Hot Topics in Telehealth and Pharmacy

Edward D. Rickert, R.Ph., Esq.
Partner
Quarles & Brady

Phil Wickizer
Assistant General Counsel
DaVita Rx

Supporter
• Cosponsored by the American Society for Pharmacy Law.
• Supported by the Pharmacy Technician Certification Board.

Disclosures
• Ed Rickert declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.
• Phil Wickizer declares that he was previously employed by Express Scripts Holding Company, Inc. as in-house counsel in the last 12 months and still owns stock in the Company. He declares no other conflicts of interest or financial interests.

The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

Learning Objectives
• Discuss how technology is changing the way that healthcare is delivered and how these changes impact the practice of pharmacy.
• Describe the approaches taken by state boards of pharmacy, medicine and nursing, as well as FDA and DEA, to regulate emerging technological innovations.
• Discuss challenges created for pharmacists and regulators when pharmacy is practiced across state lines, and regulatory approaches to addressing those challenges.
• Identify ways pharmacies and pharmacists can attempt to remain in compliance when laws and regulations are not well defined.

Target Audience: Pharmacists and Pharmacy Technicians
ACPE#: 0202-9999-16-028-L03-P 0202-9999-16-028-L03-T
Activity Type: Knowledge-based
Which of the following is true regarding regulation of telehealth services?

A. Telehealth is regulated exclusively by the federal government.
B. Telehealth is regulated exclusively by the states.
C. Telehealth is regulated by both the federal government and by the states.
D. Telehealth is self-regulated by the practitioners themselves.

The Federal Ryan Haight Act:

A. Requires that all medical practitioners who are engaged in telemedicine consultations hold a federal telemedicine license.
B. Strictly prohibits the practice of telemedicine.
C. Provides that all prescriptions for controlled substances that are issued following a telemedicine consultation are invalid.
D. Permits the use of a telemedicine consultation to diagnose conditions that require treatment with a controlled substance.

Individual pharmacists who counsel patients located in another state:

A. Must always be personally licensed in the state where the patient resides.
B. Must always work in a pharmacy that is licensed in the state where the patient resides.
C. Assume some risk because licensure issues are unsettled and are evolving.
D. Cannot counsel patients in other states because the practice of pharmacy across state lines is prohibited.

Which of the following is true regarding the NABP definition of “telepharmacy”?

A. According to the definition, only pharmacies are permitted to engage in telepharmacy, and not individual pharmacists.
B. According to the definition, pharmacies or pharmacists engaged in telepharmacy can be located outside of the U.S.
C. The definition provides that telepharmacy is 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.
D. The NABP definition has been adopted by nearly every state in the country.

Which of the following is true regarding the use of remote automated pharmacy systems to dispense medications?

A. Their use in all states is restricted to institutional settings, and no states allow their use in a retail or community setting.
B. States are beginning to allow the use of automated dispensing systems for dispensing directly to patients outside of a pharmacy.
C. Remote automated pharmacy systems are regulated by the federal government, and not by the states.
D. Approved automated dispensing systems can only be used for refills, and not for initial fills.

Overview & Agenda

- Why do we care?
- Who and What is Telehealth & Telepharmacy?
- Defining the practice and scope of Telehealth
  - Federal, State, and National Associations
- Challenges to Telehealth and Telepharmacy
- Changing Landscape of Telehealth Reimbursement
- Laws & Regulations for Consideration
- Ethics, Trust, and Public Perception

© 2016 by the American Pharmacists Association. All rights reserved.
What is TeleHealth?

- In its most basic and simple form:
  - It is the delivery of health-related services and information via telecommunications technologies
- Its Services & Information
- It involves:
  - Two parties: A patient & A provider or provider system
  - Some form of healthcare data
  - A communication or interface using telecommunications
- It results in the provision of care, counseling, or data gathering

Why Should We Care?

