Telepharmacy Task Force: Meeting 3 Summary & Action Items

Meeting Date: June 24, 2026

Facilitator: Aaron Patterson Duration:

Present virtually: Samantha Ketterling, Amanda Schmitz, Jim Novak, Brent Noble, Katherine Zakrajsek, Ryan Hannan, Ann Harty

1. Summary & Core Themes

The Telepharmacy Task Force met for its third session to establish a shared regulatory glossary, address interstate jurisdictional requirements, and review draft technical parameters for remote operations. The committee focused on refining high-level concepts into specific, enforceable definitions to protect patient safety without creating operational bottlenecks.

General Consensus

- **Licensure Accountability:** Pharmacists providing remote clinical services or active order verification for Minnesota patients must hold an active Minnesota pharmacist license to guarantee proper regulatory oversight.
- **Supervision Exceptions:** Administrative and operational tasks requiring no clinical or professional judgment can be completed without direct, real-time pharmacist supervision.
- **Technical Integrity:** Any remote dispensing framework must be backed by continuous, secure visual links and 100% digital verification protocols to prevent dispensing errors.

2. Meeting Minutes by Agenda Item

Part 1: Welcome, New Members & Scheduling

The committee introduced two new members, Jim Novak (Essentia Health) and Ryan Hannan (Mayo Clinic), whose operational backgrounds in health systems and outpatient pharmacy will help ground subsequent discussions. Due to summer scheduling conflicts, the next meeting will be set up using an electronic poll targeting mid-July.

Part 2: Locking in the Glossary (Definitions)

The task force debated draft definitions to separate non-dispensing clinical services from physical remote dispensing. Much of the discussion centered on where to draw the line between clinical review and the dispensing process. Ryan Hannan noted that clinical order

entry review for inpatients before medication administration is closely tied to dispensing workflows, raising questions about how Minnesota Statute 151.01 Subd. 30 (dispense) should be interpreted. The committee also discussed technician integration, with Samantha Ketterling advocating for technicians to be included under "pharmacy services" for clinical support duties like pre-visit medication history collection, while other members preferred keeping technicians strictly within administrative or dispensing support roles.

Part 3: Interstate Remote Practice & Multimodal Communication

The group reviewed the regulatory requirements for pharmacists working across state lines. While members agreed that individual Minnesota licensure is the cleanest path for accountability, Jim Novak highlighted that large mail-order systems often rely on facility-level licensing rather than individual licensing for all staff. For patient communications, the committee explored establishing standards for virtual consultation. Ryan Hannan proposed incorporating safety parameters (such as confirming the patient is not driving during the consult). Ann Harty pointed out that utilizing portal or text messaging for counseling requires pharmacies to have robust language translation services in place. The legal sufficiency of purely asynchronous (text or portal-based) counseling remains an open issue.

Part 4: Technical Blueprint & Minimum Standards

While formal technical standards discussions were deferred to a future meeting, members reviewed submitted homework drafts. The standards were divided into Track 1 (Remote Non-Dispensing Work-from-Home) and Track 2 (Remote Supervision & Verification). Track 1 focus areas include secure, distraction-free workspaces, EHR access, and escalation channels to local teams. Track 2 focuses on high-definition real-time visual links, continuous encrypted bandwidth, 100% digital verification (imaging/barcoding), and live point-of-dispensing consultation logs.

Committee Next Steps

Immediate Administrative Action Items

1. **Respond to Scheduling Poll:** Complete the poll to establish the date and time for the next session.
2. **Submit Outstanding Work:** Upload any remaining technical standards suggestions or written notes to the shared drive.
3. **Complete Homework:** Submit responses to the Meeting 4 Homework packet by Noon on July 13, 2026.

Homework Assignments

- **Assignment 1: Define "Dispense" Pathways** — Evaluate whether to establish a single, unified definition of dispensing covering both inpatient and outpatient settings, or create separate regulatory pathways to avoid operational conflicts (such as automated dispensing cabinet pulls vs. traditional central pharmacy fills).
- **Assignment 2: Remote Pharmacy vs. Remote Pharmacist Services** — Assess whether to split services into "Remote Pharmacist Services" (clinical judgment) and "Remote Pharmacy Services" (team-based/technician-assisted tasks), and define the exact limits of unsupervised technician activities.
- **Assignment 3: Scope of Remote Dispensing** — Determine which automated or remote distribution models (telepharmacy satellite sites, central fill, centralized verification, or automated kiosks) should be governed by remote dispensing regulations, and clarify if supervising pharmacists can operate from home offices or must remain in a licensed hub pharmacy.
- **Assignment 4: Interstate Licensure Standard** — Outline which activities (MTM, clinical consultation, order verification, or patient counseling) require individual Minnesota pharmacist licenses when performed across state lines, versus scenarios where a Minnesota pharmacy license is sufficient.
- **Assignment 5: Consultation Trigger and Modality** — Establish when active consultation is mandatory (new vs. refill prescriptions, mail order, or kiosk pickup) and define the minimum legally sufficient communication channel (asynchronous text/portal messaging vs. synchronous phone or two-way video).
- **Assignment 6: Technical Baseline Drafting** — Propose specific operational requirements (environmental privacy, distraction limits, hardware/internet standards, encryption, and system outage downtime protocols) for both Track 1 (Work-from-Home) and Track 2 (Telepharmacy) practice settings.