

Report of the Work Group on the Development of an Interstate Endorsement Credential

Members Present:

Malcolm Broussard (LA), *chair*; Tracy Collier (SC); Mark Hardy (ND); Virginia Herold (CA); Sam Lanctin (NB); Rich Palombo (NJ); Laura Rang (CO); Steve Schierholt (OH); Ellen Vick (NC); Dennis Wiesner (TX); Cathy Winters (WI).

Others Present:

Jeffrey J. Mesaros, *Executive Committee liaison*; Carmen Catizone; Josh Bolin; Melissa Madigan; Eileen Lewalski; Lawana Lyons; Maureen Schanck; and Romy Schafer, *NABP staff*.

Introduction:

The work group met on September 5, 2019, at the Westin O'Hare hotel in Rosemont, IL. This work group was established in response to NABP President Jack W. "Jay" Campbell's initiative to study the feasibility of an interstate endorsement credential.

Review of the Work Group Charge:

Develop an interstate endorsement credential for non-dispensing or cognitive pharmacy practices and expand the current Electronic Licensure Transfer Program™ (e-LTP™) service by creating:

- an interstate endorsement credential that expedites the licensure process by offering credible alternatives to certain, existing requirements; and
- a mechanism to integrate mutual recognition among the states through the enhancement of the state-based and uniform processes currently in place.

Background and Summary:

The work group reviewed the previous work of the Task Force on Mutual-Recognition Licensure and the Task Force on the Regulation of Pharmacist Care Services. As with the previous task forces, work group members called attention to the specific pharmacist role of providing cognitive care services that do not involve the dispensing of prescription products. Members recognized the responsibility of the state boards of pharmacy to oversee pharmacist care services in their state but acknowledged the need for pharmacists to provide care to patients outside of their state. Members agreed that regulatory safeguards should not be so cumbersome that patients are prevented from obtaining care from the most qualified provider. It was acknowledged that burdensome regulation may result in medication therapy management type services being provided across state lines without proper regulatory oversight.

An overview of the paperless e-LTP process was provided to the work group. The overview called attention to the fact that NABP can process 85% of applications, and report applicant information to the requested state, within 24 hours of receipt of the application. The e-LTP process includes a disciplinary review via the NABP Clearinghouse and research of records for

states that do not regularly report discipline to the Clearinghouse. NABP staff reviews the e-LTP data and shares trends about discipline and license transfer with its member boards. Correspondingly, the boards of pharmacy can be assured of a full vetting process with each application, even if the applicant has applied in the past. It was noted that, in the future, NABP will further streamline the e-LTP process through the development of a mobile application so that users can upload information ahead of their application submission.

The work group reviewed steps that can be taken to shorten the application process and discussed potential benefits and risks to patients if certain procedures were eliminated. The members recognized that taking a separate Multistate Pharmacy Jurisprudence Examination® (MPJE®) in each desired state is time consuming and can delay access to patient care. One suggestion was to assess some level of pharmacy law competence through the North American Pharmacist Licensure Examination®. However, aside from Idaho, states seem resolute in maintaining their requirements for a state-specific jurisprudence exam.

The work group also identified state-specific requirements such as personal interviews, criminal background checks, and wet lab exams, which impact the timeliness of the licensure process.

A different approach was noted in Idaho. That state enacted legislation to streamline the licensing of non-resident pharmacists through mutual-recognition licensure; however, the state must first enter into a memorandum of understanding with other states before mutual recognition can occur. To date, Idaho has not developed a mutual-recognition partnership and, therefore, still utilizes the e-LTP process.

The work group reviewed other professional licensure compacts. Although these compacts afford professional license mobility, they may result in delegation of licensure decisions from the individual state boards to an umbrella compact board/committee. This may also apply to professional discipline, which could be delegated to a disciplinary committee that has the authority to promulgate rules for all participating states. In some instances, the individual states must pass compact bills without amendments and there is some loss of autonomy and control. As the state boards must pay into the compact, there is often a loss of revenue. It appears that other health care professions utilize compacts because they do not have a mechanism for license transfer as efficient and thorough as the e-LTP process for pharmacists.

It was noted that multistate recognition currently exists in some state pharmacy laws and rules during declared emergencies. In some states, during an emergency, pharmacists may practice without becoming licensed if licensed by another United States jurisdiction. Members questioned why it was safe to allow a pharmacist to practice without a license during an emergency but not outside of an emergency.

The members also discussed how the practice of pharmacy has changed from dispensing products to providing cognitive services or dispensing knowledge. Specialty pharmacies must include extensive counseling and interactions with patients to adequately provide patient care, as well as to obtain and maintain accreditation. With this in mind, the group reviewed the need to define the provision of cognitive services without dispensing. They asked if an endorsement credential could be developed for cognitive services and if so, when would it apply? They also asked if the requirement for full licensure for medication dispensing would still be needed. Currently, requirements are not uniform across the states. Some states require all pharmacists providing cognitive services to be licensed by the state they are serving, while other states only require the pharmacist-in-charge to obtain additional licensure. In any case, members concurred

that their respective boards would still prefer the reassurance of having an individual license “on the hook” before allowing any type of pharmacist services to be delivered interstate.

After much discussion, the members were asked to ponder “What is the problem you are trying to fix?” They agreed that the issue is complex, and the public would not be justly served by one simple solution or license. In an effort to provide credible alternatives to certain existing requirements, the work group brainstormed about integrating a mutual recognition process through an enhancement of the state-based and uniform processes currently in place. In the end, the work group decided it was most desirable to improve and build on the success of the e-LTP system – one that is already better than what other licensed professionals established for license portability. It was noted that NABP should not consider supporting the “driver’s license model” as it does not provide the same level of patient protection as the e-LTP system currently in use.

After careful review and deliberation, the work group recommended the following:

1. As e-LTP is providing an efficient system for pharmacists to transfer licensure, NABP should continue to work with states to streamline processes associated with this current license transfer process.
2. NABP should continue to maintain the MPJE and encourage its use by state boards of pharmacy, as it is an important component to evaluate knowledge of pharmacy law.
3. NABP should review MPJE data to determine where knowledge gaps exist with regard to state and federal laws and/or rules, with the goal of correlating those gaps with patient safety issues and concerns.
4. NABP should explore the feasibility of developing a limited pharmacist certification for non-dispensing interstate pharmacist care services that take place outside of a licensed pharmacy. Certification must be recognized by states and maintained for the states by NABP through the e-LTP system, which will serve as a clearinghouse for enforcement actions, with the states maintaining the authority to discipline certified pharmacists.
 - a. Exploring the feasibility includes surveying the states for the need of such service.
 - b. Certification would be developed in partnership with states, including the development of criteria for such certification. In addition, where necessary, NABP will develop definitions for terms related to such certification.
 - c. States may consider making this certification an element of licensure, as opposed to simply recognizing the certification alone.
 - d. Fees would be distributed to states, recognizing the loss in revenue due to fewer nonresident pharmacists obtaining licensure.