

Telepharmacy Task Force: Meeting 4 Summary & Action Items

Meeting Date: July 17, 2026

Facilitator: Aaron Patterson **Duration:** Approximately 90 minutes

Present virtually: 8 members

Summary

The Telepharmacy Task Force met for its fourth session to refine definitions of dispensing, clarify technician scope of practice, address remote dispensing workflow models, and explore interstate licensure standards. The committee confirmed strong alignment on scope definitions while identifying specific areas requiring additional refinement before Board submission.

General Consensus

- **Dispensing Definition:** Broaden current definition to cover delivery to patient's agent and authorized healthcare personnel; clarify automated dispensing system classification.
- **Two-Category Framework:** Maintain distinction between Remote Pharmacist Services (pharmacist-exclusive) and Remote Pharmacy Services (team-based).
- **Technician Activities:** Technicians may perform data entry, billing, scheduling, and administrative tasks. Medication history collection permitted with pharmacist verification. Medication reconciliation remains pharmacist-only.
- **Remote Dispensing Scope:** Shift from prescriptive business models to task-based regulatory approach—define discrete functions and their location/supervision rules.
- **Pharmacist Location:** Remote pharmacists may supervise from any secure, HIPAA-compliant location, not limited to licensed hub sites.
- **Interstate Licensure:** Cognitive/clinical services tied to Minnesota dispensing events require MN licensure; standalone services may not. Further clarification needed.

By Agenda Item

Definition of 'Dispense'

The committee reviewed Minnesota's statutory definition of dispensing and a proposed expansion to include delivery to a patient's agent, authorized healthcare personnel, and automated distribution systems. Initial reaction favored the broader version as more future-proof.

Key concerns included: classification of loading activity in automated dispensing systems (dispensing vs. preparation), patient-specific labeling requirements, and whether 'valid prescription drug order' standards create problems in independent-prescriber or procedural settings. Members cautioned against overly specific language that could exclude future practice models.

Recommendation for further legal/drafting refinement.

Two-Category Framework (Remote Pharmacist Services vs. Remote Pharmacy Services)

The committee reaffirmed support for two distinct categories rather than a single blended list. Questions flagged for future refinement: geographic limits for remote pharmacist services, technician certification requirements (board registration vs. CPhT), and whether fully remote staffing could enable job relocation to lower-cost jurisdictions, affecting local access.

Technician Role in Services

The committee confirmed activity classifications for remote environments:

- Without direct pharmacist supervision: data entry, billing, scheduling, administrative calls, inventory, consent/demographics collection.
- With pharmacist oversight: immunization administration, point-of-care testing collection.
- Definition of 'oversight' requires clarification for future guidance.
- Pharmacist only: DUR/clinical order review, final verification, patient counseling, medication reconciliation, MTM clinical review, test interpretation, immunization eligibility determination.

A key distinction clarified: medication history (objective fact-finding and documentation) may be collected by trained technicians, subject to pharmacist verification. Medication reconciliation (clinical judgment during care transitions) remains pharmacist-only.

Remote Dispensing Scope

The committee discussed limitations in current guidance terminology. Terms like 'central fill' and 'centralized order entry' do not map cleanly to modern operations where pharmacists cover multiple sites, sites support each other during backlogs, or 'pods' of pharmacies collaborate.

Proposal: Shift from rigid 'model' definitions toward a task-based approach. Define discrete functions (order verification, product preparation, final release), establish location/supervision rules for each task, and allow pharmacies to combine these building blocks into their workflow.

Supervising Pharmacist Location

The committee confirmed that supervising pharmacists are not required to be physically located at a licensed pharmacy hub site. Any secure, HIPAA-compliant location—including home offices—is acceptable, provided all licensure and system-access requirements are met. Open question: Will site surveys/inspections of home workspaces be required?

Interstate Licensure for Cognitive/Clinical Services

The committee examined whether Minnesota-licensed pharmacists are required for all clinical services to Minnesota patients. Key distinction: Dispensing is state-specific (days'-supply limits, controlled substance rules); cognitive/clinical services (MTM) often operate under uniform national standards. CMS does not require state-specific licensure for MTM services.

However, collaborative practice agreements vary by state, creating potential prescribing authority conflicts. The group distinguished: counseling tied to a dispensing event (state-specific, requires MN licensure) versus standalone educational services (potentially not requiring MN licensure). Further clarification of scope and liability needed.

Carried to Meeting 5

- Consultation standards—timing by scenario, minimum communication modalities, kiosk workflows.
- Technical standards—downtime/contingency protocols, cybersecurity minimums, infrastructure redundancy.
- Smart lockers, kiosks & off-site pickup—classification, hours, access control, patient consultation requirements.

Committee Next Steps

Immediate Administrative Action Items

- Confirm Meeting 5 scheduling via poll.
- Board policy review homework: Due by end of day July 27, 2026.
- Finalize Positions on Remaining Three Agenda Items — Prepare individual input on consultation standards (timing, modality, kiosk workflows), technical standards (downtime protocols, cybersecurity), and smart lockers/kiosks (classification, hours, access). This will be the committee's final deliberation session.
- Assignment 3: Volunteer for Board Recommendations Drafting Sections — The committee will exit Meeting 5 with assigned sections for the final Board recommendation package. Sections include: Executive Summary, Glossary, Activity Matrix, Item-by-Item Policy Updates, New Guidance Areas, Implementation Notes, and Appendix. Volunteers needed to complete first drafts within 5 business days post-meeting.

Homework Assignments for Meeting 5

- Complete Board Policy Review — For each of the 24 conditions in the MN Board of Pharmacy Guidance (Nov 2017), indicate: Agree (retain as-is), Disagree (remove/change significantly), or Propose Change (with specific language). Focus on the eight refined items proposed by members.