

United States Senate
WASHINGTON, DC 20510

April 28, 2008

Ronald M. Davis, M.D.
President
American Medical Association
515 North State Street
Chicago, IL 60610

Dear Dr. Davis:

In March of this year, the Senate Special Committee on Aging held a hearing entitled, "Under the Influence: Can We Provide Doctors an Alternative to Biased Drug Reviews?" The hearing examined policy that attempts to rectify the potential conflict of interest that exists when doctors' primary source of information about the drugs they prescribe comes from pharmaceutical company sales representatives. In the aftermath of that hearing, we are collaborating to create a bill to do just that--provide doctors with access to independent, academically-researched information about pharmaceutical options.

The bill would create a two-part grant program to fund the research and creation of educational materials, and to fund the dissemination of those materials by trained medical professionals. This practice of "academic detailing" to doctors already exists in several states and has had documented success in both cost effectiveness and, most importantly, improving the quality of patient care.

As we continue our examination of the relationship between physicians and pharmaceutical companies, we became concerned with widespread reports that the marketing of most prescription drugs to physicians is based on data mining-- a process by which drug companies develop detailing strategies by matching prescription data purchased from pharmacies with prescriber numbers purchased from the American Medical Association (AMA). To say the least, we are troubled by any attempt to persuade physicians to prescribe a drug for any reason other than the patient's condition and the drug's effectiveness in treating it. Without question, it is very important for physicians to be able to protect the privacy of their prescriber numbers and prescribing patterns. Therefore, it was with great interest that we took note of the AMA's Physician Data Restriction Program (PDRP).

As part of our ongoing collaboration on this important issue and in an effort to better understand the AMA's PDRP, please provide us with the following documentation and information:

- 1.) A description of how the AMA ensures that its members are fully aware of the PDRP.
- 2.) A written description of what "opt out" means and a copy of any document(s) provided to AMA members defining "opt out."
- 3.) During the course of the PDRP, how many physicians have actually chosen to "opt out"?
- 4.) Why is the "opt out" period time limited?
- 5.) A description of the complaint mechanisms your members have available to them if they are dissatisfied with the PDRP.
- 6.) A description of how the AMA ensures that pharmaceutical companies are appropriately responding to and adhering to the PDRP.
- 7.) Has the AMA conducted any research with its members to determine the awareness of and satisfaction with the PDRP?
- 8.) Has the AMA undertaken any effort to reach out to non-members to make them aware of the PDRP? How many non-AMA members have opted out?
- 9.) What is the process by which the AMA responds to physician reports of inappropriate behavior by pharmaceutical companies or their sales representatives? How are these reports collected and saved? Please provide us with a written summary of any such reports received by the AMA to this point.
- 10.) PDRP specifications require pharmaceutical companies to check the list for updates once every three months, and then allows for an additional 90 days before requiring them to process the data therein. We understand that the AMA has asserted its preference that all organizations implement and process the updated PDRP monthly, but that the pharmaceutical companies have communicated that this would be a difficult standard to adhere to. Did these organizations specify why a six month window is required to update their records?

Please respond fully to this request by close of business on Wednesday, May 7, 2008. Feel free to contact Nicole Brown (224-0101) of Senator Kohl's staff or Brian

Hickey (224- 2152) of Senator Durbin's staff with any questions you may have concerning this request.

Sincerely,



Herb Kohl
Chairman,
Special Committee on Aging



Richard J. Durbin
Assistant Majority Leader