Telepharmacy

Statement
KSHP advocates for the advancement of pharmacy practice in telemedicine as a means to expand patient access to pharmacy services across the Commonwealth of Kentucky; further,

KSHP supports collaboration with lawmakers and other healthcare providers to allow access to pharmacy services to improve safe medication practice; further,

KSHP endorses the desired contents of telepharmacy regulations as outlined by the American Society of Health-System Pharmacists; further,

KSHP advocates that the Kentucky Board of Pharmacy and other Kentucky agencies that regulate pharmacy practice include the following regulations for outpatient dispensing related telepharmacy services: (1) education and training of participating pharmacists; (2) education, training, and certification by the Kentucky Board of Pharmacy and licensure of participating pharmacy technicians; (3) communication and information systems requirements; (4) remote order entry, prospective order review, verification of the completed medication order before dispensing, and dispensing; (5) direct patient-care services, including medication therapy management services, patient counseling, and education; (6) licensure (including reciprocity) of participating pharmacies and pharmacists; (7) service arrangements within the same corporate entity or between different corporate entities within the Commonwealth of Kentucky; (8) service arrangements for workload relief in the point-of-care pharmacy during peak periods; (9) pharmacist access to all applicable patient information; and (10) development and monitoring of patient safety, quality, and outcomes measures.
Rationale

Telemedicine is defined by CMS as a means to improve a patient’s health by permitting two-way, real time interactive communication between a patient and a provider at a distant site.¹ The National Association of Boards of Pharmacy (NABP) defines the “Practice of Telepharmacy” as “the provision of pharmacist care by registered pharmacies and pharmacists located within U.S. jurisdictions through the use of telecommunications or other technologies to patients or their agents at distances that are located within U.S. jurisdictions.”² Subsequently, the American Society of Health System Pharmacists (ASHP) released a statement in 2017 highlighting the impact telepharmacy currently has and the potential impact telepharmacy may have on health systems pharmacies across the United States. In this statement, ASHP ultimately links the direct correlation telepharmacy has on the Practice Advancement Initiative (PAI), which supports the development and use of technology for medication-use safety standards.³,4

However, the only national regulations regarding telepharmacy are the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, and the 2018 Model Act by NABP. HIPAA and the HITECH act primarily focus on patient health information and privacy related to transfer of health information while the Model Act lays out broad requirements for telepharmacy, leaving many of the specifics for regulation of telepharmacy up to state legislators and administrations.²,5,6 Several states such as Alaska, Colorado, and New Mexico have passed legislation addressing telepharmacy practice in hopes to standardize and regulate this practice.⁷ The states passing these regulations are known to have vast rural regions that would require patients to travel hundreds of miles to receive any form of healthcare and states have decided the need to regulate the telehealth as it has become a necessity for patients to receive healthcare.

Most of the states that address telepharmacy through legislation have restrictive statutes and regulations that ultimately impede convenient access to pharmacy services. For example, Louisiana allows for telepharmacy services but does not allow certain telepharmacy services to be provided if there are other pharmacies within a “driving distance.”⁷ This seems reasonable but may limit pharmacy services for those patients that are primarily home bound or may not have access to public transportation.

Similar to the states passing regulations, Kentucky has many rural counties with little to no access to quality ambulatory and emergency health services; including pharmacy services. Unlike the aforementioned states, there has been minimal formal regulations or statutes passed regarding telepharmacy. In the Commonwealth of Kentucky, there are currently only two statutes passed that address telepharmacy and these statutes only address patient confidentiality.⁸ Thus, without any regulations, each request for the implementation of telepharmacy services are brought to the Kentucky Board of Pharmacy (KYBOP) for approval and are approved on a case-by-case basis. With the danger of limiting patient access to health care with restrictive regulations, KSHP supports broad regulations that expand patient access to telepharmacy, include reimbursement to applicable parties, and does not inhibit quality expansion of telepharmacy.
References


