

Testimony to Committee on Public Health on Senate Bill 270, AN ACT CONCERNING
THE ESTABLISHMENT OF A REGIONAL POLICY ON THE PROHIBITION OF
CERTAIN GIFTS FROM PHARMACEUTICAL AND MEDICAL DEVICE
MANUFACTURING COMPANIES TO HEALTH CARE PROVIDERS

Good afternoon Senator Harris, Representative Ritter, and distinguished members of the Public Health Committee. My name is Stephen R. Smith, M.D. I reside at 899 Montauk Avenue in New London. I am a family physician practicing at the Community Health Center of New London. I also serve as treasurer and on the board of directors of the National Physicians Alliance. I regret not being able to appear personally before the Committee on Public Health to testify on Senate Bill 270, but my clinical responsibilities at the Community Health Center preclude me from attending.

I will not repeat the litany of facts about the costs of pharmaceuticals to our health care system or the scientific evidence showing the affect of gift-giving on the behavior of the person receiving the gift. Suffice it to say that we know that the marketing practices of pharmaceutical and medical device representatives, including free meals, branded trinkets, and other gifts, engender a sense of obligation on the part of the recipient that is repaid by prescribing the products being promoted by the sales representative. The result is that prescriptions are written for expensive brand-name drugs that offer no important clinical benefits over less expensive generic drugs. The taxpayers of Connecticut pick up the tab for these practices through higher premiums and higher taxes.

I am disappointed that the bill this year will continue to permit free meals to be offered to health care professionals. Apparently, the public relations campaign by the pharmaceutical industry contending that doctors can't be bought off by a free sandwich has prevailed, despite the overwhelming scientific evidence to the contrary that yes, indeed, doctors *are* influenced by free meals, even if they aren't consciously aware of that influence. Why else would the pharmaceutical companies spend so much money on this marketing practice if it didn't pay off for them to do so? Doctors are human beings like everyone else. When someone does them a favor, such as buying their lunch, they feel a sense of obligation to reciprocate. Doctors can afford to buy their own lunch; they do so every day when a drug representative is not there with a free handout. If doctors want to meet with pharmaceutical sales representatives to discuss drugs, then they can do so without the need for a free lunch. The purpose of the free lunch is clear—curry favor, induce a sense of obligation, and influence behavior.

The pharmaceutical industry argues that laws are not necessary since they have their own voluntary guidelines to regulate marketing practices. Voluntary guidelines are just that—voluntary. There are no teeth to insure that they are followed. I can tell you that they are *not* being followed. Large platters of sandwiches have appeared in the lunch room at the Community Health Center in New London courtesy of a drug rep subsequent to the July 1, 2009, date when the guidelines were supposed to be in force. These meals are left by the drug rep—the so-called "dine & dash" practice that is supposed to be prohibited under the voluntary guidelines. My inquiries to colleagues in private practice also indicated that the practice had continued there as well.

I continue to receive invitations to continuing medical education (CME) events sponsored by drug companies in which speakers are listed without any information about payments to those speakers by the drug companies. The drug companies circumvent the prohibition about directly supplying meals at CME events by providing the financial support to the organization hosting the affair who then provides the sumptuous dinners at fancy restaurants. You can be sure that the speaker will speak glowingly about the drugs manufactured by the sponsoring drug company.

These so-called CME dinners also enable the drug companies to circumvent another impediment to their sales, namely Food and Drug Administration (FDA) prohibitions about marketing drugs for conditions not approved by the FDA for that drug (off-label use). While the drug company's sales representative can't legally do it, the company's paid speaker at these meetings may. When the "expert" speaker mentions that he or she uses drug X for an off-label indication, then doctors in the audience take such comments as authoritative recommendations to do the same.

For example, I have been astounded how many patients come to me on Seroquel (quetiapine) for sleep. These are not patients with schizophrenia or other major mental illness problems where that drug might be indicated. The authoritative and unbiased source of information on drugs, *The Medical Letter*, states, "Atypical antipsychotics such as quetiapine (*Seroquel*)...have also been prescribed for insomnia, but no convincing studies have documented their efficacy, either, in insomnia not associated with major psychiatric disorders."¹ The cost of 100 Seroquel 50-mg tablets is \$506.97 according to www.drugstore.com. Not only is Seroquel not FDA-approved for insomnia, and not only is it very expensive, but it is a powerful antipsychotic drug with serious side effects.

When physicians are influenced to prescribe expensive medications, the taxpayers of Connecticut pay. Not long ago, I saw a young child for a breathing problem. I told his mother that I would be giving him a breathing treatment using nebulized albuterol, which is the standard treatment for asthma. She said that her sister's child had been given Xopenex (levalbuterol) for his asthma and why wouldn't I use that. I explained to her that Xopenex was just a chemical variant of albuterol and that they were equally effective. Her child responded beautifully to the standard albuterol treatment. A month's supply of albuterol for nebulization at Walmart is \$4. A month's supply of Xopenex is \$393.²

These are just a few stories of the many that I could tell about how Connecticut taxpayers get stuck footing the bill for sleazy sales practices by pharmaceutical companies. Though I'm disappointed that Senate bill 270 has been watered down from previous bills on this subject, it is still worth supporting and the National Physicians Alliance lends its support to the bill. Given the financial difficulties that Connecticut faces, it would be unconscionable not to pass this bill, both to achieve health care savings and better quality health care.

¹Drugs for Insomnia. *The Medical Letter*. Vol. 7, Issues 79, March 2009.

²Drugs for Asthma. *The Medical Letter*. Vol. 6, Issues 76, December 2008.