Task Force on Telepharmacy

Members Present:
Audrey H. Neely, Chair (IL); Carl O. Benson (MN); John H. Block (OR); D. Frank Landrum (GA); Charles D. Trahan (LA); Ronald G. Woodbeck (NY).

Others Present:
Franklin Z. Wickham, Executive Committee Liaison; Carmen A. Catizone, NABP Executive Director/Secretary; Melissa Madigan and Janice Teplitz, NABP Staff.

Introduction:
The Task Force on Telepharmacy (TFT) met November 22, 1996, at NABP headquarters in Park Ridge, Illinois. The Task Force was established by the NABP Executive Committee in response to Resolution No. 92-7-96, *Delivery of Pharmaceutical Care Across State Boundaries*, which was approved by the delegates to the Association’s 92nd Annual Meeting in Boston, Massachusetts. Resolution 92-7-96 reads as follows:

*Whereas,* regulation of the profession of pharmacy is constitutionally delegated to the states; and

*Whereas,* individual pharmacists have generally contained their practices within a single state; and

*Whereas,* the newer telecommunication technologies permit rapid transmittal of such information as text, images, and voice across state and national boundaries; and

*Whereas,* all pharmacy practice acts may not address the regulation of multistate practices;

*Therefore Be It Resolved* that NABP appoint a task force to study and make recommendations regarding the regulation of pharmacy practice and provision of pharmaceutical care by pharmacists when the pharmacist is located in one state and is delivering pharmaceutical care to a patient or patients in another state.

Review of the Task Force Charge:
The Task Force members reviewed the Executive Committee’s charge and, proposing no changes, it remained as follows:

The Task Force on Telepharmacy shall study and submit recommendations, if appropriate, regarding the regulation of pharmacy practice and provision of pharmaceutical care by pharmacists when the pharmacist is located in one state and is delivering pharmaceutical care to a patient or patients in another state.

**TFT Recommendation #1**
The Task Force on Telepharmacy recommends NABP and the state boards of pharmacy establish a multistate registry of pharmacists and pharmacies who deliver pharmaceutical care services across state lines.

**Background:**

The Task Force recognized that recent technological advances in the area of telecommunications have blurred the traditional boundaries limiting pharmacy practice to a single state. Further, such advances have expanded the opportunities for pharmacists to utilize their knowledge, skills, and abilities to serve patients in a multistate electronic environment, often part from traditional practice settings. The Task Force, in evaluating the practice of pharmacy, concluded the practice of pharmacy occurs where the patient is located. The Task Force also agreed technological advances will cause dramatic changes in the pharmacist and pharmacy licensure/registration processes currently in place in the state.

The Task Force believes state boards of pharmacy must consider these issues as they relate to the transition and expansion of pharmacy practice. State boards should support and facilitate practice opportunities by developing a regulatory climate that safeguards the public health and welfare. In this regard, the Task Force emphasized the need to regulate those practitioners delivering pharmaceutical care services in a multistate practice. The Task Force decided that the most effective and efficient method of providing such regulation was the establishment of a multistate pharmacist and pharmacy registry operating through the state boards of pharmacy and maintained centrally by NABP.

The Task Force felt such a registry would allow boards to: 1) identify those practitioners delivering pharmaceutical care across state lines; 2) authorize the provision of such services; 3) cause providers of these services to be regulated; 4) ensure these providers are familiar with state pharmacy practice laws; and 5) communicate with providers if needed. In addition, the Task Force agreed the registry must apply to those out-of-state practitioners and practice sites providing distributive and non-distributive, cognitive pharmaceutical care services. Out-of-state pharmacists and pharmacies practicing within a traditional dispensing pharmacy setting (commonly known as “out-of-state,” “non-resident,” or “mail-order” pharmacies) would either remain subject to current applicable pharmacy statues and regulations, or become subject to new requirements regarding multistate practice.

The Task Force charge required a look at “pharmacy practice and provision of pharmaceutical care by pharmacists when the pharmacist is located in one state and is delivering pharmaceutical care to… patients in another state.” The charge did not distinguish between non-dispensing pharmacists and dispensing pharmacists, nor did it address practice sites. Additionally, the definition of pharmaceutical care found within NABP’ Model State Pharmacy Act and Model Rules, “the provision of drug therapy and other patient care services 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,” includes the care provided (or what should be provided) by dispensing pharmacists.

