

1 VERMONT MEDICAL SOCIETY
2 RESOLUTION

3
4 *Adopted on October 14, 2006*

5
6 **Ensuring the Privacy of Prescription Information**

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9 Whereas, prescription drugs are the fastest growing component of health care spending in Vermont,

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11 Whereas, spending on pharmaceutical marketing to doctors in the United States increased by over
12 200 percent between 1996 and 2004,¹

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14 Whereas, the most recent report by the Vermont Attorney General shows that marketing to
15 physicians by pharmaceutical manufactures in Vermont for July 1, 2004 – June 30, 2005 totaled
16 \$2.17 million, an 11% increase from the previous year,²

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18 Whereas, the doctor-patient relationship requires confidentiality and privacy to work effectively,

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20 Whereas, according to a story in the New York Times, two-thirds of physicians oppose access to
21 physician prescribing information for pharmaceutical company sales representatives,³

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23 Whereas, sales representatives create physician prescribing profiles that allow for tailored sale
24 pitches in order to convince physicians to prescribe their brand name drug, rather than a
25 competitor's or generic drug,

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27 Whereas, the combination of detailed marketing profiles and the provision of marketing incentives
28 for physicians by pharmaceutical representatives raises the possibility that representatives could
29 exert too much influence on prescription patterns,

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31 Whereas, the information obtained by the pharmaceutical companies is used only for marketing to
32 individual physicians, and restriction of that information would not impact federal or state reporting
33 requirements regarding care management, clinical intervention, or research, and information could
34 still be collected in aggregate form,

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36 Whereas, restricting pharmaceutical companies' access to information used for marketing to
37 individual physicians would not impact federal or state reporting requirements regarding care
38 management, clinical intervention, or research, and would not impact health insurer or practitioner
39 access to information for purposes of treatment, payment, utilization review, quality review or other
40 similar activities.

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42 Whereas, while patient information is de-identified, in small communities identifying a drug
43 prescription can equal the release of an individual's diagnosis,

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45 Whereas, the use of physician prescription information by sales representatives is an intrusion into
46 the way physicians practice medicine; therefore, be it

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48 **RESOLVED, that the Vermont Medical Society work with appropriate consumer**
49 **organizations and the Vermont Attorney General to enact legislation, similar to legislation**
50 **recently enacted in New Hampshire that would prohibit the disclosure of physician's**
51 **prescribing information for any commercial purpose while permitting legitimate uses such as**
52 **reporting requirements and research.⁴**

1 Kaiser Family Foundation, "Trends and Indicators in the Changing Health Care Marketplace," 2005.
<http://www.kff.org/insurance/7031/print-sec1.cfm>.

2 "2006 Pharmaceutical Marketing Disclosures Report", Vermont Attorney General.

http://www.atg.state.vt.us/upload/1150802902_2006_Pharmaceutical_Marketing_Disclosures_Report.pdf.

3 Stephanie Saul, Doctors Object to Gathering of Drug Data, NY Times, Business Section, May 4, 2006.

4 New Hampshire HB 1346. <http://www.gencourt.state.nh.us/legislation/2006/HB1346.html>.