

LEGISLATOR'S GUIDE TO THE ISSUES 2021-2022

Doctor-to-Patient Medication Program

The Issue

Most Texans get their medications prescribed by their physician and then travel to a pharmacy to fill their prescriptions. Yet 45 states allow physicians to both prescribe and dispense medications, a practice known as physician dispense. Since 1999, Texas has allowed physicians to dispense in rural areas, so long as no pharmacies operate within 15 miles of the care facility. Texas physicians can also dispense free drug samples liberally or dispense a maximum 72-hour supply of drugs to patients with “immediate needs” to ensure proper treatment until the patient can access a pharmacy.

In 2018, nearly 30% of Americans did not take their prescriptions as recommended because of cost. Nineteen percent did not fill their prescriptions, 18% took over-the-counter drugs instead, and 12% cut their pills in half or skipped doses due to cost. Physician dispense can improve medication adherence and reduce costs by making prescription-filling more convenient. Physician dispense will expand physicians’ ability to provide care, improve patients’ experience, and improve medication adherence.

A 2014 study from Munger et al. found that the rate of adverse drug reactions (ADRs) resulting from physician-dispensed drugs were equivalent to those resulting from pharmacist-dispensed drugs. A systematic literature review from Lim et al. comparing dispensing physicians’ and non-dispensing physicians’ practice patterns found dispensing physicians tended to prescribe more pharmaceuticals than non-dispensing physicians, and that dispensing physicians prescribed fewer generics than non-dispensing physicians. However, dispensing physicians were not found to prescribe less judiciously or to have poor dispensing standards. The review also found that the main reason for both patients and physicians to participate in physician dispense was convenience.

Not only is physician dispense safe, it also has the potential to improve medication adherence rates in Texas. A 2016 study from Palacio et al. found that the physician-led point of care medication delivery system, available to Medicare Advantage members, increased drug adherence rates for this population by 17% for oral antidiabetic agents, 29% for cholesterol medications, and 21 for blood pressure medications. The study included a survey of participating Medicare Advantage members, 76% of whom said the delivery system was more convenient than going to a pharmacy. Eighty-seven percent said that the model improved their ability to take their medication.

Physician dispense can be beneficial for patients for several reasons. First, the drugs may be sold at a lower price by the physician than the pharmacist. This is because physicians would be able to buy directly from wholesalers and not bill the patient’s insurance company. This would bypass several middlemen in the typical supply chain, which could drive down costs for consumers. Second,

allowing physicians to dispense prescription drugs could help improve access to drugs and improve medication adherence. If the process of obtaining prescription drugs is made easier, patients will be less likely to skip going to the store to pick up a prescription, improving adherence, and improving overall health.

By allowing the option for physicians to dispense drugs, it may help patients. Patients may opt to purchase certain drugs at a pharmacy, others from their physician. Ultimately, it is important to recognize that physician dispense does not require physicians to dispense drugs but gives them the option to if they think it is best for themselves and their patients. Similarly, this would not require patients to purchase prescriptions from physicians but merely gives them the option to do so, allowing them to shop for the best price and make tradeoffs between price and convenience.

The Facts

- Research has shown that, when patients are able to obtain prescriptions directly from their physician, they adhere to their medication instructions better.
- There is no evidence to suggest that allowing physicians to dispense drugs would negatively affect patients.
- There is no evidence to suggest that allowing physicians to dispense will increase drug prices.
- Choosing to purchase medication from your physician would be voluntary and in no way required.

Recommendation

Allow physicians to dispense medications across the state of Texas in a manner that grants physicians maximum flexibility to perform this service.

Resources

[“KFF Health Tracking Poll – February 2019”](#) by Ashley Kirzinger, Lunna Lopes, Bryan Wu, and Mollyann Brodie, Kaiser Family Foundation (March 2019).

[“A systematic review of the literature comparing the practices of dispensing and non-dispensing doctors”](#) by David Lim, Jon Emery, Janice Lewis, and V Bruce Sunderland, *Health Policy* (Sept. 2009).

[“Physician Dispense Makes Sense”](#) by Jennifer Minjarez, Texas Public Policy Foundation (March 2019).

[“National Evaluation of Prescriber Drug Dispensing”](#) by Mark A. Munger, James H. Ruble, Scott D. Nelson, Lynsie Ranker, Renee C. Petty, Scott Silverstein, Erik Barton, and Michael Feehan, *Pharmacotherapy* (July 2014).

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[“Impact of a Physician-Led Point of Care Medication Delivery System on Medication Adherence”](#) by Ana Palacio, Jessica Chen, Leonardo Tamariz, Sylvia D. Garay, Hua Li, and Olveen Carrasquillo, *American Journal of Managed Care* (July 2016).

