon and I reached a meeting of the minds at least on one issue, I think——

Senator NELSON. That probably means I won't agree with you.

Mr. CUTLER. You agreed earlier—namely that doctors would be well advised to identify the manufacturing source of any drug product they prescribe. If we are all in agreement on that, I think we have narrowed the issues considerably. And our thesis is they should identify those sources, because the sources vary in the therapeutic effectiveness of their products, and that is true among PMA members and as between PMA members and non-PMA members.

Senator NELSON. All the expert testimony from pharmacists or pharmacologists or doctors who have appeared and addressed themselves to this question, has stated that prescriptions should all be written in the generic term, and that if the doctor has a preference for a particular brand, then he should name the company or the brand, if he wants. That is the testimony, as I recall it, from the experts we have had.

Mr. CUTLER. How he should write the prescription is a second issue. But if we do agree that he should identify the manufacturing source, then that is something—we have moved that far along. That is really a condemnation or at least a critique of generic prescribing in the normally understood sense of the word, which is just to write the generic name and let the pharmacist pick any product of that generic——

Senator NELSON. I do not know that is what the testimony is. I know they testified that the doctor should prescribe generically, and should be free to name the company or the brand in addition. I think there might very well be some argument from the pharmacists themselves as to their qualification, once you give them a generic name, for being able to select a high-quality generic drug. They may very well be as qualified as a doctor in ordinary circumstances.

Mr. GORDON. I want to make a correction. You asked me whether a doctor should write the manufacturer's name or identify it. What I