APPENDIXES

APPENDIX I

CORRESPONDENCE FROM DR. ROBERT E. HOWARD, PRESIDENT, OHIO STATE MEDICAL ASSOCIATION, TO SENATOR NELSON, DATED OCTOBER 18, 1967, RE DRUGS

OHIO STATE MEDICAL ASSOCIATION,
Cincinnati, Ohio, October 18, 1967.

Senator GAYLORD NELSON,
Chairman, Subcommittee on Monopoly,
Senate Select Committee on Small Business,
Washington, D.C.

DEAR SENATOR NELSON: The Ohio State Medical Association is taking this means of submitting its views on certain matters of pressing concern to the medical profession which have emerged during the current investigation of the drug industry by the Monopoly Subcommittee of the Senate Small Business Committee. The Association is composed of more than 10,000 practicing physicians representing all 88 counties throughout Ohio.

We respectfully ask that this statement be included in the published record of the hearings.

Much has been said during the investigation regarding "generic equivalency" in the drug field. Our deep and most sincere apprehensions have been aroused by reports of the testimony which have been widely published in the press and broadcast over the air.

We note that some witnesses have stated categorically, and others have implied, that there is little or no difference in the therapeutic effectiveness of drugs bearing the same generic name; that, if they meet the minimum standards of the U.S. Pharmacopoeia or the National Formulary, their manufacturing source does not matter. Further, it has become plain that the testimony has been weighted as to associate wrongfully the word "generic" with the word "cheaper" in its connotation to the public.

The result of this has been to promote the fallacious and dangerous belief that generic prescribing is not only safe from a medical viewpoint but is a desirable way for the physician to save the patient money in the purchase of his medicines. The particular rationale in this instance is that generic prescribing is a reasonable way for the government to hold down the cost of the health care it finances. Certainly, the saving of tax funds is a laudable aim and, in this frame of reference, the generic prescribing proposal can be expected to have broad popular appeal.

Nor can the patient be blamed if he is enticed by the promise of just as good drug products for less money. Like everybody else, he wants a bargain when he can get one. Lacking scientific knowledge and understanding of the many complexities involved in this matter, neither the taxpayer nor the patient can help but be swayed by arguments which carry the authority and prestige of a Congressional committee.

We have not seen produced any scientific data or substantive expert testimony which has been offered the Subcommittee to support the claim of generic equivalency of drugs. Indeed, we are certain that such evidence has not been placed before you because we know it does not exist. A comprehensive study of this question, so basic to your entire inquiry, is now being made by the Department of Health, Education and Welfare at the direction of the President. When it is completed, we feel confident it will illuminate the fallacy of so-called "generic equivalent." We urge you to withhold until then judgment on the testimony, the sweeping claims, the unsupported generalizations you have heard over the past several months; for, without incontrovertible scientific evidence, this controversy cannot be resolved by the public or members of Congress.