SENATOR JENSEN: I believe those are found in FDA publications.

SENATOR CHAMBERS: And would that publication say, no bioequivalence problems exist? I'm just trying to find out...

SENATOR JENSEN: Yeah.

SENATOR CHAMBERS: ...if that's language that really says anything...

SENATOR JENSEN: And, Senator, I don't know. Again, I'll be glad to look into that.

SENATOR CHAMBERS: Because either the standards have been established or they have not. If the standards have been established and the drug meets those standards, that would indicate that no bioequivalence problems exist. So are we talking about a drug which has not been subjected to the kind of review that would result in the establishment of bioequivalent standards? But it, nevertheless, is allowed because the FDA has said...has not said there are any problems. In other words, let me ask in a different way. Those drugs that meet the standards I'm not discussing. We have drugs which apparently have not met the standards. If the FDA has not specified that a drug has problems, does that failure to say that mean that this drug is in the same status as one that has met the standard?

SENATOR JENSEN: I can only just say that I'll certainly try to find that out for you, Senator.

SENATOR CHAMBERS: Okay, and that's all that I want to hear you say. And, again, one place where I agree with Senator Bourne, this is an area that I think we need to review very carefully because whether we agree with it or not ultimately, I think we need a very clear understanding...

SENATOR CUDABACK: One minute.

SENATOR CHAMBERS: ...of what is being said here, what is being allowed. In some cases, the practitioner or the physician will mark that there is not to be any substitution. There might be