

Support:

- Recognize that physician dispensing of prescription medication is an integral part of the practice of medicine
- State medical board regulation of physician dispensing
- Physician ability to provide a full range of treatment options for patients at the point of care

Oppose:

- Blanket bans on physician dispensing to address specific concerns about opioid prescriptions or workers compensation drug pricing
- Misleading or coercive sale of products to patients that disrupt the patient-physician relationship

Dispensing prescriptions at the point of care is an inherent part of the practice of medicine. The American Medical Association recognizes “the physician’s right to dispense drugs and devices when it is in the best interest of the patient and consistent with AMA’s ethical guidelines.” Physicians already provide individual doses of medication in clinic and dispensing prescriptions is a direct extension of this practice. State medical boards should maintain exclusive oversight of the practice of medicine in each state, including physician dispensing.

Providing medications at the point of care is beneficial to patients. Aside from the obvious convenience, in-office dispensing can significantly increase patient adherence to prescribed treatments without increasing adverse drug events. Up to one half of dermatology practices have responded to their patients’ desire for convenient, trusted skin care products and offered these products at their offices. In-office dispensing also benefits patients as it may allow, in many circumstances, the patient to obtain a product at a significantly lower cost than a traditional prescription medication which, in turn, can be beneficial to overall health care cost consumption. Restrictions on physician dispensing limit patient choices of where they receive their medications and create unnecessary barriers to treatment.

Dermatologists are well-equipped to navigate the ethical concerns arising from dispensing medication. All forms of fee-for-service treatment carry a specific set of ethical concerns and potentials for abuse. Physicians already have strong ethical principals to guide their practice, including a commitment to informed consent and a fiduciary duty to patients, and these are readily applied to in-office dispensing. Where abuses occur they would fall within existing medical board oversight and disciplinary processes.

Nevertheless, pharmacy boards continue their efforts to erode the practice of medicine and expand oversight over physicians. Five states effectively ban physician dispensing, while twelve states place physicians under Pharmacy Board oversight if they want to dispense medications. Several boards have used that that authority to add multiple layers of burdensome regulations for physicians.

Approved by the ASDSA Board of Directors: December 2019

References:

- American Medical Association (AMA). *H-120.990 "Physician Dispensing."*
- Palacio, A., et al. (2016). "Impact of a physician-led point of care medication delivery system on medication adherence." *Am J Manag Care* **22**(7): e264-269.
- Munger, M. A., et al. (2014). "National evaluation of prescriber drug dispensing." *Pharmacotherapy* **34**(10): 1012-1021.
- Ogbogu, P., et al. (2001). "Physicians' and patients' perspectives on office-based dispensing: the central role of the physician-patient relationship." *Arch Dermatol* **137**(2): 151-154.
- AMA Code of Medical Ethics. Opinions on Professional Self-Regulation (9.6 Physician Promotion & Marketing Practices). 9.6.4 Sale of Health-Related Products. Year Last Modified: 2017.
- For pharmacy board regulations see, for example, Minn. Stat. §§ 151.37.2c, 147.091.1.p.4; Minn. R. 6800.995; N.C. Gen. Stat. 90-85.21; Neb. Rev. Stat. § 38-2850; Va. Code Ann. §§ 54.1-3304.1, 54.1-3302; Va. Admin. Code 18VAC110-30; Utah Code Ann. § 58-17b-801:806; Utah Admin. Code R156-17b-623, R156-83-306.
- Pharmacist FAQs. North Carolina Board of Pharmacy.
http://www.ncbop.org/faqs/Pharmacist/faq_DispensingPhysicians.htm#none

Related AMA Policy:

H-120.990 Physician Dispensing

1. Our AMA supports the physician's right to dispense drugs and devices when it is in the best interest of the patient and consistent with AMA's ethical guidelines.
2. Our AMA opposes legislative and other efforts that are in conflict with AMA policies concerning patient access to physician-dispensed drugs and devices. (Sub. Res. 154, A-87; Reaffirmed: Sunset Report, I-97; Reaffirmed: Res. 123, A-00; Reaffirmed CEJA Rep. 6, A-10; Modified: Res. 245, A-18).