By the Numbers

- In 2015 there were 190.5 million smart phone users in the US
  - Estimated to increase to 207.2 million users in 2016
- 92.5 million households had internet access in 2015
- US currently has over 53.3 million Wi-Fi hotspots
- As of July 2015, there are 1.5 billion apps available for download from the Apple app store
  - Around 165,000 of those are health care related apps

Definition of Telepharmacy

- National Association of Boards of Pharmacy:
  - “Practice of Telepharmacy” means the provision of Pharmacist Care by registered Pharmacies and Pharmacists located within US jurisdictions through the use of telecommunications or other technologies to patients or their agents at distances that are located within US jurisdictions.
  - “Pharmacist Care” is the provision by a Pharmacist of patient care activities . . . intended to achieve outcomes related to the cure or prevention of a disease, elimination or reduction of a patient’s symptoms, or arresting or slowing of a disease process.
Definition of Telemedicine

- Federation of State Medical Boards:
  - "Telemedicine" means the practice of medicine using electronic communications, information technology or other means between a licensee in one location, and a patient in another location with or without an intervening healthcare provider. Generally, telemedicine is not an audio-only, telephone conversation, e-mail/instant messaging conversation, or fax. It typically involves the application of secure videoconferencing or store and forward technology to provide or support healthcare delivery by replicating the interaction of a traditional, encounter in person between a provider and a patient.

Definition of Telehealth Nursing

- American Telemedicine Association:
  - Telehealth nursing is defined as "the use of telehealth/telemedicine technology to deliver nursing care and conduct nursing practice."
  - Telenursing, telehealth nursing, nursing telepractice are interchangeable. Telehealth nursing is not a specialty area in nursing. Nurses in all settings who employ telecommunications and health technologies, such as, audio, video, or data integrated into their existing practice are providing telehealth nursing. Combined with a body of knowledge and competencies used to deliver nursing care over distance telehealth nurses are successfully caring for patients remotely.

Who is Telehealth?

- Cerner
- Allscripts
- Epic
- SureScripts
- McKesson
- OrthoView
- WebMD
- eClinicalworks
- Dr. First
- Asteres
- MedAvail Technologies

Types of Telehealth Services

- Cerner
- Allscripts
- Epic
- SureScripts
- McKesson
- OrthoView
- WebMD
- eClinicalworks
- Dr. First
- Asteres
- MedAvail Technologies

Types of Telepharmacy Services

- Texting Programs by Pharmacies to patients:
  - Retail refill reminder programs
  - Auto-delivery programs for shipment
  - Patient consent for performance of pharmacy services
  - Tracking of receipt of prescriptions & order status
  - Examples: Walgreens, RiteAid, CVS, Kroger, etc.

- Online pharmacy chat & counseling
  - Primarily used by customer service
  - Access to a new population that communicates in this manner
  - Benefits: allows patients different forms of access and reduces abrasion; increases opportunities for RPh care,

- Prescription Imaging? Why not – we do it with banking!
  - Using smartphones to capture images of prescriptions to send to pharmacies for processing and fulfillment is being pushed as a new medium by which to accept prescriptions
  - If we can deposit a check online, why can’t we submit a prescription online?
  - Today, law and regulations do not support this type of transaction, but can we replicate what banks have and do in the future? What would it take?

- Benefits: ease of access for patients, expedites service,

- Challenges: privacy issues, fraud issues, compliance with recordkeeping requirements, and uptake of eprescribe

Key Point – Telepharmacy allows the pharmacist to remain engaged in care settings where a pharmacist was previously unavailable to participate; i.e., nursing homes, clinics, EDs, etc.
Types of Telepharmacy Services

- Educational Smartphone Applications & Data Stores
  - There is an entire market of applications that will assist with everything from pill identification, to drug side effects, to tracking adherence, to connecting with providers, and being able to order refills of medications over your phone.

- Key Question for Discussion: At which point should this activity be regulated?

Types of Telepharmacy Services

- Emerging Ideas & the Next Frontier
  - Glucose monitoring for diabetes patients using smartphone apps connected to monitoring devices
  - Blood pressure monitors connected to smart phone apps to monitor for pulmonary conditions
  - Automated reminder alerts for use of Inhalers by Asthma sufferers – alerts dictated by therapy and triggered by the pharmacy based on prescriber’s orders
  - How does the pharmacist remain engaged?
    - Through the collection and analysis of data
    - By monitoring results and triggering outbound alerts & performing intervention counseling and calls.

Barriers to Growth

- Payment Issues – Government and Private Pay
- Licensure - For healthcare professionals, especially when it comes to practicing across state lines, licensure can impede the ability to offer telehealth services
- Online prescribing - Physicians must be able to prescribe medications to patients treated through telehealth, but currently in most states there must be a physical evaluation of the patient before a med can be prescribed.
- Security concerns - Existing legal and regulatory rules surrounding privacy and security must be understood as they relate to telehealth services.

