
Members Present:
Karen Ryle (MA), Chair; Monica K. Franklin (TN); Susan Ksiazek (NY); Michael A. Podgurski (PA); Stephen R. Statz (SD); Woodrow Storey (NM); and Hal Wand (AZ).

Ex-Officio Members Present:
Kim Caldwell (TX) and Stan Goldenberg (CA).

Others Present:
Gary A. Schnabel, Executive Committee Liaison; Carmen Catizone, Charisse Johnson, Melissa Madigan, and Chris Siwik, Donald Talend, NABP staff; Tameka Houston, NABP pharmacy student intern.

Introduction:
The Task Force on Telepharmacy and the Implementation of the Medicare Drug Benefit Medication Therapy Management Provisions (Task Force) met on October 27, 2005. The appointment of this Task Force came at the direction of the NABP Executive Committee in response to a recommendation from the 2004-2005 NABP Committee on Law Enforcement/Legislation who proposed that a task force be commissioned to examine the evolving practices of telepharmacy in the context of the regulatory issues that the state boards of pharmacy are asked to define and address. Additionally, the NABP Executive Committee, pursuant to Resolution 101-8-05, Implementation of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, charged this Task Force with considering the need for developing model regulations to address the provision of pharmacist care across state borders that may result from the implementation of the medication therapy management services as a result of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

Review of the Task Force Charge:
Task Force members reviewed their charge and accepted it as follows:

This Task Force will be reviewing existing state regulations in regard to the practice of telepharmacy and consider the need for developing model regulations to address the provision of pharmacist care across state borders that may result from the implementation of the medication management therapy provisions of the Medicare drug benefit.

Overview of Presentations:
Charisse Johnson, NABP staff member, provided an overview of the various regulatory issues including the various factors, opportunities, and challenges involving the practice of telepharmacy. Dr. Johnson also provided an overview of the state telepharmacy regulations, various telepharmacy practice models, and reviewed the report of the 2004-2005 Committee on Law Enforcement/Legislation which contained a number of recommendations to serve as guidance for the Task Force as model language was proposed.
Kim Caldwell, member of the Texas State Board of Pharmacy and past Director of Division of Clinical and Economic Performance in the Centers for Beneficiary Choice for the Centers for Medicare and Medicaid Services, reviewed the federal regulatory provisions of Medication Therapy Management (MTM) services as a result of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA 2003). Mr Caldwell discussed the intended goals of MTM programs and criteria that Medicare beneficiaries must meet in order to qualify for MTM services. Additionally he reviewed the MTM submission requirements to be completed by plan sponsors and provided clarification on services that could qualify as MTM services.

Stanley Goldenberg, president of the California State Board of Pharmacy, addressed the efforts of the California State Board of Pharmacy to allow pharmacists to provide the multitude of services reflective of MTM. Specifically, he reviewed the efforts of the Licensing Committee of the California State Board of Pharmacy to facilitate the provision of MTM through a new regulatory framework for the licensing and registration of pharmacies and pharmacists. In its deliberations, the Licensing Committee has discussed a revised regulatory framework, which addresses the licensing of entities that strictly provide cognitive services (not in conjunction with a pharmacy that dispenses drugs); and the licensure or registration of non-resident entities that provide such services. Mr Goldenberg also informed the Task Force that the Licensing Committee was also considering whether or not the scope of practice in existing California law allows pharmacists to provide MTM. He also discussed some of the concerns of the Licensing Committee with respect to cumbersome licensing fees for non-resident pharmacists who provide strictly cognitive services in a multitude of jurisdictions. Some of the solutions proposed by the Licensing Committee include a non-resident registration (which is presumably easier to obtain as opposed to a license); or a national license certification process that could be administered by NABP; or no additional requirements for non-resident pharmacists and the California Board would work collaboratively with the home licensure state for discipline and compliance (in addition to compliance with California standard of care requirements).

Task Force Recommendations to the NABP Executive Committee

Recommendation 1: The Task Force recommends that the terms “Central Pharmacy,” “Remote Pharmacy,” and “Remote Dispensing Site” be incorporated within the Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act) in consideration of the evolving practices of telepharmacy. The Task Force also recommends revisions to the existing definition of “Practice of Telepharmacy.”

The Task Force recommends the following amendments to the Model Act. The revisions recommended by the Task Force are denoted by underlines and strikethroughs.
Article I
Title, Purpose, and Definitions

Section 105. Definitions.

