

## Written Testimony on Advisability of Requiring Disclosure of Free Samples of Prescribed Products given to Vermont Health Care Providers

My name is Bob Meany. I am a citizen of Vermont residing in Warren. I have been a sales representative in the Pharmaceutical Industry since 1998. I appreciate the opportunity to voice my opinion on this issue.

I attended the hearing last week and had prepared a statement to give as live testimony. During the hearing many of the points I intended to make were covered, so much of what I would have said would have been redundant. As a result, I chose not to give testimony. As I have reflected on the hearing I feel compelled to submit this testimony in response to other testimony and the conduct of the Attorney General in chairing this hearing.

I came away from the hearing with very mixed emotions. I was heartened by the pleas from providers from this State who so eloquently presented the value that samples bring to their patients. Their overwhelming message was, do not do anything that interferes with the ability of providers to support their patients with samples. I found it telling that the majority of testimony in favor of disclosure and eventual elimination of sampling came from out of State and from people representing organizations that have an agenda. I was greatly disappointed by the clearly biased way in which the A.G. conducted the hearing. While he repeatedly tried to narrow the scope of the testimony of those who opposed disclosure, he allowed wide ranging testimony of those who support elimination of sampling. I had expected much more from the man who owes it to the citizens of this State to conduct these hearings in an impartial and unbiased manner.

On the issue of disclosure: It seems like a simple question. Who would not be in support of openness and transparency? Unfortunately it is not as simple as it seems. The testimony of Paul Harrington, M.D., President of the Vermont Medical Society brought to light many of the issues of concern. If he, President of the organization that recently named the A.G. as "Man of the Year", cannot support disclosure then it seems that those left supporting it are those with an agenda much larger than just sample disclosure. This was made entirely clear by the testimony of Marcia Hams, Adrian Fugh-Berman and Steffie Woodhandler. I find it very telling that the significant testimony against sampling and in favor of disclosure came from outside of our State.

Some points that I hope will be considered as this issue is resolved:

-The big cry of the opponents of sampling is that it ultimately increases the cost of health care due to overuse of more expensive drugs. I would like to make it clear that I do not wish for anyone to take a branded medication when there is a generic medication that will meet the patient's needs. I am not alone in my position, there are very significant hurdles in the system that prevent the unfettered access to branded medications. There is not a single "payer" that does not have in place formularies, step edits and PA requirements. I believe that these hurdles are largely appropriate and assure that patients receiving branded medications would not receive the same therapeutic benefit from generic medication.

-When the general statement that “generics are under used” is made, as it frequently is by those opposed to the pharmaceutical industry, I have to agree. But not because branded medications are overused. When we look at the overall health care dollar, about 10% is spent on pharmacy. While statistics can be made to point at significant increases in this area of spending, I still have to wonder why the % is not greater. Pharmaceuticals are the front line of health care. As we wrestle with the issues of universal coverage and improved delivery of care, it is frequently pointed out that essential to cost containment for the system is life style changes and early intervention. It seems obvious that early intervention will involve greater use of pharmacy to prevent long term complications that require more costly procedures. I fully support the greater use of generics. It should be stated that nationally, and likely greater in Vermont, about 70% of all prescriptions are written for generics, a reasonable majority of total prescriptions. However, there are significant numbers of patients where generic medications do not meet their therapeutic needs and a branded medication is the appropriate prescription.

-Where did this large pool of excellent generic medications come from? It seems that we have forgotten that the path to this pool is medications going through their patent protected, branded period. The cost of research and development is so significant that it requires companies to effectively market new compounds to assure that costs can be recaptured during the short patent protection period. By design, the shortened patent protection period forces pharmaceutical companies to be constantly researching new compounds, pushing the envelope of therapeutic options. It seems short sighted to interfere with this system that has so effectively delivered the medicines that we depend on today, particularly without presenting a new model that could continue to deliver life improving pharmaceuticals. It seems unlikely in this time of economic uncertainty that government would be able to fill the void of billions of research dollars that would be created if the pharmaceutical industry were not allowed to develop new products.

-Finally, I and I dare say most of my fellow pharmaceutical representatives make a point to go out of our way to support clinics that serve the poor and underinsured citizens of our State. It is simply not true, as some have asserted that we focus only offices where the result of our sampling will be increased prescriptions for our products. Further more, with the block of prescriber level data it is in fact impossible for us to know exactly which providers are using our products. I take pride in knowing that the information and samples that I provide allow providers to improve health care.

In the past week, this issue has been a topic of discussion with many of the providers I interact with. Examples of some of the comments made were:

- I have patients that would literally die if I were not able to support them with samples.
- I will no longer accept samples if disclosure is required, even though I know it will harm my patients.
- The samples you gave me allowed me to try your drug on a patient that I had believed would have to have her toe amputated. Thankfully her condition has reversed and she will not lose her toe.

Hopefully even with our differing viewpoints we can agree that the primary goal of health care is appropriate patient care. I believe that disclosure will have a chilling effect on many providers, cause them to lose access to medicines that improve the lives of their patients and ultimately cause many patients to not receive appropriate care.