

bility for cost containment and assurance of quality health care for the American public.

Mr. Chairman, we appreciate the invitation to present our views on the MAC proposal. The National Pharmaceutical Council would welcome any opportunity to work constructively with the legislative or executive bodies toward a program to provide improved health care to all Americans at reasonable cost.

The CHAIRMAN. Thank you very much, Mr. Trygstad.

In that last paragraph on page 11, you comment: "The long-term result would be to diminish the quality of health care for patients, to interfere with the practice of medicine." On that point, what is your response then to the well-established and widely spreading practice of hospitals establishing a formulary, and also a therapeutics committee, requiring that the physicians prescribe from the formulary—they all vary under the rules—and if they decide not to, they state their reason in order to get permission to prescribe something that is not on the formulary.

Is that not precisely the kind of interference in medicine that you are talking about?

Mr. TRYGSTAD. No, I do not think so, Senator. As a matter of fact, I happen to agree completely with the concept of the Pharmacy and Therapeutics Committee and its working tool, the hospital formulary. I have advocated this, when properly used, according to the standards and guidelines set up by a joint group of the American Pharmaceutical Association, the American Hospital Association, the American Medical Association, the American Society of Hospital Pharmacists, several years ago. This is a statement of guiding principles on the operation of the hospital formulary system which, if followed by hospitals—and I have to assume that most of them which have P and T Committees and formularies do follow it—I not only agree with it; it is the position of the council that it is reasonable and workable. But there are definite requirements involving more than just the cost of drugs selected.

The CHAIRMAN. What knowledge does the formulary committee and the therapeutics committee have that is not available to the scientists who will advise HEW on the MAC regulations?

Mr. TRYGSTAD. There is one very basic difference, Mr. Chairman. The Pharmacy and Therapeutics Committee in the hospital is representative of the medical staff of that hospital. The recommendations it makes are just that—recommendation—on behalf of the medical staff of that hospital. It is with the knowledge and informed consent and agreement of every member of the medical staff that certain drugs will be stocked and selected in that hospital. The primary purpose of a P and T Committee is to insure rational drug therapy, the best drug therapy, the best treatment for the patient. Coincidentally, it may, in some cases, save money. For various reasons it may save money, but this is not its basic purpose. The purpose is to provide the best medical care.

When decisions are made by the P and T Committee—and this also involves the hospital pharmacist who is usually the secretary of the committee—to stock certain drugs, it usually becomes the pharmacist's responsibility to get the best drug according to his judgment, at a good price, which is secondary, but usually it does turn out to be a consideration.