U.S. SENATE COMMITTEE ON
Finance
SENATOR CHUCK GRASSLEY, OF IOWA - CHAIRMAN
http://finance.senate.gov

M E M O R A N D U M

TO: Reporters and Editors
FR: Jill Kozeny, 202/224-1308
RE: Institute of Medicine Report
Preventing Medication Errors
DA: Thursday, July 20, 2006

Sen. Chuck Grassley made the comment below in response to a report released today by the Institute of Medicine (IOM), Preventing Medication Errors. The IOM study, which examined the incidence and costs of medication errors, was mandated by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), which Sen. Grassley sponsored as Chairman of the Senate Committee on Finance.

The IOM found that hospital patients are subjected to at least one medication error per day and at least 1.5 million preventable adverse drug events occur each year as a result of medication errors. While IOM found that data on the costs associated with medication errors is limited, one study estimates the cost in the hospital setting alone at $3.5 billion. Another study estimates the cost for Medicare beneficiaries in an outpatient setting at $887 million.

To reduce medication errors, IOM recommends improving communication between patients and providers, enhancing the resources to support consumer-oriented drug information and medication self-management, increasing access to patient information by clinicians and consumers, improving drug product naming, labeling, and packaging, establishing standards for drug-related health information technologies, and incentivizing the adoption of practices and technologies that reduce medication errors.

Statement by Sen. Grassley:

"I appreciate this comprehensive report from the Institute of Medicine. While our healthcare system is the envy of the world in many ways, clearly there is room for improvement. This report outlines an ambitious agenda for increasing the safety of the medication use process. While some of the recommendations will take longer and require more resources to implement, there are others on which immediate action can be taken. For example, the Institute of Medicine attributed many medication errors to confusion about a drug's name, label and package. Drug names look and sound alike, labels are cluttered, and warnings are given inadequate prominence. To address this confusion, the Institute of Medicine suggests that the Food and Drug Administration and others develop guidance documents for industry by the end of 2006. I hope the FDA will act on this recommendation as soon as possible.

"Of particular interest to me as the chair of the Finance Committee, which has jurisdiction over Medicare, is the Institute of Medicine's assertion that almost nothing is known about the benefits and risks of medications for people over age 80 and those taking medications for multiple conditions. To address this, the new report calls for an increase in clinical trial studies as well as giving access to trial data to patients, providers, health insurers, researchers, and regulators. This recommendation is consistent with the provisions contained in the "Fair Access to Clinical Trials Act of 2005" or "FACT Act" (S. 470) which I co-sponsored with Sen. Dodd. The purpose of the FACT Act is to foster transparency and accountability in health-related research and development, and to ensure that physicians, the scientific community, patients, and the general public have access to basic information about clinical trials."