

Here is a comprehensive summary of the kickoff meeting, structured to give individuals who could not attend a clear understanding of the task force's direction, objectives, and upcoming expectations without going through the conversational minutiae of the transcript.

Summary: Tele and Remote Work Task Force Kickoff

Meeting Overview

- **Date:** May 27, 2026
- **Facilitators:** Aaron Patterson (Minnesota Board of Pharmacy) and Katrina Howard (Deputy Director)
- **Attendees:** Ann Harty, Annie Danielson, Brent Noble, Max Stork, Tarah Gill, Katherine Zakrajsek, Samantha Ketterling, Libby Shyu
- **Absent:** Savanah Middlestead, Amanda Schmitz, Katie Billings, Heather Rodriguez, Travis Gau
- **Core Purpose:** To initiate the task force, establish foundational guiding principles, and outline expectations for defining a modernized regulatory framework for remote pharmacy services in Minnesota.

1. Task Force Background and Mission

- **Origin:** This task force was established following a previous pharmacy technician task force. The board recognized various logistical hurdles, IT complications, and scope / commitment aspects during that process and is utilizing this new group to reconsider the boundaries where technology, clinical care, and dispensing overlap.
- **Core Mandate:** In alignment with the Minnesota Board of Pharmacy's statutory mission, the absolute priority is protecting public health, safety, and welfare. The group's work is not intended to advance professional profitability or simply prop up the profession. This group needs to think creatively to consider this topic.

2. Objectives and Scope

- **Model Evaluation:** The group is tasked with identifying acceptable or "best practice" scenarios regarding remote dispensing/care technology, workflows, and policies. Evaluate current Board guidance documents
- **Defining the Umbrella:** Members will help establish clear definitions and frameworks for what constitutes remote services, telepharmacy, and telehealth under board rules. This includes deciding whether rules should apply broadly to all pharmacies or be tailored to specific licensee categories and settings. Must identify elements of dispensing and remote/possible remote work by pharmacists.

- **Guiding Lenses for Decision-Making:**

- **Patient Safety:** Every recommendation must be analyzed by looking at its realistic harm pathways and the likelihood of failure compared to traditional practice models.
- **Care Equivalence:** Pharmacy service models must ensure equivalent standards of care. Rural locations and urban "pharmacy deserts" must not receive substandard care simply due to geography.
- **Workforce Support:** The framework should account for regional workforce constraints, such as pharmacist and technician availability in greater Minnesota.

3. Projected Timeline and Milestones

- **Target Completion:** The task force aims to finalize its position summaries by September 2026.
- **Board Presentation:** Final recommendations are scheduled to be presented to the Board of Pharmacy during its October 2026 meeting.
- **Public Feedback:** The task force plans to hold a public meeting toward the end of September to share its progress and gather feedback from broader stakeholders before final board submission.

4. Operational Logistics & Housekeeping

- **Public Data:** Final board deliverables eventually become public data, active work documents must be provided to the facilitators.
- **Required Policy Review:** Members are requested to review the state's ethical code of conduct, harassment/discrimination prevention policies, and workplace violence prohibition policies.
- **Attendance Flexibility:** Future meetings will be held virtually on a semi-regular basis. Members are told to prioritize their real-world jobs and patient care duties over task force meetings if an unavoidable scheduling conflict arises.

5. Next Steps and Action Items (Homework)

- **Next Meeting Scheduling:** The next meeting is targeted for the afternoon of Friday, June 12th. Aaron will send out a scheduling poll offering noon, 1:00 PM, and 2:00 PM options, with final confirmation following next week.
- **Co-Facilitation Opportunity:** Any member looking to practice or utilize leadership and meeting facilitation skills is encouraged to reach out to Aaron to help co-lead future sessions.

- **Homework Assignment:** Aaron will email a compilation of current Board guidance documents, including regulations on telepharmacy, centralized prescription processing/filling, and off-site after-hours hospital pharmacy services.

HOMEWORK

Timeline: Please review the materials below, evaluate them against your own practice experiences, and be prepared to report back and discuss your findings at our next meeting in **two weeks**.

1. Review Existing Board Guidance

Please review the relevant Board documents, which can be found in our shared Google Drive or directly on the [Minnesota Board of Pharmacy Guidance Page](#). Focus specifically on guidance regarding:

- **Telepharmacy**
- **Centralized Prescription Processing/Filling**
- **Off-Site After-Hours Hospital Pharmacy Services**

As you review these documents, keep in mind the three regulatory lenses the Board traditionally relies on:

1. **Absolutes (Prerequisites):** Non-negotiable elements. If these requirements cannot be met, the model cannot proceed, regardless of its other merits.
2. **Minimum Standards with Flexibility:** Rules and standards that can adapt or scale based on context, specific practice settings, prescription volumes, or environmental conditions.
3. **Quality and Experience:** Elements that inform the ongoing oversight loop. These are not strict pass/fail metrics, but rather benchmarks used to demonstrate Continuous Quality Improvement (CQI).

2. Identify Main Elements for Future Inclusion

Consider the boundaries of a modernized remote pharmacy framework. Be prepared to address the following areas:

- **Scope of Remote Practice:** What specific clinical and operational duties should be included (e.g., dispensing, Medication Therapy Management (MTM), patient counseling)? What *can* a pharmacist safely do remotely, and what duties absolutely require a physical "safety net"?

- **Standardized Definitions:** How should we explicitly define "telepharmacy," and what falls outside of that definition? What terms do we currently have, and what new definitions must we create so we are all speaking the same regulatory language?
- **Elements of Remote Dispensing:** What core components must be regulated for remote dispensing workflows? (Consider: *licensure, physical locations, staffing models, policies, operational security, and technology requirements*).
- **Elements of Other Remote Services:** Drawing from your own practice area or familiarity, what elements are vital for non-dispensing remote work? (Consider: *Protected Health Information (PHI) protection, technology infrastructure, patient privacy, and documentation standards*).

3. Map and Compare Telepharmacy Models

- List the different models or variations of telepharmacy that you are currently aware of in the marketplace.
- Identify the core common threads, as well as the major similarities and differences between them.

4. Strategic Evaluation & Reflection

As you evaluate where we currently stand (what exists in current guidance) versus what you know to be true in day-to-day practice, please consider:

- What is currently required that might be outdated? What is entirely missing?
- Looking at your unique practice setting, what elements should be strictly kept *inside* or intentionally left *outside* of this new framework?
- Should the Board work to change existing guidance to be more broadly inclusive of other remote services, or is expanding this scope an ill-advised path for the Board to take?