From this experience it can only be concluded that the short-term "savings" on drug costs will be completely overwhelmed by the medium and long-term costs that such programs impose on the system.

Aside from the demonstrated absence of significant savings from a price control system, such as the California Reimbursable Cost List Price program which is very similar to the proposed MAC plan of HEW, there are other features of MAC which, while not subject to empirical measurement, I believe, as a physician, are contrary to the public interest.

1. The proposed regulations omit any requirement for demonstrated therapeutic equivalence or quality on the part of the lowest cost drugs. If a drug product does not deliver the anticipated therapeutic response, its value may not only be negated but in some cases be hazardous to the patient because its use will result in delay in employing effective therapy and thus may expose the patient to additional potential side-effects. Such a situation is counterproductive in cost-saving programs for it results not only in additional total drug usage but also in extra visits to the physician or possibly even hospitalization.

2. The regulations would subordinate the professional judgment of the physician and the pharmacist in product selection and represent unwarranted interference in patient care by a government board (Pharmaceutical Reimbursement Board). At a time when concern is mounting from virtually every quarter regarding the quality of medical care, it seems most inappropriate to further muddle the physician/pharmacist/patient professional relationship by adding an intervening government agency which is almost certainly going to decrease both the quality and the efficiency of the pharmaceutical delivery system. Although the proposed regulations offer the opportunity to "certify" the need for a particular manufacturer's product, the provisions are so vague that they fail to offset the foregoing concerns.