



## TELEPHARMACY RULES AND STATUTES: A 50-STATE SURVEY

**GEORGE TZANETAKOS**

Department of Health Management and Policy,  
College of Public Health,  
The University of Iowa

**FRED ULLRICH**

Department of Health Management and Policy,  
College of Public Health,  
The University of Iowa

**KEITH MUELLER**

keith-mueller@uiowa.edu

Department of Health Management and Policy,  
College of Public Health,  
The University of Iowa  
(corresponding author)

**ABSTRACT.** There has been a significant decline in the number of independently owned rural pharmacies serving non-metropolitan areas, thereby limiting access to pharmaceutical services for rural residents, particularly for those most vulnerable and in need of these services. The use of telepharmacy is one potential solution to this problem. Telepharmacies deliver pharmaceutical care to outpatients at a distance via telecommunication and other advanced technologies. This study identifies rules and laws enacted by states authorizing the use of community telepharmacy initiatives within their respective jurisdictions. As of August 2016, the use of telepharmacy was authorized, in varying capacities, in 23 states (46%). Pilot program development that could apply to telepharmacy initiatives was authorized by six states (12%). Waivers to administrative or legislative pharmacy practice requirements that could allow for telepharmacy initiatives were permitted in five states (10%). Nearly one-third of the states (16, or 32%) did not authorize the use of telepharmacy, nor did they authorize the pursuit of telepharmacy initiatives via pilot programs or waivers.

**Keywords:** telepharmacy; rule; statute; rural; community; outpatient

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## 1. Background

Almost 20% of the US population resides in rural areas (19.3%, approximately 60 million people).<sup>1</sup> From March 2003 to December 2013, 12.1% (924) of the independently owned rural pharmacies serving these areas ceased operating, thereby reducing access to pharmaceutical services for residents living in these communities.<sup>2</sup> These closures also resulted in the attendant loss of important services provided by pharmacies including clinical services such as immunizations, blood pressure checks, diabetes counseling, and other educational services.<sup>3</sup> Telepharmacy is increasingly seen as a valuable tool to combat the effects of these closures and continue provision of these important community clinical services to rural residents.

Though telepharmacy exists in several forms, telepharmacy in this study is defined as the delivery of pharmaceutical care to outpatients at a distance through the use of telecommunication and other advanced technologies. Pharmaceutical care includes, but is not limited to, drug review and monitoring, dispensing of medications, medication therapy management, and patient counseling.<sup>4</sup> A significant advantage of telepharmacy is the ability to provide pharmacist access to patients in remote areas where a pharmacist is not physically available. Therefore, the implications of telepharmacy on increasing access to care are significant, particularly to patients in underserved rural communities, though it is important to note that underserved populations do not exist exclusively in rural settings, nor is telepharmacy the only initiative that addresses the rural pharmacy shortage. Furthermore, although the benefits of telepharmacy are substantial for medically underserved rural communities, the use of telepharmacies may also provide benefits to medically underserved urban areas.

In 2001, North Dakota became the first state to enact regulations allowing the use of telepharmacy.<sup>5</sup> By 2010, Montana, South Dakota, Texas, and Idaho had also enacted laws and regulations specifically authorizing the use of telepharmacy, while Utah, Washington, Arkansas, Minnesota, and Oklahoma permitted the use of telepharmacy on a limited basis (such as through board of pharmacy approval or pilot programs).<sup>6</sup> Little research is available to evaluate the progression of telepharmacy initiatives throughout the states since 2010, although a few available articles prior to 2010 describe telepharmacy activities in limited settings, such as a community or critical access hospital.<sup>7, 8</sup>

As rural pharmacies struggle to remain financially viable, continued local access to pharmaceutical services may be a function of the availability of telepharmacy. Because the propagation of telepharmacy is relatively new, the available peer reviewed literature is limited and does not accurately portray the landscape of telepharmacy as it currently stands. This study provides a summary of the current landscape of state statutes and regulations since 2010 by identifying rules and laws enacted by states authorizing the use of community telepharmacy initiatives within their respective jurisdictions. Moving forward, this study can further inform any discussion by state legislators and boards of pharmacy considering the development or implementation of telepharmacy initiatives.

## **2. Methods**

The most recent versions of administrative rules and legislative statutes governing the practice of pharmacy as of August 31, 2016, were analyzed for all 50 states. Rules and statutes specifically pertaining to pharmacy were identified by online searches via each state's board of pharmacy portal. Certain reoccurring themes were identified during the analysis of rules and statutes; these themes served as comparative measures of legislation from state to state. In particular, states with the most expansive and robust rules and statutes outlining the practice of telepharmacy, including North Dakota, South Dakota, New Mexico, and Wyoming, served as the framework for the categorization of certain telepharmacy practice requirements into themes. These themes consist of 1) geographic restrictions, 2) facility restrictions, 3) permitted providers, 4) staffing requirements, and 5) inter-state accessibility.