“Central Pharmacy” is a Pharmacy responsible for the Practice of Telepharmacy performed at Remote Pharmacies and Remote Dispensing Sites.

“Remote Pharmacy” is a Pharmacy, staffed by a Pharmacist, Pharmacy Intern, or a Certified Pharmacy Technician, electronically linked to the Central Pharmacy via a computer system and a video/auditory communication system approved by the Board.

“Remote Dispensing Site” is a site located within an Institutional Facility or outpatient clinic that utilizes an Automated Pharmacy System and that is electronically linked to the Central Pharmacy via a computer system and/or a video/auditory communication system approved by the Board.

“Practice of Telepharmacy” means the provision of Pharmaceutical Care by registered Pharmacies and Pharmacists located within US jurisdictions through the use of telecommunications and technologies to patients or their agents at a distance who are located within US jurisdictions.

Background:

In consideration of the 2004-2005 Committee on Law Enforcement/Legislation recommendations and existing state regulations on the practice of telepharmacy, the Task Force members agreed that the terms “Central Pharmacy,” “Remote Pharmacy,” and “Remote Dispensing Site” and their definitions should be added to the Model Act. Collectively, the incorporation of these terms within the Model Act provides a regulatory framework to allow for various models of telepharmacy practice, as illustrated in states like North Dakota, Texas, and Missouri.

In the Model Act, the central pharmacy is linked to the remote pharmacy via a video/audio communication system so that the central pharmacy can monitor operations at the remote pharmacy, assess the final product prior to dispensing, and provide patient counseling when required. In both community and institutional-based pharmacy practice settings, the remote pharmacy may be most analogous to a satellite pharmacy in that it contains a restricted drug inventory and is staffed by a limited number of staff (ie, pharmacist, pharmacy technician, or pharmacy intern). Prescription orders presented at a remote pharmacy require evaluation (drug regimen review) by a pharmacist at the central pharmacy (or remote pharmacy) prior to dispensing. This process is facilitated by a computer link between the central and remote pharmacy.

Remote dispensing sites, located only in specific settings like hospitals (institutional facilities) and outpatient clinics, also receive pharmacy services remotely from a central pharmacy in conjunction with established policies and procedures that ensure the provision of pharmaceutical...
care. Ideally, health care professionals, such as nurses and physicians, at the remote dispensing site, would oversee the administration of medications and ensure that patients are provided with patient counseling from the pharmacist at the central pharmacy when required.

Lastly, the Task Force members recommended that the “Practice of Telepharmacy” definition be amended to include the patient’s agent as a representative of the patient in the provision of pharmaceutical care.

**Recommendation 2: The Task Force recommends that a section pertaining to remote pharmacy services be incorporated into the Model Rules for Pharmaceutical Care.**

The Task Force recommends the following amendments to the *Model Act*. The revisions recommended by the Task Force are denoted by underlines and strikethroughs.

**Model Rules for Pharmaceutical Care**

**Section 3. Pharmacy Practice.**

O. Remote Pharmacy Services

(1) General Requirements

(a) The Pharmacist-in-Charge of the Central Pharmacy shall apply to the Board for a permit prior to engaging in the Practice of Telepharmacy via the Remote Pharmacies and Remote Dispensing Sites.

(b) A Central Pharmacy shall demonstrate to the Board that there is limited access to pharmacy services in the community prior to engaging in the Practice of Telepharmacy via the Remote Pharmacies and Remote Dispensing Sites.

(c) One Pharmacist shall not operate more than three simultaneously-open Remote Pharmacies or Remote Dispensing Sites. An exception to this limit may be granted by the Board in situations where the Central Pharmacy has documented a need to supervise additional Remote Pharmacies or Remote Dispensing Sites and has demonstrated that appropriate safeguards are in place to assure proper supervision of each.

(d) Remote Pharmacies that are principally staffed by Certified Pharmacy Technicians or Pharmacy Interns shall be under the continuous supervision of a Pharmacist at the Central Pharmacy at all times that it is open to provide pharmacy services. To qualify as continuous supervision, the Pharmacist is not required to be physically present at the Remote Pharmacy, but shall supervise operations electronically through the use of a video/auditory communication system.

