of cheaper drugs will be canceled out or exceeded by increased administrative and auditing costs, or by increases in the overall cost of treatment due to the inadequacy of the drugs supplied. Little will be gained by reducing the cost of drugs while increasing the cost of government and diminishing the quality of health care provided to the elderly and the poor.

Now with reference to the MAC and the State antisubstitution laws, pharmacy laws and regulations in 50 States have prohibited pharmacists from substituting a different drug or brand of drug for that specified in a prescription without the consent of the prescribing physician.

The CHAIRMAN. Mr. Trygstad, there is another rollcall, and that is the last 5-minute bell. You have taken the time to come on up here, so I want you to have a chance to present your whole statement. But I will have to run over and answer that rollcall and then I will come back, if you have the time.

Mr. TRYGSTAD. Certainly.

The CHAIRMAN. I am sorry. We will have a 10-minute recess.

[A brief recess was taken.]

The CHAIRMAN. Let us see. We were on page 9, is that right, Mr. Trygstad?

Mr. TRYGSTAD. Yes.

The CHAIRMAN. Go ahead.

Mr. TRYGSTAD. I had just stated that the pharmacy laws and regulations in 50 States have prohibited pharmacists from substituting a different drug or brand of drug for that specified in a prescription without the consent of the prescribing physician. Nothing in these laws prohibits the pharmacist from dispensing a brand of his choice after consulting with the physician and obtaining his permission. Nor do the antisubstitution laws prevent the physician from delegating to the pharmacist his authority to select the brand a patient is to receive by designating the drug only by its generic name or by otherwise indicating that an equivalent product may be dispensed. In the absence of such authorization, however, the law in the great majority of States assumes that the prescriber intends his patient to receive the product he prescribed. A few States have recently modified their antisubstitution laws to permit brand interchange by the pharmacist under specified conditions. So far, however, it does not appear that these modified rules have produced any demonstratble savings to patients.

Antisubstitution laws are consumer protection measures designed to assure that the patient receives the exact product intended by the physician. The National Pharmaceutical Council favors the retention and enforcement of antisubstitution laws for the same health-related reasons that prompt it to oppose adoption of the Maximum Allowable Cost regulations. Any system that fails to respect the physician's sole responsibility for the therapy his patients receive, and that permits outside parties to interfere with the physician-patient relationship, ultimately endangers the health and safety of the patient.

Products made by different manufacturers often vary in their inactive ingredients, formulation, purity, and biological availability. Patients may respond differently to the products of different manu-