



# In-Office Dispensing: The Good, the Bad, and the Unlikely

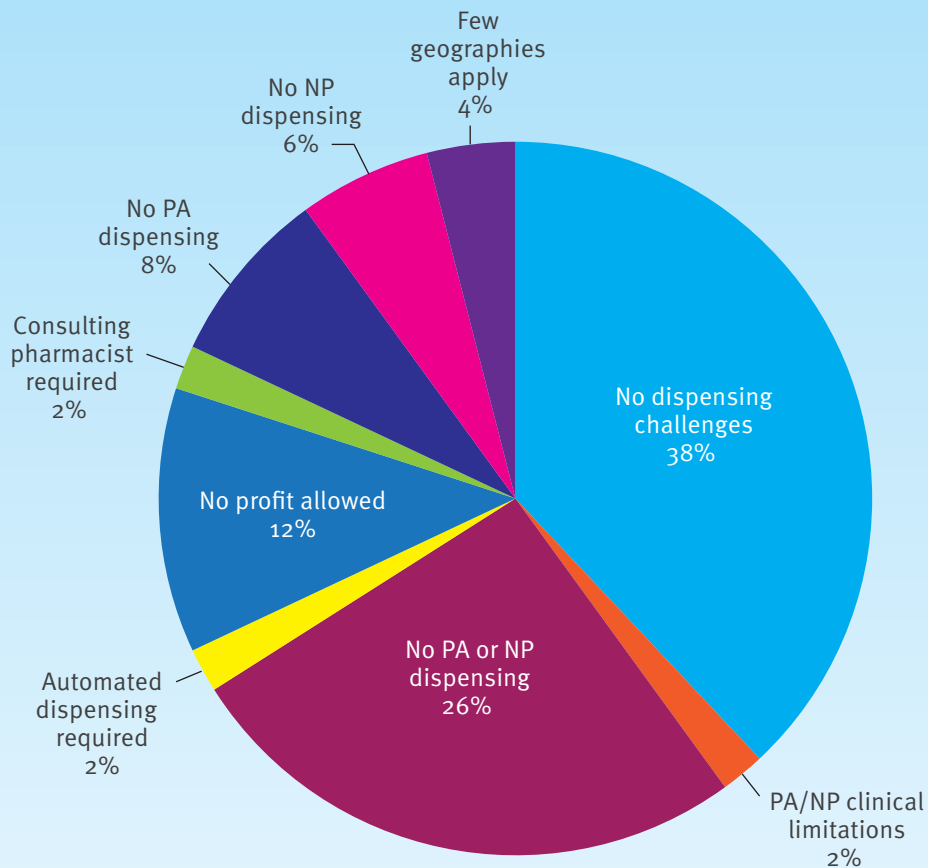
In paper (so to speak), in-office prescribing in the urgent care center would seem to be a no-brainer for all concerned: patients could avoid the time-consuming hassles of navigating the retail drugstore morass and head straight home with their medication, and providers could be assured that their patients got the right medication in a timely manner and could be the responsible parties to answer any questions they may have—all while collecting a modest profit.

That's the ideal, anyway. As is often the case, the reality is that a whole lot of red tape makes it literally impossible

in some states and just too challenging to deal with in many others.

One issue is that 44% of states impose limitations on nurse practitioners and physician assistants (or both) and, as you undoubtedly know, NPs and PAs are flying solo in many UCCs. And even though 80% of states allow physicians to dispense noncontrolled substances in-office at a profit, 12% prohibit dispensing-for-profit and 4% only allow on-site prescribing in rural geographies. See the graph below for further detail. ■

DISPENSING CHALLENGES BROKEN DOWN BY STATE



Data source: Proprietary data and state websites.