

Support House Bill 1622 — Save patients and employers time and money by allowing doctors to provide medications at the point of care

Texas is one of only four states in which physicians cannot provide the medications they prescribe to their patients. Regulations and limitations vary from state to state, but almost every other state has figured out how to let patients decide where and from whom they can get their medications.

More convenience, improved medication adherence

When doctors prescribe medications, their patients have to leave the clinic and travel to another location to get their medicine. This represents an additional and unnecessary step in the care process. It's inconvenient and in many cases, it can result in patients failing to receive their medications.

Experts estimate patient non-adherence to prescribed medications costs the U.S. upwards of \$330 billion each year. But if a physician could dispense a prescription before a patient walks out of the door, we can help close this gap in care and ensure the patient has the right medication in their hand.

What patients pay for medications varies widely depending on where they shop

	WHOLESALE	CASH PRICE				PPO COST
	Andameds	People's Pharmacy	CVS	Walmart	GoodRx discount card	Aetna PPO
Lisinopril 20mg #30	\$1.81	\$32.95	\$14.09	\$4	\$4–9.99	\$10.76
Atorvastatin 40mg #30	\$5.47	\$29.95	\$135.99	\$30	\$7.84–\$42.75	\$10.76
Azithromycin 250mg #6	\$1.97	\$25.99	\$34.99	\$29.03	\$7.20–\$23.85	\$13.44

NOTE: The cash prices and PPO costs are based on a phone survey of retailers and Aetna. The wholesale price is based on the costs available to a solo family physician and does not include any dispensing fee or mark-up a physician might charge.

Lower pharmaceutical costs for patients and employers

Allowing physicians, worksite clinics, and urgent care clinics to provide commonly prescribed medications is not only convenient and efficient, but **it can lower pharmaceutical costs for patients and their employers.**

The cash price for many commonly prescribed drugs can be significantly lower than your insurance co-pay, but that all depends on where you shop. Cash prices vary dramatically from one pharmacy to another. And if you use your health insurance, prescription drugs can cost much more than the cash price after middlemen like pharmacy benefit managers take their cut.

Physicians in most states can purchase commonly prescribed medications directly from drug wholesalers and offer them to patients at cost or at steeply discounted prices.

Current Texas law

Texas is one of the most restrictive states in the country when it comes to physicians providing prescription drugs at the point of care. This prohibition is a barrier to access to care for patients, especially those seeking care at worksite health clinics, direct primary care practices, and urgent care centers.

Texas law allows physicians to provide prescription drugs in only three instances.

- **Immediate need exception:** Texas physicians may provide enough medication to cover a 72-hour period to patients in “immediate need.” Physicians who do so may not charge a separate fee for this service.
- **Rural areas:** Texas physicians may provide prescription medications to patients and be reimbursed for the cost of supplying those drugs without obtaining a pharmacy license if they practice in certain low population areas. They must notify the Texas State Board of Pharmacy and the Texas Medical Board if they do so.
- **Samples:** Texas physicians may provide samples of medications that have been supplied by pharmaceutical manufacturers and they can give indigent patients prescription drugs that have been provided by pharmaceutical manufacturers for an indigent pharmaceutical program.

A Texas solution: Support HB 1622 by Rep. Tom Oliverson

Patients should have the right to decide where to get their medications. As big chain retail pharmacies continue to house medical clinics in their stores and pursue the acquisition of health insurance companies, ***Texas physicians shouldn't be barred from offering competing models of care.*** HB 1622 solves this problem by:

- Amending Chapter 158 of the Occupations Code to permit physicians or a qualified and properly trained health care professional acting under the physician's supervision the ability to dispense medications to their patients;
- Prohibiting a physician from dispensing a controlled substance listed in Schedules II through V;
- Limiting how much a physician can charge for the drugs they dispense;
- Requiring physicians to comply with state and federal laws relating to labeling, storage, packaging and record keeping;
- Requiring physicians to notify patients that prescriptions may be filled at a pharmacy; and
- Requiring physicians to notify both the Texas State Board of Pharmacy and the Texas Medical Board that they dispense medications.

It does NOT permit a physician to operate a retail pharmacy.

Support HB 1622 and give physicians flexibility to provide medications. It will lower patients' and employers' prescription drug costs, it will increase accessibility and convenience for patients, and it will improve patient medication adherence without negatively affecting patient safety.

It's time for the Texas Legislature to let physicians, worksite clinics, and urgent care clinics to provide pharmaceuticals in their practices, allowing innovation and choice to thrive in the marketplace once again.