Senator NELSON. I would call upon the AMA to support legislation to that effect, as I say, with the freedom of the physician to decide if he does not wish to have the generic label on it.

I have a letter from Dr. John Adriani, who is chairman of the council on drugs, endorsing that himself. He said, referring to an educational television program he was on, "I was the participant who expressed the opinion that all drugs should be sold by the generic name, that the generic name should appear in large print and the trade or brand name be put in smaller type below it, or the generic name in parenthesis."

Dr. ANNIS. I am acquainted with Dr. Adriani and also this television show. Dr. Adriani is an anesthesiologist and a very capable one in a university in Louisiana. There are many people who concur with this basic approach. The thing that they are fearful of is anything that makes it mandatory that physicians prescribe in only one way or that they always label in one way. This is where you take away from the physician his opportunity to discriminate.

Senator NELSON. Thus far, we have not had any one who advocated that you not reserve that right to the doctor.

One of the problems raised continuously to which I referred a bit back, is the brand name versus generic name. A year or so ago two drug chains, People's and Gray's, involving, if my memory is correct, about 300 pharmacies, announced that they were stocking across the board generic drugs supplied by Strong, Cobb & Arner, and that the average price of prescriptions would be about one-half of the brand name. Everybody testifying and appearing before the committee has been familiar with that company and spoken very highly of it.

The question I am getting at is it seems we have to have adequate legislation, adequate personnel in the FDA, to guarantee inspection and quality control so that we can forever get rid of this argument about brand name being always better, which has never been proven.

Would the American Medical Association support, before the Congress, legislation that would furnish adequate inspectors for the FDA so that they could sample, check the producers on a regular basis, so that we can have assurances that adequate quality control exists at each producing plant, so that once and for all we can say that these plants are inspected, they do meet USP or NF standards, so that the doctor can be assured that what he is buying meets these standards? Would the AMA support that?

Dr. ANNIS. I am under the impression that the FDA already has that authority. They need a little more money to implement it and to carry it out.

I would like to say, however, that I do not think either I or the American Medical Association can be put in a position that we have ever stated that the brand name is always preferable to the generic term. There are many excellent drugs available generically that come from responsible manufacturers who have built-in quality controls to put out good drugs. There are many generic drugs that actually come from these same manufacturers. Again, our point is that prescribing generically does not in itself assure that you are going to get what you expected.

It has been about 2½ or 3 years ago, Senator, that I read an article repeated in many of our medical journals about an instance that took place in the Province of Ontario. I am sure that is where it was, wherein