Dr. APPLE. Senator, I think this is very, very important, and we were most pleased recently in a visit to Kansas to see that the medicaid people out there were willing to recognize that there was a false economy in saving that people who live 10 miles out in the country would have to attempt to obtain a taxicab or some other transportation to come into town to get their prescription. It made more sense for the State in this instance to go ahead and pay for the delivery charge where delivery service was warranted in the patient's interest. It reminds me of years ago when I lived in the State of Wisconsin where the County of Milwaukee made a decision that all of the welfare recipients would have to go to the county hospital to obtain their medication. They were going to centralize this activity in order to save money because the county hospital could buy its drugs at a most favored price. The net result of that program after it was attempted for about a year was that it was dropped because the county found out that the welfare recipients who did not have transportation had to be paid for transportation costs to the county hospital, and this far exceeded the differential of obtaining pharmaceutical service directly in the immediate vicinity of the welfare recipient.

So, sometimes these things can lead to false impressions. But we think whatever service is justified should be paid for. On the other hand, we are not suggesting that all prescription drugs be delivered to every patient in our society on a door-to-door basis.

Senator HATHAWAY. Let me ask you one last question. The Federal Trade Commission's staff in its comments stated that HEW should consider making as a part of its proposal more direct and specified guidelines to the effect that antisubstitution laws, State laws on antisubstitution, should be overturned, at least for drugs for which a MAC price is selected, which, of course, means only for drugs with no apparent bioavailability problems. What do you think of this idea, and what effect will the MAC regulations have on the State antisubstitution laws?

Dr. APPLE. Well, Senator, I was not aware of that. But, I would say that we are glad to have the Federal Trade Commission support one of our policies for a change. It has been a long time in coming. APhA, of course, in 1970 recommended an amendment to the antisubstitution laws to permit drug production selection by pharmacists. What bothers me about the Federal Trade Commission's recommendation is that if it is good enough to save the Federal Government and the taxpayers some money, how about applying it to all citizens—the people who pay for their own drugs and who pay for the taxes to help other obtain their drugs.

Mr. GORDON. Excuse me, but this would have to do with federally financed drugs.

Dr. APPLE. Well, the Federal Trade Commission has not been reluctant to call for the repeal of other State laws which they think are not in the public interest, so I do not see why they should be reluctant to say this ought to apply to the MAC program. If they believe that the antisubstitution laws ought to go so that a pharmacist can be the patient's purchasing agent, then why should they not go across the board?

Mr. GORDON. Let me ask you this. When the FTC has recom-