Concerns were also raised about the establishment of two separate and distinct sets of regulations addressing out-of-state entities (persons and sites); one set for dispensing activities and the other for non-dispensing activities. The same standard of pharmaceutical care should be delivered by all pharmacists regardless of the type of patient care and site of practice. Task Force members also discussed the appropriateness of requiring the registration of the practice site of the non-dispensing pharmacist (i.e., does a state have n interest in registering the provider’s home or
office). Since consensus could not be achieved on these issues, it was decided the matter should be forwarded to the Committee on Law Enforcement/Legislation for review.

**TFT Recommendation #2**

The Task Force on Telepharmacy endorses NABP’s *Model State Pharmacy Act and Model Rules (Model Act)* definition of the “practice of pharmacy” and encourages state boards of pharmacy to re-examine this definition in relation to the current wording found within their state practice act.

**Background:**

The Task Force expressed concern about the ability of some states to regulate those out-of-state practitioners providing non-dispensing pharmaceutical care services. Some state practice acts and regulation could be interpreted to govern those persons who are practicing within a traditional pharmacy setting and dispensing medications, and may not address those practitioners who provide non-distributive, pharmaceutical care services.

Pointing out that the *Model Act’s* definition of the “practice of pharmacy” does not limit practice to “within a pharmacy” and includes the provision of pharmaceutical care services, the Task Force recommended states reexamine their practice acts and, if necessary, modify or rework the language of those that are limiting (perhaps by adopting wording from the *Model Act*) to ensure practitioners providing non-distributive, pharmaceutical care services are governed.

**TFT Recommendation #3**

To facilitate multistate Telepharmacy practice registration of pharmacists and pharmacies, the Task Force on Telepharmacy recommends NABP expand its Electronic Licensure Transfer Program (ELTP) to serve as a national databank that may be accessed by the state boards of pharmacy.

**Background:**

The Task Force discussed the mechanisms by which a nationwide registry could be effectively and efficiently established and utilized by the state boards of pharmacy. Recognizing such a mechanism was already in place in the form of NABP’s Electronic Licensure Transfer Program, the Task Force unanimously endorsed its expansion to accommodate the Multistate Telepharmacy Practice Registry.

Members acknowledged the trust and cooperation which currently exists among states participating in the ELTP, and concluded barriers to implementation of the Multistate Telepharmacy Practice Registry would be minimal. Members further indicated a registry program based in the ELTP system would provide states with a standardized national application for registration and would allow for states to access information when necessary.

**TFT Recommendation #4**

The Task Force on Telepharmacy recommends the state boards of pharmacy require the following information as a condition of multistate Telepharmacy practice registration.
1. Name, address, state of licensure, and license number of the pharmacist(s) providing pharmaceutical care services across state lines;
2. Name, address, phone number, and (if applicable) state of licensure and license number of the site from which these services are being rendered;
3. A statement of the scope of patient services that will be provided; and
4. A description of the protocol or framework in which patient care will be provided, including any collaborative practice arrangements with other health care practitioners.

Further, the Task Force recommends state boards of pharmacy require:

1. Successful completion of applicable state law exams, which may include such examination as NABP’s Multistate Pharmacy Jurisprudence Examination™, by the pharmacist(s) providing multistate services;
2. Payment of a designated fee, which will be used to cover administrative expenses and could be less than that required for in-state pharmacist licensure; and
3. That practitioners identify themselves to patients as “licensed pharmacists,” notify patients of the state of licensure, and provide patients with that state’s board of pharmacy address and/or phone number in case of a problem or complaint.

Background:

The Task Force thoroughly discussed what registry information should be required, including the types of information boards should obtain from applicants. Expressing concern about fraudulent practices, especially by way of such electronic communications networks as the Internet, the Task Force recommended boards obtain information that would verify such things as state licensure and practice location. Such information should include practitioner and practice site name, address, phone number, and state license information.

Also important to the Task Force was the nature and quality of services to be provided. Thus, the Task Force recommended that a statement of the scope of services be provided and a description of the protocol to be used be obtained from registrants.

