care. You note in those statistics and some reports indicate that the incidence is very high in those areas where the poorest people live. Is it not likely that the problem here is that there are poor people who cannot pay to get medical care?

Dr. ALFANO. That is one of the problems, a socioeconomic problem. There is also an education factor involved. There are some people in the country who are fearful of hospitals. That still exists. Their care is rendered outside of hospitals.

Senator NELSON. More so than people from other countries, who have a lower incidence of infant mortality? Why in this country?

Dr. ALFANO. I believe you will find in those countries with a lower incidence of infant mortality, they have a higher incidence of hospital deliveries and their prenatal care is, say, regulated. Most of these countries, I believe Sweden and Norway, have a low incidence.

Senator NELSON. It does say something about supplying medical care in this country, then? It is a significant factor?

Dr. ALFANO. It is not just medical care. I believe there are other factors besides medical care. If the doctors saw all these individuals, prenatally and through the delivery, we would find our incidence of infant mortality would be down. It would be the same or better than other countries. The fact is that the physicians do not have an opportunity to care for these people. Therefore, you have a higher rate of infant mortality.

Senator NELSON. Nonetheless, it does say something about the kind of care and delivery provided in this country—the richest country in the world. It indicates, does it not, that this problem deserves the attention of the public?

Dr. ALFANO. Yes. It certainly needs correction and attention, I would say, yes.

I am not saying that we cannot improve our system of medical care. I believe we can. Changes and improvements are occurring constantly as they have over the years.

I do submit that legislation that disrupts the physician-patient relationship, which is the basis of medical care, can cause deterioration of the system it purports to help. I refer to the proposal that when a physician prescribes a brand name drug the pharmacist may substitute a generic drug as he see fit, and the only determining factor is the price of the drug.

Senator NELSON. May I interrupt for a moment, Doctor?

Dr. ALFANO. Yes.

Senator NELSON. Whose proposal it that? I am not aware of such a proposal.

Dr. ALFANO. There was a proposal—I believe Senator Long had a proposal. We have a proposal now in Massachusetts that states a pharmacist can substitute a generic drug for a trade name drug.

Senator NELSON. Committee counsel advises me that Senator Long's proposal only refers to the question of reimbursement; that is, that reimbursement under the medical programs would be solely at the price of the generic drug. It does not require that the doctor prescribe it, but the Government will not pay more than the price of the equivalent generic.

Dr. ALFANO. I am sorry, I do not have that bill with me here. But as I recall, they do have a factor where there could be discussion—