(e) A Central Pharmacy shall comply with appropriate federal and state controlled substance registrations for each Remote Pharmacy or Remote Dispensing Site if controlled substances are maintained.
(f) A Central Pharmacy shall notify the Board in writing within ten days of a change of location, discontinuance of service or closure of a Remote Pharmacy or Remote Dispensing Site operated by the Central Pharmacy.

(2) Remote Pharmacy

A Remote Pharmacy may have a limited Drug inventory consisting of suitable unit-of-use containers Prepackaged by the Central Pharmacy or a registered Repackager or as provided in the original Manufacturer’s container. A Remote Pharmacy may utilize an Automated Pharmacy System.

(3) Remote Dispensing Site

A Remote Dispensing Site shall utilize an Automated Pharmacy System located in an area accessible only to authorized personnel.

(4) Personnel

(a) The Pharmacist-in-Charge of the Central Pharmacy:

(i) is responsible for the Practice of Telepharmacy performed at Remote Pharmacies and Remote Dispensing Sites, including the supervision of any Automated Pharmacy System and compliance with these Rules;

(ii) is responsible for ensuring that the Central Pharmacy and the Remote Pharmacy and Remote Dispensing Site have entered into a written agreement that outlines the services to be provided and the responsibilities and accountability of each party in fulfilling the terms of the agreement in compliance with federal and state laws and regulations. Such contract or agreement is not required if the Remote Pharmacy or Remote Dispensing Site are under common control or ownership of the Central Pharmacy;

(iii) shall ensure the Central Pharmacy has sufficient Pharmacists on duty for the safe operation and supervision of all Remote Pharmacies and Remote Dispensing Sites; and

(iv) shall ensure that the Automated Pharmacy System is in good working order and accurately Dispenses the correct strength, dosage form, and quantity of the Drug prescribed while maintaining appropriate recordkeeping and security safeguards.

(b) Pharmacists, Pharmacy Interns, and Certified Pharmacy Technicians at Remote Pharmacies shall be registered with the Board and be trained in the operation of the video/auditory communication system used for Dispensing and Patient Counseling.

(5) Operations

(a) Remote Pharmacies:

(i) that are principally staffed by Certified Pharmacy Technicians or Pharmacy Interns shall be under the personal and direct supervision of a Pharmacist:
(ii) may receive Prescription Drug Orders or refill requests by the patient or the patient’s agent in accordance with the policies and procedures designated by the Pharmacist-in-Charge. The Certified Pharmacy Technician or Pharmacy Intern shall either transmit the Prescription Drug Order or refill request to the Central Pharmacy or process the Prescription Drug Order or refill request so that the Pharmacist at the Central Pharmacy may perform a Prospective Drug Regimen Review prior to Dispensing;

(iii) shall contain an appropriate area for Patient Counseling by the Pharmacist, if required;

(iv) may employ Certified Pharmacy Technicians or Pharmacy Interns, whom of which shall be under the supervision of a Pharmacist at the Central Pharmacy, to assist in the Dispensing process and maintain appropriate video/auditory communication with the Central Pharmacy; and

(v) may contain an Automated Pharmacy System or a limited Drug inventory for the purposes of preparing medications for Dispensing. The Pharmacist at the Central Pharmacy shall have access to the Remote Pharmacy’s automated data processing system to perform a Prospective Drug Regimen Review prior to Dispensing. The Pharmacist shall ensure, through the use of the video/auditory communication system, that the Certified Pharmacy Technician or Pharmacy Intern has accurately and correctly prepared the Drug for Dispensing according to the Prescription Drug Order.

(b) Remote Dispensing Sites:

(i) that are located within an Institutional Facility shall utilize an Automated Pharmacy System for the purposes of Dispensing. The Pharmacist at the Central Pharmacy shall have the necessary patient information to perform a Prospective Drug Regimen Review prior to Dispensing; and

(ii) that are located in outpatient clinics shall utilize an Automated Pharmacy System. Such Automated Pharmacy Systems shall be located in an area that will provide for Patient Counseling and must be installed within the same area utilized by the Practitioner for the provision of clinical services.

(6) Security

(a) Drugs shall be stored in compliance with state and federal laws and in accordance with these Rules, including those addressing temperature, proper containers, and the handling of outdated drugs.