State rules or laws that imposed a distance limitation on the proximity of a telepharmacy to another pharmacy fell within the geographic restriction theme. Rules or laws delineating that telepharmacies could only operate in certain facilities, such as a designated health care facility, or that imposed specific licensing requirements for facilities operating telepharmacies, were categorized as facility restrictions. Rules or laws limiting the practice of telepharmacy to specific providers were categorized under the permitted providers theme. Rules or laws that demarcated specific training or supervision requirements for employees of telepharmacies were categorized as staffing requirements. Lastly, rules or laws that addressed requirements for the out-of-state operation of telepharmacies or limited telepharmacy operation within a single state fell under the inter-state accessibility theme.

While the definition of telepharmacy varied from state to state, this study focuses on rules and statutes where the state legislature and/or board of pharmacy specifically authorized dispensing medication to patients via technological means and explicitly excluded direct contact with a pharmacist as a requirement. Direct contact refers to the physical presence of a licensed pharmacist at the location where medication is to be dispensed to the patient.

For this study, a state qualified as permitting telepharmacy only if it authorized the operation of telepharmacies for drug delivery to the retail (outpatient) market. States specifically limiting telepharmacy use to hospital inpatients, for example, were not included in this study. However, states authorizing telepharmacy use both for hospital inpatients and for patients in the community were included in this study.

## **3. Results**

Table 1 identifies the degree to which states permit the use of telepharmacy. Twenty-three states specifically authorize (through laws or regulations) the operation of telepharmacies to serve the retail (outpatient) market. These states are listed without consideration for the broad range of criteria generally regulating telepharmacies from state to state. Other states have been classified as possessing pilot programs

(six states) or waivers to existing rules or regulations (five states) that would enable telepharmacy initiatives for any entity interested in pursuing such an initiative. These states have practice of pharmacy statutes or administrative codes that contain provisions allowing for the pursuit of novel or technological innovation, one of which could potentially include telepharmacy programs. The remaining 16 states have been categorized as lacking any rules or legislation authorizing telepharmacy use because they are completely silent on telepharmacy use and either (1) lack the capacity to implement pilot programs or waivers for novel or technological innovation or (2) contain provisions (such as physical supervision requirements) within their practice of pharmacy statutes or administrative codes that currently prohibit the use of telepharmacy.

**Table 1** State Telepharmacy Legislation (Based on an analysis of administrative rules and legislative statutes governing the practice of pharmacy as of August 31, 2016 for all 50 states.)

Telepharmacy Permitted in Some Capacity	Alaska, Colorado, Hawaii, <sup>a</sup> Idaho, Illinois, Indiana, <sup>b</sup> Iowa, Louisiana, Minnesota, <sup>c</sup> Montana, Nebraska, <sup>d</sup> Nevada, New Mexico, North Dakota, Oregon, South Dakota, Tennessee, <sup>e</sup> Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming
Pilot Programs that would Enable Telepharmacy Initiatives	Connecticut, <sup>f</sup> Kansas, Michigan, New Jersey, Virginia, Washington
Waivers that would Enable Telepharmacy Initiatives	Arizona, California, Maine, Massachusetts, North Carolina
No Rules or Legislation Authorizing Telepharmacy Use	Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Maryland, Mississippi, Missouri, New Hampshire, New York, <sup>g</sup> Ohio, Oklahoma, Pennsylvania, South Carolina, Rhode Island

<sup>a</sup>Hawaii: The statute authorizing new remote dispensing facilities was officially repealed January 2, 2016, although certain telepharmacies have been grandfathered into existence.

<sup>b</sup>Indiana requires board approval for a permit to operate a mobile or remote location. Pharmacy practice in a mobile or remote location can include the practice of telepharmacy.

<sup>c</sup>Minnesota’s Board of Pharmacy considers telepharmacies on a case-by-case basis via “variance requests.” The Board has issued guidance outlining its requirements for telepharmacy approval.

<sup>d</sup>Nebraska’s legislature has authorized the use of telepharmacy, but no administrative rules exist outlining its use.

<sup>e</sup>Tennessee permits the use of telepharmacy only in Federally Qualified Health Centers: Tenn. Code Ann. § 63-10-601; Federally Qualified Health Center Prescription Drug Dispensing Pilot Program.

<sup>f</sup>Connecticut solely permits the use of telepharmacy in hospitals to dispense sterile products through a pilot program.

