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Psychiatrists Top List in Drug Maker Gifts

Vermont Analysis Is Seen as Reflecting a Nationwide Pattern

By GARDINER HARRIS

WASHINGTON, June 26 — As states begin to require that drug companies disclose their payments to doctors for lectures and other services, a pattern has emerged: psychiatrists earn more money from drug makers than doctors in any other specialty.

How this money may be influencing psychiatrists and other doctors has become one of the most contentious issues in health care. For instance, the more psychiatrists have earned from drug makers, the more they have prescribed a new class of powerful medicines known as atypical antipsychotics to children, for whom the drugs are especially risky and mostly unapproved.

Vermont officials disclosed Tuesday that drug company payments to psychiatrists in the state more than doubled last year, to an average of \$45,692 each from \$20,835 in 2005. Antipsychotic medicines are among the largest expenses for the state's Medicaid program.

Over all last year, drug makers spent \$2.25 billion on marketing payments, fees and travel expenses to Vermont doctors, hospitals and universities, a 2.3 percent increase over the prior year, the state said.

The number most likely represents a small fraction of drug makers' total marketing expenditures to doctors since it does not include the costs of free drug samples or the salaries of sales representatives and their staff members. According to their income statements, drug makers generally spend twice as much to market drugs as they do to research them.

"For the fourth year in a row, our analysis shows that there is a great deal of money being spent in our small state on marketing pharmaceutical products," said William H. Sorrell, the Vermont attorney general.

Endocrinologists received the second largest amount, according to the Vermont analysis, earning an average of \$33,730. Since the state identified the specialties of only the top 100 earners, these averages represent the money earned by only some of

the state's specialists. There were 11 psychiatrists and 5 endocrinologists in that top group of 100.

Still, a similar pattern was evident in a Minnesota database that was the subject of a series of articles in The New York Times this year. As in Vermont, psychiatrists earned on aggregate the most in Minnesota, with payments ranging from \$51 to \$689,000. The Times found that psychiatrists who took the most money from makers of antipsychotic drugs tended to prescribe the drugs to children the most often.

These and other stories have helped to fuel a growing interest among state and federal officials to document and restrict payments to doctors from drug makers. At a gathering last month at Columbia Law School in New York, state attorneys general from across the

States are pushing for disclosure of payments to doctors.

country discussed ways to get similar data for their states.

And today, the Senate Special Committee on Aging, which is led by Senator Herb Kohl, Democrat of Wisconsin, will hold the first of a series of hearings on the issue, which could lead to legislative proposals to restrict and require disclosure of payments and gifts to doctors from drug companies nationwide.

Several lawmakers on Capitol Hill have expressed interest in such legislation, including Senator Charles E. Grassley, Republican of Iowa. "A federal law requiring public disclosure of payments to doctors could be very effective if it was carefully monitored and consistently applied," Mr. Grassley said.

Efforts to require disclosure of payments to doctors began almost by happenstance in 1993, when The Minnesota Legislature passed a law that restricts drug companies from

giving doctors gifts valued at more than \$100 in any given year. The legislation also required companies to report and make public any consulting fees paid to doctors.

Lee Greenfield, a former state representative in Minnesota and one of the law's authors, said it passed with little fanfare or debate after legislators heard stories about doctors accepting gifts of great value from drug makers.

"Why do we want them bribing doctors to use what may not be the best or most cost-effective drug for the patient purely to get some handheld TV, we all asked," Mr. Greenfield said.

Still, compliance with the law has been spotty. Some companies never responded to the board's requests for disclosures. Others did so fitfully. A few sent letters saying they did not collect that information and thus could not provide it.

Minnesota officials never cracked down. Such reports were put in file drawers and largely forgotten until this past year, said Cody Wiberg, executive director of the Minnesota Board of Pharmacy. Mr. Wiberg said he planned this year to pursue companies that fail to report.

Besides Vermont and Maine, more than a dozen other states have or are now considering similar legislation, said Sharon Anglin Treat, executive director of the National Legislative Association on Prescription Drug Prices.

Officials in Maine and Vermont said they would try to compare reports of payments to doctors with Medicaid records to explore how marketing practices might influence prescribing by doctors in ways that increased costs to taxpayers.

"What we want to be able to do is overlay the prescribing information that we have with the drug detailing information," said Jude Walsh, special assistant to the governor of Maine, John E. Baldacci. "If we see that doctors in a certain southern county in the state are prescribing a lot of a drug and getting a lot of detailing for that drug, that could lead to some record reviews to see what's happening."