(b) Drugs stored at Remote Dispensing Sites shall be stored in an area that is:

(i) separate from any other Drugs used by the health care facility; and

(ii) locked by key or combination, so as to prevent access by unauthorized personnel.
Access to the area where Drugs are stored at the Remote Pharmacy or Remote Dispensing Site must be limited to:

(i) Pharmacists, Certified Pharmacy Technicians, Pharmacy Technicians, or Pharmacy Interns who are employed by the Central Pharmacy; or

(ii) Personnel employed at the Institutional Facility or outpatient clinic where the Remote Dispensing Site is located who are:

(a) are licensed health care providers;

(b) are designated in writing by the Pharmacist-in-Charge or the Person responsible for the supervision and on-site operation of the facility where the Automated Pharmacy System is located; and

(c) have completed documented training concerning their duties associated with the remote site.

Remote Pharmacies and Remote Dispensing Sites shall have adequate security to:

(i) comply with federal and state laws and regulations; and

(ii) maintain patient confidentiality;

The Central Pharmacy shall have procedures that specify that Drugs may only be Delivered to the Remote Pharmacy or Remote Dispensing Site by the Central Pharmacy and shall be:

(i) shipped in a sealed container with a list of Drugs Delivered; and

(ii) checked by personnel designated by the Pharmacist-in-Charge to verify that Drugs sent by the Central Pharmacy were actually received. The designated Person who checks the order shall document the verification by signing and dating the list of Drugs Delivered.

Policies and Procedures

(a) The Central Pharmacy, Remote Pharmacy, and Remote Dispensing Site shall operate according to written policies and procedures that are established by the Central Pharmacy. The policy and procedure manual shall include, but not be limited to, the following:

(i) a current list containing the name and business address of the Pharmacist-in-Charge and personnel designated by the Pharmacist-in-Charge to have access to the area where Drugs are stored at the Remote Pharmacy or Remote Dispensing Site;

(ii) duties that may only be performed by a Pharmacist;

(iii) a copy of the written agreement between the Central Pharmacy and the Remote Pharmacy or between the Central Pharmacy and the Institutional Facility or outpatient clinic where the Remote Dispensing Site is located. Such contract or agreement is not required if the Remote Pharmacy or Remote Dispensing Site are under common control or ownership of the Central Pharmacy;
(iv) date of last review and revision of policy and procedure manual; and
(v) policies and procedures for operation of the video/auditory communication system, security, sanitation, storage of Drugs, Dispensing, supervision, Drug procurement, receiving of Drugs Delivery of Drugs, and recordkeeping.

(b) A Central Pharmacy providing pharmacy services at a Remote Pharmacy or Remote Dispensing Site shall, at least annually, review and revise as necessary its written policies and procedures, and document such review.

(c) A Central Pharmacy providing pharmacy services at a Remote Pharmacy or Remote Dispensing Site shall maintain a written plan for recovery from an event that interrupts the ability of a Pharmacist to electronically supervise the Dispensing of Drugs at the Remote Pharmacy or Remote Dispensing Site. The written plan for recovery shall include:

(i) a statement that Drugs shall not be Dispensed at the Remote Pharmacy or Remote Dispensing Site if a Pharmacist is not able to electronically supervise such Dispensing;
(ii) procedures for response when the video/auditory communication system is experiencing downtime; and
(iii) procedures for the maintenance and testing of the written plan for recovery.

(d) All policies and procedures must be maintained in the Central Pharmacy responsible for the Automated Pharmacy System and at the Remote Dispensing Site where the Automated Pharmacy System is being used.

(8) Quality Assurance

(a) A Central Pharmacy that provides pharmacy services via a Remote Pharmacy or Remote Dispensing Site shall operate according to a written program for quality assurance that:

(i) requires continuous supervision of the Remote Pharmacy at all times the site is open to provide pharmacy services;
(ii) requires a Pharmacist of the Central Pharmacy to be accessible to respond to inquiries or requests pertaining to Drugs Dispensed from the Remote Pharmacy or from the Automated Pharmacy System located at the Remote Dispensing Site; and
(iii) establishes procedures to test the operation of all Automated Pharmacy Systems and all video/auditory communication systems at a minimum of every six months and whenever any upgrade or change is made to the system and document the testing of each such system.

(9) Recordkeeping

(a) Required Records
(i) A Central Pharmacy shall keep a record of all Drugs received, Dispensed, and Distributed from the Central Pharmacy.

(ii) A Central Pharmacy shall keep a record of all Drugs received, Dispensed, and Distributed from each Remote Pharmacy or Remote Dispensing Site.