How Are Regulators Reacting?

- U.S. Food & Drug Administration
  - Mobile Medical Applications
    - In 2013, the FDA issued guidance on how they intend to regulate the emerging world of medical applications that have an ability to impact patient health and safety.
- OCR
  - Recently issued a guidance for mobile app developers regarding HIPAA compliance

How Are Regulators Reacting?

- U.S. Drug Enforcement Administration
  - EPCS – Eprescribe for Controlled Substances
  - Ryan Haight Online Pharmacy Consumer Protection Act
    - Provides that no controlled substance may be “delivered, distributed or dispensed by means of the Internet without a valid prescription”. A “valid prescription” requires a valid doctor-patient relationship
      - Practitioner (or covering practitioner) must have conducted at least one in-person medical evaluation of the patient
      - Contains a limited telemedicine exception
  - Ryan Haight Act Telemedicine Exception - Practice of telemedicine means the practice of medicine by a practitioner who is at a location remote from the patient and is communicating with the patient, or health care professional who is treating the patient, using an approved telecommunications system
    - However, the practice must fall within one of the following 7 categories:
How Are Regulators Reacting?

1. The patient is treated by and located in a DEA registered facility;
2. The patient is being treated by, and in the physical presence of, another practitioner at a remote location during the telemedicine consultation
3. Practitioner is an employee or contractor of the Indian Health Service, or is working for an Indian tribe or tribal organization under its contract or compact with the Indian Health Service
4. Consult occurs during a public health emergency declared by HHS
5. Practitioner who has obtained a special registration from DEA
6. Department of Veterans Affairs medical emergency
7. Other circumstances specified by regulation

How Are Regulators Reacting?

- Note that many states have similar laws that address the need for a face-to-face visit or in-person evaluation in order to establish a doctor-patient relationship (or, for pets, a veterinarian – client – patient relationship)
- Are these laws Constitutional?
    - TX BOP enjoined from enforcing regulation that required in patient consultation, based on antitrust concerns.
    - Plaintiff also raised Commerce Clause violation (Interference with interstate commerce versus right of state to regulate professions)

How Are Regulators Reacting?

- Centers for Medicare & Medicaid Services – CMS
  - For purposes of Medicaid, telemedicine seeks to improve a patient's health by permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.
  - Federal law establishes grant programs for telehealth network and telehealth resource centers grant programs to facilitate use of telehealth services to provide care to medically underserved areas.
  - Similar grant program exists for demonstration projects that address the provision of mental health services delivered via telehealth

How Are Regulators Reacting?

- CMS – Recognition of value of telehealth consultations by pharmacists:
  - A Part D Plan Sponsors must offer a minimum level of medication therapy management services for each beneficiary enrolled in the MTMP that includes an annual comprehensive medication review.
  - Review must include an interactive, person-to-person, or telehealth consultation performed by a pharmacist or other qualified provider.
  - However, does not address payment to pharmacist for performing this service.

How Are Regulators Reacting?

- Telehealth Across State Lines Licensure Issues
  - Nursing
    - Nursing Compact - Practice of nursing in a compact state allows nurse to practice in other compact states
    - 25 states have joined the compact
  - Medicine
    - FSMB has drafted an interstate compact for physician licensure to reduce barriers for physicians who are looking to obtain medical licenses in multiple states, and will help facilitate licensure portability and telemedicine
  - Pharmacy
    - Traditionally, facilities must be licensed in most states
    - Some states are looking at licensing individual pharmacists
    - No talk of a compact
Remote Dispensing Examples
Illinois (68 IL ADC Section 1330.510)
Recognizes 3 types of Telepharmacy Operations:
- Remote Dispensing Sites
- Remote Consultation Sites
- Remote Automated Pharmacy Systems (RAPS)
All must be connected to and controlled by a Home Pharmacy
- A Pharmacist must approve all prescription orders before they are released
- Counseling must be performed via audio and video link
- Imaging technology used for written prescriptions must be deemed sufficient by Illinois Department of Financial and Professional Regulation (IDFPR)
- NOT a kiosk (addressed in other section and do NOT require A/V link or patient counseling

Remote Dispensing Examples
Kentucky (KY ST 315.310)
- Defines 'telehealth' to mean the use of interactive audio, video, or other electronic media to deliver health care. It includes the use of electronic media for diagnosis, consultation, treatment, transfer of health or medical data, and continuing education.
- Provides that a "treating pharmacist" who provides or facilitates telehealth must ensure informed consent and confidentiality of PHI:
  - Requires that the board of pharmacy shall promulgate administrative regulations to implement this section and as necessary to:
    - (a) Prevent abuse and fraud through the use of telehealth services;
    - (b) Prevent fee-splitting through the use of telehealth services;
    - (c) Utilize telehealth in the provision of pharmacy services and in the provision of continuing education.

