

**BI-STATE PRIMARY CARE ASSOCIATION**



**SERVING VERMONT & NEW HAMPSHIRE**

**Public Hearing on Advisability of Requiring Disclosure of Free Samples of Prescribed Products given to Vermont Health Care Providers**

October 27, 2009 – 10 AM

Testimony From: Denis Barton, Bi-State Primary Care Association

Bi-State Primary Care Association is a private, not-for-profit organization with a Vermont membership of thirteen organizations that provide and/or support community-based primary care services. Bi-State membership in Vermont includes eight Federally Qualified Health Centers (FQHCs) with forty locations that focus on the delivery of primary medical care, behavioral health, and oral health care. Vermont membership also includes the Vermont Coalition of Clinics for the Uninsured (nine members). All of these organizations strive to promote healthcare access for the residents in their region, regardless of their ability to pay.

Our testimony will focus on two of the questions that were posed for this hearing:

- 4. Would disclosure of the distribution of free samples have a significant impact on the willingness of providers to accept those

samples? Would it make a difference if disclosure were only to the Attorney General, and not to the public?

- 5. What is your opinion on whether the distribution of free samples should be disclosed to the Attorney General's Office? What is your opinion on whether such disclosures should be released to the public?

The comments provided to me from our Federally Qualified Health Centers in Vermont indicate there is a significant volume of free sample distribution in their practices. However, given the varying size and individual procedures for each organization, it would be difficult to provide the exact volume and reporting capacity for each organization. What can be said is that in the interest of patient safety the health centers do maintain records of free samples distributed to patients, especially in the unlikely but possible event that there is a medication recall. As each center varies in their administrative capacity and record keeping, periodic aggregate reporting that is requested or required for their practices could be a very serious challenge for some centers, as they would need to balance these new reporting demands with other demands for information processing and administrative capacity. One center has indicated that if they were required to collect and periodically report their distribution of a very wide diversity of free samples that they would have to consider termination or severely limiting that practice at their center. Their decision-making framework includes the important benefit of free samples for some of their patients, but also the influence on medication prescribing, which could provide short term patient savings but could also result in higher long term costs for their patients and the organization. As for the difference in public disclosure and/or selective non-public reporting to the Attorney General, from my interviews, I did not have enough

information to draw a definitive conclusion, but concerns were raised for the security of any patient information being disclosed and the inferences that might be drawn by public reports without sufficient analysis or context.

We suggest that this issue requires considerable study and direct interaction with health care providers prior to any definitive action by the Attorney General. Please contact us if we can be of further assistance.

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