

Legislature, LB 353 is a piece of legislation brought to me by the Department of Social Services and the State Association of Pharmacists. Both want to see this legislation passed. What it would do is allow for Schedule II drugs, and they are listed in our statutes. They are primarily Demerol, Percodan, Percocet, and Ritalin, for these Schedule II drugs, they would allow generic substitution as they already do for Schedule III, IV, and V sets of drugs, and by doing this, what you do is, it is like generic drugs and you are all familiar with that, Tylenol being substituted by Canol (phonetic), for instance. This is a common thing in drugs. We do that to save money. Generic drugs are essentially the same. The FDA does test these out and deem them to be the same or equivalent, I guess is the proper term, and so by allowing this equivalency generic substitution, you have the same impact in use of the drugs but you also save money. It is estimated by the Department of Social Services that this legislation will save something like \$35,000. The Nebraska Medical Association did testify in opposition to the bill. Their concerns were more the problem of how you determine equivalency for all the different generic substitution of drugs that is already going into place right now. The FDA has that responsibility and they are the responsible party for making that determination. No drug can be substituted under this legislation or any other legislation if it hasn't been FDA approved as equivalent. What the Medical Association is concerned about is in the past there have been certain drugs that have been deemed equivalent that some of the doctors feel isn't necessarily equivalent, and so they are worried that if they write out a prescription, and another equivalent drug will be substituted that won't be as good as the one they looking for. This bill provides, and it is currently the situation, that any doctor that doesn't want a substitution for a drug that is prescribed can simply write it on the prescription and will not have it substituted. They have that right and authority. That continues. So for any concerned physician out there, this power would continue with them, and so they really don't have a problem with that. They are trying to make a point and the pharmacists have agreed to meet with the Medical Association and work on this broader question of what we consider to be equivalent and substitutable for generic drugs. I think in general, again, that this is an excellent piece of legislation. It will save money. It will save time. Consumers that are under the Medicaid program, and, again, we are looking for savings in the Medicaid program, this would be a substitution under Medicaid. The consumers now go to the pharmacist and they