(iii) All records of receipt, Dispensing, and Distribution shall be kept at the Central Pharmacy. Central Pharmacy, Remote Pharmacy, and Remote Dispensing Site records must be kept separate from each other.

(b) Inventory

(i) A Central Pharmacy shall keep a perpetual inventory of controlled substances, and other Drugs required to be inventoried according to state and federal law, that are held in the Central Pharmacy, each Remote Pharmacy, and each Remote Dispensing Site;

(ii) A Central Pharmacy shall conduct an annual non-controlled substance Drug inventory at the Central Pharmacy and at each Remote Pharmacy or Remote Dispensing Site; and

(iii) All inventory records shall be kept at the Central Pharmacy. The Central Pharmacy, Remote Pharmacy, and Remote Dispensing Site inventory records must be kept separate from each other.

Comments

Section 3O(1)(a). Comment.
Often the terms “licensure,” “registration,” and “permit” are used interchangeably throughout the Model Act. In the case of Remote Dispensing Sites that utilize Automated Pharmacy Systems, boards may determine that it is appropriate to issue a permit for the Automated Pharmacy System but not for the physical site the Automated Pharmacy System is located.

Section 3O(1)(b). Comment.
States will need to determine what constitutes limited access to pharmacy services in the community. For example, states may consider using parameters such as mileage or census tracts to assist in measuring the availability of pharmacies within a defined area or community.

Background:
The 2004-2005 Committee on Law Enforcement/Legislation produced a number of recommendations to assist the Task Force members in developing model regulations pertaining to the remote provision of pharmacy services. Those recommendations suggested included sections addressing registration/licensure of remote site personnel, remote patient counseling, and restriction of remote sites to areas or communities that are underserved. In response to those specific recommendations, the Task Force members suggested rules on remote pharmacy services addressing general licensing requirements, personnel, operations, security, policies and procedures, quality assurance, and recordkeeping.
Recommendation 3: The Task Force recommends that the model language regarding automated pharmacy systems be amended in consideration of the proposed model language for remote pharmacy services.

The Task Force recommends the following amendments to the Model Act. The revisions recommended by the Task Force are denoted by underlines and strikethroughs.

Model Rules for Pharmaceutical Care

Section 2. Personnel.

A. Duties and Responsibilities of the Pharmacist-in-Charge

(3) The Pharmacist-in-Charge shall be assisted by a sufficient number of Pharmacists, Certified Pharmacy Technicians, and Pharmacy Technicians as may be required to competently and safely provide Pharmacy services.

(a) The Pharmacist-in-Charge shall maintain and file with the Board of Pharmacy, on a form provided by the Board, a current list of all Certified Pharmacy Technicians and Pharmacy Technicians assisting in the provision of Pharmacy services.

(b) The Pharmacist-in-Charge shall develop and implement written policies and procedures to specify the duties to be performed by Certified Pharmacy Technicians and Pharmacy Technicians. The duties and responsibilities of these personnel shall be consistent with their training and experience and shall address the method and level of necessary supervision specific to the practice site. These policies and procedures shall, at a minimum, specify that Certified Pharmacy Technicians and Pharmacy Technicians are to be personally and directly supervised by a Pharmacist stationed within the same work area who has the ability to control and is responsible for the activities of Certified Pharmacy Technicians and Pharmacy Technicians, and that Certified Pharmacy Technicians and Pharmacy Technicians are not assigned duties that may be performed only by a Pharmacist. Such policies and procedures shall also specify that Pharmacy Technicians shall not be assigned duties that may be performed only by Certified Pharmacy Technicians.

Section 3. Pharmacy Practice.

N. Automated Pharmacy Systems

Automated Pharmacy Systems can be utilized in licensed Pharmacies, remote locations under the jurisdiction of the Board of Pharmacy, Remote Pharmacies, and Remote Dispensing Sites located within an Institutional Facility or outpatient clinic and licensed health care facilities where legally permissible and. A Pharmacist is not required to be physically present at the site of the Automated Pharmacy System if the system is supervised electronically by a Pharmacist. Automated Pharmacy Systems shall comply with the following provisions.
(1) Documentation as to type of equipment, serial numbers, content, policies and procedures, and Remote Pharmacy or Remote Dispensing Site location shall be maintained on site in the Pharmacy (or Central Pharmacy) for review by the Board of Pharmacy. Such documentation shall include, but is not limited to:

(a) name and address of the Pharmacy (or Central Pharmacy) and/or the licensed health care facility the Remote Pharmacy or Remote Dispensing Site where the Automated Pharmacy System(s) is being used;

(b) Manufacturer’s name and model;

(c) description of how the Device is used;

(d) quality assurance procedures to determine continued appropriate use of the automated Device; and

(e) policies and procedures for system operation, safety, security, accuracy, patient confidentiality, access, and malfunction; and

(f) documentation evidencing that the Automated Pharmacy System has been tested at all locations to ensure that the Automated Pharmacy System is operating properly.

