TEXAS Pharmacy Association
Together Pharmacy Advances

Oral Testimony by

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in opposition to

HB 1622 / Representative Oliverson

to

House Public Health Committee

Wednesday, April 17, 2019

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Good afternoon Madam Chair and Members of the Committee.

My name is Debbie Garza. I am a pharmacist and the Chief Executive Officer of the Texas Pharmacy Association.

I appear before you today testifying on behalf of the Texas Pharmacy Association in opposition to HB 1622.

We believe this bill threatens patients' health and safety by not requiring the same high standards to which pharmacists are held to promote safe medication use and patient safety. This bill also does not require oversight and inspection of physicians' offices by the Texas State Board of Pharmacy, and we believe enforcement will not be as rigorous as it is with pharmacists and pharmacies.

As Governor Perry stated when he vetoed physician dispensing legislation a few years ago, "It is the role of pharmacists—who are trained specifically in drug interactions, side effects and allergies—to dispense the medications. Additionally, the State Board of Pharmacy has the authority to inspect pharmacies to ensure drugs are stored securely and at safe temperatures." He went on to say, "they are still prescription-strength drugs with potentially dangerous side effects and interactions, and therefore should remain subject to existing safety protocols and oversight." His reasoning for opposing physician dispensing still rings true today!

Pharmacists support increasing patients' access to care but don't support lower standards and the resulting safety concerns that put patients at risk. We believe other legislation proposed this session would protect patients and pharmacies from pharmacy benefit managers' business practices and help lower medication costs to the patient, save tax dollars via Medicaid reform, and increase patients' access to care at their local pharmacies.

Even the Texas Public Policy Foundation study admits that they don't know whether physician dispensing will lower drug costs because studies on the subject do not offer consistent results.

In addition, there is an obvious conflict of interest having the same person act as both prescriber and dispenser. Earlier this year, Secretary of Health and Human Services Alex Azar pointed out the potential of perverse incentives for physicians to choose higher-priced drug products.

If you want to increase patient medication adherence, put a pharmacist in a doctor's office. If you want to decrease drug costs, enact comprehensive PBM reform.

According to the American Medical Association, most nonadherence is intentional: patients make a rational decision not to take their medicine based on their knowledge, experience, and beliefs. One of the primary reasons for medication non-adherence, as noted by the AMA, is fear. Patients are afraid of experiencing adverse effects of medications.

According to an Express Scripts study, more than two-thirds of medication non-adherence was due to inattention and procrastination.

So, despite what seems logical, it's not about not being able to get to the pharmacy. It's about human behavior. And you can't legislate that.

Pharmacists are trained, ready and available to take the time to work with patients to figure out their medication adherence barriers and create a plan that works for that individual.

Patients need physicians and pharmacists working together to provide them with the best diagnosis and the treatment they deserve. With the strength of the doctor's diagnostic skills and the strength of the pharmacist's medication skills, a patient is sure to get the right medication, in the right amounts, at the right time—and, with some PBM reform, at the right price.

If you value pharmacists' training and expertise as medication experts, and you value the importance of oversight and accuracy for patient and medication safety, and you believe in building a collaborative healthcare team, then you'll vote against this bill.

Thank you for your time.