

House Committee on Public Health
House Bill 3219 by Rep. Joanne Shofner
Testimony of Ezequiel “Zeke” Silva III, MD, Submitted on Behalf of
the Texas Medical Association
April 21, 2025

Honorable Chair VanDeaver, Vice Chair Campos, and committee members:

The Texas Medical Association (TMA), representing more than 59,000 physician and medical student members across the state, appreciates the opportunity to submit comments *in opposition* to House Bill 3219. We have concerns that allowing prescription drugs to be dispensed without clinical involvement is a risk to patient safety.

Prescription drugs (or legend drugs) are distinguished from over-the-counter medications in that prescription drugs are potentially harmful if not used under the guidance of a physician or other licensed health care practitioner authorized to prescribe medications.¹ As such, the Pharmacy Act currently prohibits a pharmacist from dispensing a prescription drug without a valid physician-patient or practitioner-patient relationship.²

Under HB 3219, the commissioner of the Texas Department of State Health Services would be directed to issue a statewide order authorizing a pharmacist to dispense ivermectin without a prescription from a physician or other authorized health care practitioner who has examined the patient.

Removing clinical involvement poses a risk to patient safety, whether for ivermectin or other legend drugs. For example, for the approved indications for ivermectin, the appropriate dosage varies depending on the underlying condition and the patient’s body weight.³ If the drug is dispensed for an off-label use, it is unclear how the safe and effective dosage will be determined for the condition the patient seeks to treat.

Ivermectin also poses a risk of interacting with many medications.⁴ This includes warfarin, a blood-thinning medication commonly taken to reduce the risk of heart disease. When combined with ivermectin, the risk of dangerous bleeding is increased.⁵

Under the current legal framework, the patient’s physician promotes safe co-administration of prescription medications by counseling the patient on potential interactions and side effects and adjusting dosages when appropriate, all within a physician-patient relationship that accounts for the condition and comorbidities of the individual patient. We are very concerned that departing from this framework and removing clinical involvement is a risk to patient safety.

Thank you for the opportunity to comment. For further questions, please contact Michelle Romero, associate vice president of Public Affairs at michelle.romero@texmed.org.

¹ Texas State Board of Pharmacy. [Why do I need a prescription from a doctor for some medications and not for others?](#)

² Tex. Occ. Code 562.056 Practitioner-Patient Relationship Required

³ Mayo Clinic. [Ivermectin \(oral route\)](#). For example, for treating river blindness ([onchocerciasis](#)), the dose is usually 150 micrograms per kilogram of body weight; for [threadworms](#) the dose is usually 200 micrograms per kilogram of body weight.

⁴ Udaykumar, Padmaja; Shetty, Bhavya; Kundapur, Anurag I. [Drug interactions of ivermectin with a focus on COVID-19 treatment](#). Muller Journal of Medical Sciences and Research 12(1):p 42-48, Jan–Jun 2021. | DOI: 10.4103/mjmsr.mjmsr_19_21

⁵ Medical News Today. [Ivermectin, oral tablet](#) (May 13, 2022)