(2) Automated Pharmacy Systems should be used only in settings where there is an established program of Pharmaceutical Care that ensures medication orders are reviewed by a Pharmacist in accordance with established policies and procedures and good Pharmacy practice.

(a) A Pharmacist shall be accessible to respond to inquiries or requests pertaining to Drugs Dispensed from the Automated Pharmacy System.

(b) Any Pharmacy (or Central Pharmacy) that maintains an Automated Pharmacy System for the purposes of remote Dispensing to outpatients shall maintain a video/auditory communication system to provide for effective communication between the Remote Pharmacy or Remote Dispensing Site and the Pharmacist; the video/auditory communication system shall allow for the appropriate exchange of oral and written communication and Patient Counseling; if the video/auditory communication system malfunctions, then all operations of the Automated Pharmacy System at the Remote Pharmacy or Remote Dispensing Site shall cease until the system is fully functional.

(3) All policies and procedures must be maintained in the Pharmacy (or Central Pharmacy) responsible for the system and, if the system is not located within the facility where the Pharmacy is located, at the location where the system Automated Pharmacy System and at the Remote Pharmacy or Remote Dispensing Site where the Automated Pharmacy System is being used.

Comments

Section 2A(3)(b). Comment
The method of and level of pharmacist supervision over technicians may vary depending on practice site. For example, supervision of technicians in a Remote Pharmacy or Remote Dispensing Site will be different than that of technicians in a retail Pharmacy setting.

... 

Section 3N(2)(a). Comment.
In order to facilitate communication between the Central Pharmacy and the site where the Automated Pharmacy System is located, a Pharmacy should provide a toll-free telephone number so that the Pharmacist is accessible at all times the Automated Pharmacy System is operational.

Section 3N(2)(b). Comment.
Although an “outpatient” generally refers to a Person who receives Drugs for use outside of an Institutional Facility, the definition of “outpatient” must be defined by each state. For example, although the Model Act classifies penal institutions as a type of Institutional Facility and therefore its inmates as inpatients, the Pharmacist is exempt from providing Patient Counseling. However, some states may consider inmates of penal institutions as outpatients and therefore should decide if a video/audio communication system is required in such facilities so that the Pharmacist is able to provide Patient Counseling.

Background:
According to the Model Act, automated pharmacy systems include, but are not limited to, mechanical systems that perform operations or activities, other than compounding or administration, relative to the storage, packaging, dispensing, or distribution of medications, and which collect, control, and maintain all transaction information.

Although the existing Model Act contains model language on the regulation of automated pharmacy systems, the Task Force members agreed that it was necessary to include additional model language as a result of the revisions to the Model Act on remote pharmacy services.

Recognizing the use of automated pharmacy systems at remote sites, the Task Force members recommended that a pharmacist need not be physically present at the site of an automated pharmacy system if the pharmacist was able to supervise the system electronically. However, the Task Force members also stipulated that a pharmacist be accessible at all times to respond to inquiries or requests pertaining to the automated pharmacy system through a toll free phone number. Lastly, the Task Force members emphasized the use of a video/auditory communication system for the ensuring that outpatients received the appropriate patient counseling.

Recommendation 4: The Task Force recommends that the existing definition of “Pharmaceutical Care” within the NABP Model Act be amended in consideration of the MMA 2003 and MTM services. The Task Force further recommends that NABP encourage boards of pharmacy to review their pharmacy practice acts and regulations to determine whether or not pharmacists are able to legally provide MTM services as provided within the MMA 2003.

The Task Force recommends the following amendments to the Model Act. The revisions recommended by the Task Force are denoted by underlines and strikethroughs.
Article I
Title, Purpose, and Definitions

Section 105. Definitions.
(uuu) “Pharmaceutical Care” is the provision by a Pharmacist of Drug therapy and other patient care services, with or without the Dispensing of Drugs or Devices, intended to achieve outcomes related to the cure or prevention of a disease, elimination or reduction of a patient’s symptoms, or arresting or slowing of a disease process as defined in the Rules of the Board.