Remote Dispensing Examples
California (CA B&P Code 4186)
Allows the use of Automated Drug Delivery systems located in a clinic defined in section 4180
- Pharmacist must authorize the removal of the medication from the system only after the review of the patient profile for potential contraindications
- Medication must be provided to the patient by a licensed health professional
- Regular monthly inspections must be conducted – all transaction records reviewed
- RPh must be located in California
- 2-way audio and video is required for patient counseling
- System shall collect and control all transaction information to track drug movement and for security and accuracy

Remote Dispensing Examples
Florida (FL ADC 64B16-28.141)
Permits pharmacies to deploy automated technology in a community pharmacy setting within or adjacent to the prescription department
- System must be able to address product recalls and isolate lot numbers/mix of lots
- 2 separate methods of verification are required (bar code, electronic, weight etc.)
- Does not address counseling directly, but that the "system ensures that each prescription is dispensed in compliance with the definition of dispense and the practice of the profession of pharmacy".
Remote Dispensing Examples
Indiana (IC 25-26-13-17(b))

- Law permits the Board of Pharmacy to approve a remote or mobile location of certain permit types to engage in telepharmacy or different facets of remote pharmacy services
  - "The board may approve a remote or mobile location for Category I, II, or III permits. Pharmacy practice in a mobile or remote location may include, but is not limited to, telepharmacy, automated dispensing, or delivery of cognitive services."
- The law also allowed the Board to promulgate rules for Remote Practice and types of functions that could be practiced under the scope of "telepharmacy"
- Most commonly used by hospitals and long term care

Licensure as a Pharmacy vs. an Extension of a Pharmacy

- **Licensure as a Pharmacy**
- **Licensure as an Extension of a Pharmacy**
- **Licensure as an Automated Pharmacy System**
  - BUT, regardless of the licensure, each system must be assigned its own identity so as to ensure that records and audits are accurate and separate business by location.
  - Therefore it may be better to regulate these systems as separate entities

Reimbursement Landscape

- **Telemedicine**
  - Medicare
    - Patient only eligible if originating site located in a rural Health Professional Shortage Area (HPSA) or a county outside of a Metropolitan Statistical Area (MSA)
  - Example services covered in 2016: smoking cessation, annual depression screening (15 minutes), individual or group kidney disease education services
    - Medicaid
      - Varies by state
      - Ex: Alabama reimburses for psychiatry services if the recipient does not have access to that provider within 50 miles of their home, while Connecticut does not provide any reimbursement for any telemedicine
  - Telepharmacy
    - A Work in Progress

- **Federal Payor Programs**
  - CMS – Recognizes telemedicine as a cost-effective alternative to the more traditional face-to-face way of providing medical care that states can choose to cover under Medicaid.
    - Note that the federal Medicaid statute does not recognize telemedicine as a distinct service.
  - Tricare - Covers the use of interactive audio/video technology to provide clinical consultations and office visits when appropriate and medically necessary to include:
    - Clinical consultation
    - Office visits
    - Telemental health (individual psychotherapy, psychiatric diagnostic interview examination and medication management)
    - Services for End Stage Renal Disease

- **Veterans Administration**
  - Various telehealth programs
  - Co-pay waivers for veterans who receive care via telehealth (38 U.S.C.A. § 1722B)
- **Bureau of Indian Affairs**
  - Access driving growth
  - Grants and payor programs

Reimbursement Landscape

- **Veterans Administration**
  - Various telehealth programs
  - Co-pay waivers for veterans who receive care via telehealth (38 U.S.C.A. § 1722B)
- **Bureau of Indian Affairs**
  - Access driving growth
  - Grants and payor programs

Reimbursement Landscape

- **Veterans Administration**
  - Various telehealth programs
  - Co-pay waivers for veterans who receive care via telehealth (38 U.S.C.A. § 1722B)
- **Bureau of Indian Affairs**
  - Access driving growth
  - Grants and payor programs