<sup>g</sup>New York State Assembly proposed legislation (bill number A05091) that would establish and authorize the use of telepharmacy in the state. The bill has been held for consideration in the Higher Education Committee since May 25, 2016.

Telepharmacy regulation falls within the purview of state legislatures and administrative agencies (such as boards of pharmacy); therefore, telepharmacy implementation varies significantly from state to state. Our review of rules and statutes showed

that pharmacy boards have set rules covering telepharmacy in 21 states where telepharmacy has been authorized and two additional states (Nebraska and West Virginia) have received legislative approval to authorize telepharmacy, but have not yet promulgated any rules to do so. Some state legislatures and/or agencies impose stringent requirements regulating the operation of telepharmacies while others give greater discretion to the telepharmacies themselves. That variation can be classified based on criteria such as geographic limitations, facility restrictions, permitted providers, supervisory and staffing requirements, and inter-state provision:

- Nearly half (10) of the states prohibit the operation of telepharmacies falling within a certain radius of existing pharmacies. For example, Colorado specifies that remote pharmacy locations must be at least 20 miles from any pharmacy or telepharmacy outlet. Other states are much less specific about geographic limitations on remote pharmacies. South Dakota limits remote pharmacies to those communities where there is a demonstrated limitation on access to pharmacy services. Six of the states have no telepharmacy-specific language governing the location of remote pharmacy locations.
- Most states do not impose restrictions on the types of facilities that may be used as a remote pharmacy location. But several of the states (6) limit the location of a telepharmacy to specific facility types. Texas restricts telepharmacy facilities to rural health clinics, health centers, or healthcare facilities located in a medically underserved area as defined by state or federal law.
- All states permitting telepharmacy allow pharmacists and pharmacy technicians to staff telepharmacies, but less than half (9) expressly authorize pharmacy interns to do so, including Alaska, Iowa, South Dakota, and Vermont.
- More than half of the states (13) that permit telepharmacy have rules for staffing that are specific to telepharmacy locations. These rules include restrictions on the supervision of remote pharmacies (Illinois limits hub pharmacists to electronic supervision of no more than three simultaneously open remote sites) and training and certification requirements for remote pharmacy staff (Minnesota requires remote pharmacy staff to be registered technicians certified through a Board-approved program, and must have a minimum of 1 year (2080 hours) experience as a registered technician).
- Several states (5) have regulations regarding inter-state provision of telepharmacy services. For example, New Mexico requires that both the hub pharmacy and all remote telepharmacies must be located within the state.

**Table 2** State Rules/Regulations Governing Telepharmacy Implementation, August 2016 (Based on an analysis of administrative rules and legislative statutes governing the practice of pharmacy as of August 31, 2016 for all 50 states.) State rules/statutes containing language limiting telepharmacy implementation are indicated with an “\*”. A more detailed table and sources are included as appendices.

State	Geographic Restrictions	Facility Restrictions	Permitted Providers	Staffing Requirements	Inter-State Accessibility
Alaska	*		*		
Colorado	*		*		
Hawaii	*		*		
Idaho	*	*	*	*	
Illinois			*	*	*
Indiana		*	*	*	
Iowa	*		*	*	
Louisiana	*		*	*	*
Minnesota <sup>1</sup>	*		*	*	
Montana	*		*	*	
Nebraska <sup>2</sup>					
Nevada	*		*	*	
New Mexico	*		*	*	*
North Dakota			*	*	*
Oregon		*			
South Dakota	*	*	*	*	
Tennessee	*		*		
Texas	*	*	*		
Utah			*		*
Vermont	*		*	*	*
West Virginia <sup>3</sup>					
Wisconsin		*	*	*	
Wyoming	*		*		

<sup>1</sup>These restrictions are based on Minnesota’s Board of Pharmacy “Guidance” on Variances for telepharmacies, not rules or statutes. Therefore, these are not rigid requirements.

<sup>2</sup>Nebraska currently has legislative approval to authorize telepharmacy, although no board rules have yet been implemented regulating telepharmacy. See §38-2845.01.

<sup>3</sup>West Virginia currently has legislative approval to authorize telepharmacy, although no board rules have yet been implemented regulating telepharmacy. See §15-1-28.

#### 4. Discussion

Since 2010, the use of telepharmacy services has expanded rapidly nationwide, from six states that had adopted specific telepharmacy regulations in 2010 to twenty-three as of August 31, 2016.<sup>9</sup> This rapid expansion has led to a wide discrepancy in the robustness of rules and statutes outlining the practice of telepharmacy. Some states, such as North Dakota, South Dakota, New Mexico, and Wyoming, specifically define telepharmacy and have self-contained provisions outlining the requirements for telepharmacy operation. Other states, such as Minnesota and Oregon, though permitting the use of telepharmacy on a limited basis, fall far below the standard set by the aforementioned states.