The Task Force also felt it was imperative registrants be familiar with the state pharmacy practice laws and regulations of their patients’ state of residence. Noting the 1998 implementation of NABP’s Multistate Pharmacy Jurisprudence Examination™, which will allow a candidate to sit for any participating state’s exam at a testing site in his or her home state, the Task Force emphasized the ease with which registrants will be able to comply with such a requirement.

Additionally, the Task Force expressed concern about patients’ perception and protection when utilizing the services provided by out-of-state practitioners. It was recommended that states require providers to identify themselves as “licensed pharmacists,” to notify patients of their principal state of licensure, and to provide patients with the local state’s board of pharmacy address or phone number so he or she may contact the board in case of a problem or complaint.

Finally, the Task Force recognized that in some states the term “registration” is synonymous with the term “licensure.” The Task Force emphasized the proposed registry would not be a form of licensure reciprocity. Rather, it would be a registration process separate and distinct from the licensure transfer process.

TFT Recommendation #5
The Task Force on Telepharmacy recommends its final report be sent to the Committee on Law Enforcement/Legislation with the request that the report be used by the Committee to draft model regulations for incorporation into NABP’s Model State Pharmacy Act and Model Rules and that they specifically define the terms “telepharmacy” and “telehealth.” Further, the Task Force recommends that once developed and approved by the NABP Executive Committee, these model regulations be distributed to interested organizations for comment.

**Background:**

The Task Force discussed the issue of model regulations and felt, based on its recommendations, the development of such regulations by the Committee on Law Enforcement/Legislation (LE/L) was in order. The Task Force specifically asked that LE/L define the term “Telepharmacy” as well as the more general term “telehealth.” Task Force members suggested the definition of “telemedicine” found in the *Federal Register*, Vol. 61, No. 155 (Friday, August 9, 1996) could be considered for adoption. The *Federal Register* definition reads as follows: “Telemedicine is defined as the use of modern telecommunications and information technologies for the provision of clinical care to individuals at a distance.”

**TFT Recommendation #6**

The Task Force on Telepharmacy reiterates its support for NABP’s position expressed at the 1995 NABP Executive Officers Conference that the Social Security Act’s definition of a “provider of services” should be amended to include pharmacists, and the definition of “scope of benefits” be amended to include pharmaceutical care services. Further, the Task Force recommends that Executive Committee liaison Franklin Z. Wickham inform the Committee about the recent introduction in the U.S. Senate of Bill 2171, “The Comprehensive Telehealth Act of 1996,” and recommend NABP contact sponsor Senator Kent Conrad’s office to offer assistance in the further development of this bill.

**Background:**

The Task Force reviewed and commended federal and state initiatives that have recognized the benefits of telehealth services and was pleased to note their concerns were similar to those of NABP and the state boards of pharmacy.

Of particular interest to the Task Force was the recent introduction of Senate Bill 2171, “The Comprehensive Telehealth Act of 1996.” While the bill would amend the Social Security Act to recognize the provision of telehealth services, it does not recognize pharmacists who provide Telepharmacy services. As such, the Task Force reiterated its position that pharmacists and pharmaceutical care services be recognized.

The Task Force also noted this proposed legislation recommends efforts be undertaken “to develop uniform national sets of standards for the licensure of practitioners to provide telehealth services across state lines,” and recommended NABP inform the bill’s sponsor of its efforts in this area, including the development of a definition of “telehealth” which this legislation appears to be lacking.

Expressing concern that state boards of pharmacy may not be addressing the issues surrounding the regulation of Telepharmacy services in a timely manner, the Task Force recommend distributing a copy of Senate Bill 2171 to the boards to inform them of federal initiatives in this area.
TFT Recommendation #7

The Task Force on Telepharmacy recommends NABP collaborate with other pharmacy and professional organizations, including the Federation of State Medical Boards and the Telemedicine Association, regarding telehealth initiatives.

Background:
The Task Force recognized the efforts of other organizations in the area of telehealth and noted their goals were similar to the charge of this Task Force. Members emphasized the need for collaboration and information sharing to mutually benefit all participants as well as to ensure the needs of the pharmacy profession and the public are met.