Reimbursement Landscape

- **Veterans Administration**
  - Various telehealth programs
  - Co-pay waivers for veterans who receive care via telehealth (38 U.S.C.A. § 1722B)
- **Bureau of Indian Affairs**
  - Access driving growth
  - Grants and payor programs
Reimbursement Landscape

• Almost all state Medicaid programs (48) plus DC have some coverage for telehealth.
• Nearly all states reimburse for live video telehealth, while significantly fewer reimburse for electronically transmitted health information via store-and-forward services (nine states) or remote patient monitoring (17 states).
• Most states exclude - or do not specify inclusion of - email, phone and fax in their definitions of telehealth services that can be reimbursed


Reimbursement Landscape

• Any distinction between rural and urban settings?
  – Most states do not require that patients be located in rural settings like Medicare does. Nevada, Michigan and Missouri removed their geographic restrictions in recent years, and Colorado removed its requirement during the 2015 legislative session.
  – Recognition that access is an issue in urban settings as well as in rural areas, especially among economically disadvantaged populations


Reimbursement Landscape

• Commercial Payor Programs
  – 32 states and the District of Columbia have telehealth private payer laws, some of which go into effect in 2016 or 2017.
  – State laws governing private payers vary. Some stipulate certain criteria if payers choose to cover telehealth
  – Some require coverage of telehealth for certain services, certain populations or all beneficiaries

Reimbursement Landscape

• Commercial Payor Programs
  – In states that mandate reimbursement, some require that reimbursement is “equivalent to” or at the same rate as in-person services.
  – Others (Colorado, Missouri and Virginia) require payment “on the same basis,” as in-person services, meaning reimbursement could take into account differing facility and administrative fees.
  – Full parity, according to the American Telemedicine Association, exists in at least 23 states and the District of Columbia
    • Both coverage and reimbursement are comparable to in-person services.

Reimbursement Landscape

How do you bill via an Automated Pharmacy System?

• Extension of pharmacy using same NCPDP number or
• Separate NCPDP number?

Same NCPDP Number:

Pros:
• Less difficulty in setting up the system (no renegotiation of third party contracts for the system)
• Same Pharmacy Management system instance can be used which makes filing and retrieving images of scanned documents easier
Reimbursement Landscape

**Same NCPDP Number:**

**Cons:**
- Difficult to separate automated system from pharmacy operation
- No clear regulatory direction (except in Illinois) on a preferred method
- Assumption is that this is the responsibility of the deploying pharmacy

**Separate NCPDP Number:**

**Pros:**
- System is set up to allow for separation of billing/reconciliation
- “Cleaner” reporting and inventory management using PMS

**Cons:**
- Separate instance of a PMS is required

**Potential Challenges:**
- In some states, Medicaid may have restrictions requiring a brick and mortar location; may also require a DEA number even if controlled substances are not be dispensed

Laws & Regulations To Consider

- HIPAA & HITECH
- State and Federal Controlled Substances Act
- Ryan Haight Act
- TCPA – Telephone Consumer Protection Act
- CANSPAM Act
- Federal and State Do-Not Call Registries
- State and Federal Anti-Kickback and Beneficiary Inducement Laws

Ethical Considerations to Telehealth

**Scenario #1**
- A Doctor residing in the State of Florida utilizes a skype-like online chat and video system to communicate with a patient in Ohio whom the doctor has never seen before. The patient is a 35 year old male of average height, weight, and size with no readily apparent visual or communication issues and no history with this doctor. The doctor prescribes patient John Doe a 90 day oxycodone and tramadol prescription for relief of ongoing issues of back pain. The doctor advertises online, does not maintain a physical office space, and takes only cash and credit.
- Questions and/or Considerations?
  - Is this a legal prescription?
  - What are the legal and/or ethical responsibilities of the pharmacy and pharmacist to which the prescription is ultimately presented to?
  - Is this an ethical practice by the Doctor?

