

Telepharmacy Task Force: Meeting 5 Summary & Action Items

Meeting Date: August 13, 2026

Facilitator: Aaron Patterson **Duration:** Approximately 1 hour 36 minutes

Present virtually: 7 members

1. Summary & Core Themes

The Telepharmacy Task Force met for its fifth session to resolve consultation standards, discuss technical/downtime protocols, address kiosk and automated dispensing models, and finalize a set of proposed refinements to current Board guidance. This was the committee's final deliberation-focused session; subsequent work will shift toward drafting the formal recommendations package for Board submission.

General Consensus

- **Consultation Standard:** Apply the same standard as a traditional brick-and-mortar pharmacy—mandatory counseling for new prescriptions; offer of counseling (not mandatory) for refills. In Person is the gold standard. Audio-visual is the standard, with telephone as an acceptable alternative when audio-visual is unavailable or impractical.
- **Kiosks & Automated Dispensing:** Both identified kiosk models (locker-style pickup of a pharmacist-verified, sealed product; and vending-style automated dispensing with phone/audio consultation) are viewed favorably, with appropriate safeguards (technician-loaded, temperature monitoring, tamper-evident packaging, and access to central pharmacy backup for consultation).
- **Downtime Protocols:** Sites should not be required to close outright during technology downtime. The group supports flexibility—such as prescription transfer capability, telephone as a backup to audio-visual, and access to a broader pool of supervising pharmacists rather than a single dedicated hub pharmacist—to avoid disrupting patient access, particularly in rural or underserved areas.
- **Audio-Visual Link:** Continual visual link required; audio should have the capability to be turned on/off as needed rather than being continuously active, due to workflow noise concerns at hub sites.
- **Certification Method:** Still images (not only live real-time video) are acceptable for prescription verification, provided the images are retained and support pharmacist review and documentation.
- **Certification Rate:** Strong consensus to eliminate the current 8-prescription-per-hour cap as outdated. Mixed views on whether to replace it with a different reference number (20/hour was proposed) or eliminate a hard cap altogether in favor of flexible, risk-based standards.
- **Refusal Logs:** Electronic logs are equivalent to paper logs—solid agreement.
- **Terminology:** Replace "central pharmacy" with "supervising pharmacy" or "hub pharmacy" for clarity.
- **Medically Underserved Area Requirement:** Retain the general requirement, with clarification supporting case-by-case review and exceptions.
- **Policy Update Process:** General support for distinguishing minor operational updates (post-notification) from major changes (requiring pre-approval), though specific examples of "minor" changes proved difficult to define.

2. Meeting Minutes by Agenda Item

Part 1: Consultation Standards

The committee reviewed member homework proposing that counseling be mandatory for new prescriptions and offered (not mandatory) for refills, consistent with standard brick-and-mortar practice. Members discussed patient privacy concerns with audio-visual counseling in shared spaces, and agreed that while in-person is the preferred gold standard, audio-visual remains the standard as it relates to this topic, but telephone counseling is an acceptable alternative, particularly for patients with limited technology access or in cases where audio-visual

introduces privacy or accessibility barriers. The committee also discussed multimodal flexibility to accommodate diverse patient needs, especially in rural and underserved communities.

For kiosk-based consultation, the group distinguished between two kiosk models: a locker-style pickup system (finished, sealed product, pharmacist-verified before release) and a vending-style automated dispensing system (product dispensed after phone-based counseling, typically supported by a third-party staffing arrangement). Both models were viewed as acceptable, provided a mandatory consultation gate exists before new prescriptions are released, and that patients retain an ongoing ability to reach a pharmacist with follow-up questions after pickup.

Part 2: Technical Standards & Downtime Protocols

The committee discussed the operational impact of current guidance requiring a remote site to close if computer or audio-visual systems fail. Members with experience in rural and critical-access settings emphasized that an outright closure requirement risks disrupting patient access to time-sensitive medications, particularly in areas already facing limited pharmacy access.

Proposed safeguards discussed included: the ability to transfer prescriptions to another site during an outage; access to a broader pool of licensed Minnesota pharmacists (not limited to a single dedicated hub pharmacist) for remote verification and counseling; use of telephone as a backup communication method when audio-visual is unavailable; and maintaining static backups (e.g., photos, cached records) during connectivity gaps. The group did not settle on a specific maximum downtime duration but agreed that some reasonable time boundary is appropriate to prevent extended reliance on backup procedures.

Part 3: Kiosks, Automated Dispensing & Off-Site Pickup

The committee distinguished automated dispensing kiosks (patient-facing, vending-style, requiring counseling via phone/audio before release) from inpatient automated dispensing cabinets (staff-facing, not intended as a patient-facing consultation model) and from locker-style pickup systems for already-verified, sealed prescriptions.

Members discussed operational safeguards for kiosk restocking, including a preference for technician-level staff (rather than couriers) to load kiosks, given their pharmacy training and ability to recognize temperature excursions or product issues. Additional safeguards discussed included tamper-evident packaging, passcode-based loading verification, and automated temperature alerts routed to the supervising pharmacy. The group generally supported allowing both kiosk models to operate under Minnesota guidance, with vending-style units potentially limited to medical facility settings (e.g., rural hospitals, urgent care) rather than general retail locations, due to added complexity of unverified/unprocessed medications.

Part 4: Refinements to Current Board Guidance

The committee worked through a set of proposed refinements submitted via homework, reaching general agreement on most items (see General Consensus above). The certification rate item generated the most discussion: while there was strong agreement that the current 8-prescription-per-hour cap is outdated, members were split between replacing it with a different reference number versus removing a hard numerical cap in favor of flexible, risk-based standards tied to prescription complexity and site-specific volume.

The committee also discussed whether telepharmacy site approval should continue to operate through the Board's variance process or move toward a standardized application/approval pathway similar to opening any new pharmacy. No final resolution was reached; this will require further Board input.

3. Board Recommendations Package—Structure Discussion

The committee discussed the format for its final submission to the Board. Proposed structure includes: an executive summary; a glossary of terminology and definitions; a matrix format for the 24 existing Board guidance conditions with retain/change recommendations and level of committee consensus; new guidance areas (kiosks, interstate practice); and implementation notes documenting the basis for key decisions, including any areas of differing member opinion.

One member proposed developing a risk-benefit reference framework (patient safety risk vs. impact on access) to help guide interpretation of specific recommendations in a more universal way, which the group agreed was a worthwhile consideration going forward.

Committee Next Steps

Immediate Administrative Action Items

- The task force will be discussed briefly at the Board's upcoming meeting to provide a general progress update.

Homework Assignment

- Assignment: Enumerate Policy Recommendations — Members should review their notes and homework across all five meetings and compile a list of specific policy recommendations the group has converged on, along with supporting rationale.