Background:
The Task Force members were also charged with discussing the need for model regulations to address the provision of pharmacist care as a result of the MMA 2003. Per Resolution 101-8-05, Implementation of MMA 2003, NABP was directed to assess and revise, if necessary, the Model Act so that pharmacists could provide MTM.

The Task Force members agreed that the Model Act appropriately enabled pharmacists to provide MTM as outlined in MMA 2003. Designed to ensure optimum therapeutic outcomes for targeted beneficiaries through improved medication use, reduce adverse events, and reduce drug-drug interactions, the goals of MTM and “Pharmaceutical Care,” as provided in the Model Act, are quite similar. According to the Task Force members, the Model Act realizes the achievement of pharmaceutical care through drug therapy management (the evaluation of drug therapy and the provision of specific patient care services) and drug regimen review (the evaluation of prescription drug orders and patient specific information). Furthermore, the “Practice of Pharmacy,” according to the Model Act, allows pharmacists to engage in traditional practices such as the evaluation and interpretation of prescription drug orders, as well as other patient care services necessary to achieve pharmaceutical care, including collaborative pharmacy practice.

The Task Force members discussed the existing Model Act definition of “Pharmaceutical Care.” In consideration of MMA 2003 and its provisions pertaining to MTM, Task Force members felt that the definition of “Pharmaceutical Care” could potentially limit pharmacists who provide cognitive services apart from dispensing medication. “Pharmaceutical Care” includes the “provision of drug therapy and other patient care services…”, and although the Task Force members agreed that pharmaceutical care customarily occurs with the direct provision of drug therapy, the practice of pharmacy is evolving in that cognitive services, such as intensive patient education/training, often occur separate from the direct provision of drug therapy. Cognitive services such as formulating medication treatment plans and monitoring and evaluating responses to therapies, are increasingly becoming the sole array of services that pharmacists provide.

Recommendation 5: The Task Force Recommends that NABP consider the feasibility of a national licensure/certification program for pharmacists.

Background:
In addition to assessing whether or not the Model Act permits pharmacists to provide MTM services as provided by the MMA 2003, the Task Force members were also charged with
determining if the *Model Act* allows pharmacists to provide these services across multiple jurisdictions.

The *Model Act* recognizes that protection of the public health should extend across state borders and, therefore, the *Model Act* incorporates the “Practice of Telepharmacy” across state lines within the scope of the “Practice of Pharmacy” and currently requires full licensure for all pharmacists practicing within a particular jurisdiction by any means. Likewise, the *Model Act* requires registration of pharmacies that provide services to residents whether or not the pharmacy is located within or outside the state.

However, with the advent of MTM and the anticipated expansion of pharmacists providing cognitive services, states like California are considering whether it should now require the licensure of non-resident pharmacists and whether or not these cognitive-service-providing pharmacists should be required to be affiliated with (if not employed by) a pharmacy. Additionally, discussions regarding multiple licensing/registration fees for pharmacists wishing to practice in multiple jurisdictions may potentially hamper access by patients to pharmacists and especially those pharmacists that strictly provide cognitive services. For example, the California State Board of Pharmacy Licensing Committee has discussed a non-resident registration (which is presumably easier to obtain than a license), a national license/certification program that could be administered by NABP, and no additional requirements for non-resident pharmacists, with the California Board depending on the home licensure state for discipline and compliance (in addition to compliance with California standard of care requirements).

Considering the information presented by the California Board, Task Force members agreed that the NABP Executive Committee should consider the feasibility of a national licensure program for pharmacists. Other professions have considered and even adopted this measure. For example, the National Council of State Boards of Nursing and the Nurse Licensure Compact Administrators have developed a Nurse Licensure Compact, which allows a nurse to have one license (in the nurse’s state of residence) but practice in other states, as long as that individual acknowledges that he or she is subject to each state’s practice laws and discipline. Under the Nurse Licensure Compact, mutual recognition and practice across state lines is allowed, whether physical or electronic, unless the nurse is under discipline or a monitoring agreement that restricts practice across state lines. Currently, 18 states have implemented and adopted the Nurse Licensure Compact and three states are pending implementation.