**Scenario #2**
- An urban school district whose student body is predominately made up of children from low income households and neighborhoods that have limited or no access to primary care, and where the parents of most children work multiple jobs. The school has a requirement to send children home when sick or until seen by a treatment provider. In order to reduce absenteeism and keep the children in class, the school contracts with a nurse and doctor to use a web-cam based telecommunications system to link the school nurse and students with a hospital/pediatrics care center. The nurse provides initial triage, but then links in with the pediatrician to evaluate the patient, diagnose, and provide treatment. Where appropriate, the prescriber may order a drug treatment regimen by immediately administered or write a prescription sent to the child’s local pharmacy.
- Questions and/or Considerations?
  - Benefits: reduced absenteeism, parents stay at work, access to care
  - Challenges: prescription of treatment, inability to physically assess condition, and lack of prior treatment history
  - Pharmacy perspective: Should a prescription be honored? Does it meet the legal and ethical criteria?

**Scenario #3**
- Patient Jane Doe lives in rural Alaska, 70 miles away from the nearest town or treatment center. She has ongoing treatment related to multiple chronic conditions. Without the assistance of a permanent care-giver, she is often immobile and confined to the home. She has a long standing relationship with Dr. John Smith. Using an interactive web service, between annual appointments, Dr. Smith regularly meets with patient Jane Doe to assess her ongoing conditions and make adjustments to her therapies as needed. When appropriate he calls in new prescriptions or makes adjustments to existing prescriptions.
- Questions and/or Considerations?
  - How is this different from Scenario #1?
  - Do the benefits of access to care and ongoing treatment outweigh the potential negatives not being able to perform a physical assessment?
  - From a pharmacy perspective, what is the role for the pharmacy and pharmacist to play in helping manage the patients ongoing therapy needs from a long distance perspective? Is there an opportunity for collaboration and if so, what would the needed assessment criteria be to treat the patient?
Ethical Considerations to Telehealth

• Take-aways or ethical talking points to consider from a pharmacy perspective – what is your role?
  1. You can only dispense legend drugs based on a valid prescription
  2. There must be a valid and bona fide patient/provider relationship to form the basis of treatment
  3. A prerequisite to a valid prescription is some form of assessment of need by the prescribing provider to treat a diagnosis or condition, i.e., does the medication in question correlate to a condition needing treatment
  4. A pharmacy has a corresponding responsibility to ensure the legitimacy of prescriptions it dispenses, and the pharmacist or pharmacist-in-charge is legally liable to uphold that duty
  5. What is the type of condition being treated and is the use of telehealth appropriate in that case?
  6. What safeguards should be put in place to ensure continued access to care, improve quality of telemedicine and telepharmacy?

Key Points

• Telehealth services are rapidly expanding
• Access issues, patient demand and technological innovation will continue to drive growth
• Technology and implementation scenarios are outpacing the laws and regulations
• Reimbursement continues to be a hurdle, though telemedicine reimbursement is gaining wider acceptance
• Pharmacy is lagging behind in terms of regulatory and payor acceptance

Which of the following is true regarding regulation of telehealth services?
A. Telehealth is regulated exclusively by the federal government.
B. Telehealth is regulated exclusively by the states.
C. Telehealth is regulated by both the federal government and by the states.
D. Telehealth is self-regulated by the practitioners themselves.

The Federal Ryan Haight Act:
A. Requires that all medical practitioners who are engaged in telemedicine consultations hold a federal telemedicine license.
B. Strictly prohibits the practice of telemedicine.
C. Provides that all prescriptions for controlled substances that are issued following a telemedicine consultation are invalid.
D. Permits the use of a telemedicine consultation to diagnose conditions that require treatment with a controlled substance.

Individual pharmacists who counsel patients located in another state:
A. Must always be personally licensed in the state where the patient resides.
B. Must always work in a pharmacy that is licensed in the state where the patient resides.
C. Assume some risk because licensure issues are unsettled and are evolving.
D. Cannot counsel patients in other states because the practice of pharmacy across state lines is prohibited.

Which of the following is true regarding the NABP definition of “telepharmacy”?
A. According to the definition, only pharmacies are permitted to engage in telepharmacy, and not individual pharmacists.
B. According to the definition, pharmacies or pharmacists engaged in telepharmacy can be located outside of the U.S.
C. The definition provides that telepharmacy is 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.
D. The NABP definition has been adopted by nearly every state in the country.
Which of the following is true regarding the use of remote automated pharmacy systems to dispense medications?

A. Their use in all states is restricted to institutional settings, and no states allow their use in a retail or community setting.
B. States are beginning to allow the use of automated dispensing systems for dispensing directly to patients outside of a pharmacy.
C. Remote automated pharmacy systems are regulated by the federal government, and not by the states.
D. Approved automated dispensing systems can only be used for refills, and not for initial fills.