Despite the rapid expansion in the availability and use of telepharmacy services, the majority of states (27) do not currently authorize the use of telepharmacy. How-

ever, 11 of these states provide an opportunity to develop telepharmacy initiatives for certain entities interested in doing so. In Michigan, for example, the board of pharmacy may approve a pilot project that “is designed to utilize new or expanded technology or processes and to provide patients with better pharmacy products or provide pharmacy services in a more efficient manner.”<sup>10</sup> In North Carolina, the board of pharmacy may waive the enforcement of specific rules governing the practice of pharmacy so long as any deviations from ordinary practice are intended to yield positive results on the practice of pharmacy and do not compromise patient health and safety.<sup>11</sup> These two states demonstrate some of the rationale typically required to justify the creation of new pilot programs or waivers to existing rules. As increasing access to care continues to remain a major focus of state and federal policy makers, these 11 states may very well develop telepharmacy initiatives in the near future.

On July 1, 2016, West Virginia became the latest state to authorize the use of telepharmacy.<sup>12</sup> The New York State Assembly has also proposed legislation that would authorize the use of telepharmacy. This legislation has been pending consideration in the Committee of Higher Education since May 25, 2016.<sup>13</sup> If this bill is approved, New York will become the twenty-fourth state to authorize telepharmacy in some capacity and will continue the trend toward the inclusion of telepharmacy in the standard practice of community pharmacy.

Access to pharmaceutical services remains a concern in many rural communities even as the pace of local pharmacy closure has slowed.<sup>14,15</sup> Local pharmacists have clinical roles in the local community beyond filling prescriptions, including serving other local health care organizations<sup>16</sup> and providing consultations to rural residents. Telepharmacy cannot duplicate all roles provided by local retail pharmacies, but where local retail pharmacies cannot be sustained, important roles, particularly counseling, may be served through telepharmacy.

Because the analysis of legislation typically requires some form of subjective interpretation, it is possible that a future study seeking to replicate the results given here may achieve a different outcome. Furthermore, due to the fact that laws and rules are amended or updated on a yearly basis, it is likely that since the time of this publication, the landscape of telepharmacy has shifted somewhat. This study only looked at telepharmacy rules and statutes at a specific point in time and did not take into consideration how the language of these rules and statutes may have evolved over time to address shortcomings of prior versions, though this could be an area of future research.

## **5. Conclusion**

This study reflects the first comprehensive effort to evaluate telepharmacy administrative rules and legislative statutes across all 50 states since 2010 and identifies themes that can be used as a basis of comparison from state to state. The evidence suggests that the use of telepharmacy is becoming increasingly widespread as state

legislatures and boards of pharmacy recognize the value telepharmacy initiatives can provide for patient populations. Pilot programs and waivers to existing pharmacy practice requirements may also provide an avenue for interested entities to pursue telepharmacy initiatives in certain states.

### **Author Contributions**

All authors listed have made a substantial, direct and intellectual contribution to the work, and approved it for publication.

### **Conflict of Interest Statement**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

## **NOTES**

1. United States Census Bureau (2015).
2. Ullrich et al. (2014). The greatest loss of rural pharmacies occurred between 2007 and 2009. Also note that, from 2010–2013, the trend has been for more closures, although the decline is not as distinct as in earlier years. Furthermore, 490 rural communities that had one or more retail pharmacy (including independent, chain, or franchise pharmacy) in March 2003 had no retail pharmacy in December 2013.
3. Boyle et al. (2012). Rural pharmacists also report providing educational classes or participating in health fairs.
4. Alexander et al. (2017). According to the American Society of Health-System Pharmacists, “Telepharmacy operations and services may include, but are not limited to, drug review and monitoring, dispensing, sterile and nonsterile compounding verification, medication therapy management (MTM), patient assessment, patient counseling, clinical consultation, outcomes assessment, decision support, and drug information.”
5. North Dakota State University (2013).
6. Casey et al. (2010).
7. Keays et al. (2002). The authors describe the implementation of a nighttime telepharmacy service at a 340-bed acute care community hospital.
8. Boon, A. (2007). The author describes the implementation of after-hours and weekend telepharmacy coverage for a 25-bed critical access hospital in a rural setting.
9. Casey et al. (2010). These states consisted of North Dakota, Montana, South Dakota, Texas, Idaho, and Utah.
10. See Michigan Public Health Code, Act 368 of 1978, section 333.17723 (2014).
11. See North Carolina Administrative Code, section 21 NCAC 46 .2510 (2016).
12. See Notice of Final Filing and Adoption of a Legislative Rule Authorized by the West Virginia Legislature, §15-1-28 (2016).
13. See New York State Assembly Bill No. A05091 (2016).
14. Ullrich et al. (2014).
15. Nattinger et al. (2015).
16. Radford et al. (2011).



