

Opening Statement of Senator Herb Kohl
Special Committee on Aging Hearing
Medical Research and Education: Higher Learning or Higher Earning?
July 29, 2009

Good afternoon, and thank you all for being here. Today's hearing is the fourth in a series of hearings we have held on the financial relationships between drug and device industries and America's physicians.

To provide patients with the best possible care, the practice of medicine requires medical students to absorb vast amounts of unbiased information over a number of years. Further, it demands that doctors continue their training long after they have finished school. Officially, doctors are required to participate in Continuing Medical Education, or CME, to retain their license to practice. But many other opportunities for ongoing medical education exist in the form of medical journals, conferences and speakers' bureaus, and professional societies.

In recent years, the drug and device industries have become increasingly involved in the funding of education for doctors. Academic medical centers and medical schools are increasingly reliant on industry funding for their educational and research programs. Industry funding of CME has quadrupled in the past decade, now totaling over one billion dollars a year. As both Congressional and media scrutiny of the financial relationships between physicians and these industries has heightened, this type of indirect funding is the last frontier.

Providing ongoing training and access to the latest medical innovations is costly, to say nothing of the resources necessary to produce the research in the first place. Teaching hospitals and medical schools face rising costs as well. From that perspective, industry funding has fulfilled a real need. But as we know, large corporations do not typically spend these sums unless they think they will get something out of it. That's not an indictment of the drug and device industries, it is just how business works.

This brings us to the crux of today's hearing. Are the drug and device industries getting a return on their annual billion dollar investment in medical education? Do the programs funded by industry stay true to their mission of providing unbiased education and research, or do they instead market the industry's latest products? We are not suggesting that these financial relationships are rife with corruption, but it is clear to us that greater transparency, and perhaps stronger firewalls, should be considered.

We will hear from respected physicians and a medical student association who say that industry funding does have an influence on the information and material presented to doctors. And we will hear from the Department of Health and Human Service's Office of the Inspector General and a member of the Institute of Medicine committee investigating these issues, who contend that most medical schools and professional societies are far from implementing the policies necessary to combat conflicts of interest.

We will also hear from a new organization of respected medical professionals who believe that industry funding of medical research and education has been a positive development, and that restricting such industry funding would be counter-productive. And we will hear from the organization that grants approval to official CME programs about the recent regulations they've put in place to ensure the integrity of CME content. Finally, though they will not be testifying today, I have been corresponding with the American Medical Association. In spite of the fact that these conflicts of interest have been on their radar screen for quite some time, I am disappointed that they have not yet updated their ethical guidelines on the topic—as other trade groups such as PhRMA and AdvaMed have—and I hope this is remedied soon.

Before we begin, I would like to make mention of Senator Chuck Grassley's work and leadership in this area. We have collaborated on several investigations, and most recently have been working to bring transparency to the federal funding of biomedical researchers. Together we are proud cosponsors of the Physician Payments Sunshine Act, a bill to require drug and device companies to disclose payments to doctors. We are hopeful that provisions of our bill will be included in the Finance Committee's health care reform proposal. I would also like to thank Chairman Henry Waxman and Chairman Pete Stark in the House for including provisions of our bill in their health care reform proposal, and for broadening the language to include payments by drug and device companies to medical schools, sponsors of continuing medical education programs, and organizations of health care professionals.

I would also like to salute those drug and device companies—such as Merck, Eli Lilly, and Pfizer—who have voluntarily begun to change their policies in this area. A notable professional medical society, the American Psychiatric Association, has also taken steps in this direction and we will hear from them today. I think we all agree that conflicts of interest in this area—whether real or apparent—are not worth losing the public's trust.

My thanks, once again, to today's witnesses for their participation. We look forward to your testimony. I will now turn it over to Ranking Member Martinez for his opening statement.