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**APPENDIX 1** State Restrictions of Telepharmacy where Legislatively or Administratively Authorized, August 2016 (Based on an analysis of administrative rules and legislative statutes governing the practice of pharmacy as of August 31, 2016 for all 50 states.)

State	Geographic Restrictions	Facility Restrictions	Permitted Providers	Staffing Requirements	Inter-State Accessibility
<b>Alaska</b>	Located at least 10 road miles from any non-remote pharmacy unless federal law prohibits non-remote pharmacy from providing pharmacy services to individuals within the area. (12 AAC 52.423(b)(2))	Not telepharmacy specific.	Pharmacist, pharmacy technician, pharmacy intern. (12 AAC 52.425 (c)(1))	Not telepharmacy specific.	Not telepharmacy specific.
<b>Colorado</b>	Located at least 20 miles from any pharmacy or telepharmacy outlet. (12-42.5-102(39.5)(a)(II))	Not telepharmacy specific.	Pharmacist; pharmacy technician. (12-42.5-102(39.5)(a)(IV))	Not telepharmacy specific.	Not telepharmacy specific.
<b>Hawaii</b>	Located at least 5 miles from any pharmacy except for remote dispensing pharmacy established prior to July 3, 2008 that has previously dispensed and will continue to dispense only prescription medications acquired pursuant to section 340B of the Public Health Service Act, Title 42 United States Code section 256b. (§461-10.5(c)(1))	Not telepharmacy specific.	Pharmacist; qualified remote dispensing technician. §461-10.5(a)(2)	Not telepharmacy specific.	Not telepharmacy specific.
<b>Idaho</b>	1) The Board will consider the availability of pharmacists, the population of the community, and the community's need for the service. 2) The Board will not approve a remote dispensing site if a retail pharmacy is located within the same community as the proposed remote dispensing site. (27.01.01 -710.01)	Remote dispensing site must be located in a medical care facility operating in areas otherwise unable to obtain pharmaceutical care services on a timely basis. (27.01.01 -710.01(c))	Pharmacist; pharmacist technician. (27.01.01 -710.05)	1) Unless staffed by a pharmacist, a remote dispensing site must be staffed by at least 1 certified technician with at least 2,000 hours pharmacy technician experience in Idaho and under the supervision of a pharmacist at the supervising pharmacy when the remote site is open. 2) Supervision does not require physical presence by a pharmacist, but the pharmacist must supervise electronically from the supervising pharmacy. (27.01.01 -710.05)	Not telepharmacy specific.

<b>Illinois</b>	Not telepharmacy specific.	Not telepharmacy specific.	Pharmacist, pharmacist technician. (1330.510(8)(A))	1) Remote pharmacy technician must have 1 year of experience and be registered as a certified pharmacy technician, or be a student pharmacist. 2) Hub pharmacists may electronically supervise no more than 3 simultaneously open remote sites. (1330.510(8)(A)&(C))	1) Hub pharmacies located outside Illinois must be licensed as a nonresident pharmacy. 2) Nonresident pharmacies shall abide by all Illinois laws, except that dispensing pharmacist and the pharmacist-in-charge shall not require Illinois licensure. (1330.510(a))
<b>Indiana</b>	Not telepharmacy specific.	Telepharmacies can be Category I (retail), Category II (institutional), or Category III (processing) permits. (IC 25-26-13-17(b))	Pharmacist, pharmacy technician, pharmacy intern. (IC 25-26-13-18.5)	A pharmacist may not supervise more than 6 pharmacy technicians/pharmacy technicians in training. IC 25-26-13-18.5(c))	Not telepharmacy specific.
<b>Iowa</b>	A remote dispensing site will not be approved if a general pharmacy is located within the same community or is located within 15 miles of the proposed remote dispensing site. (IAC 657—9.5(124,155A)(2)(c))	Not telepharmacy specific.	Pharmacist; Pharmacy technician; pharmacist intern. (IAC 657—9.3(147,155A)(2)(f))	1) A remote dispensing site must be staffed by one or more qualified certified pharmacy technicians under the supervision of a pharmacist at the managing pharmacy when the remote site is open. 2) Continuous supervision does not require physical presence by the pharmacist, but the pharmacist must supervise electronically through the automated pharmacy system. (IAC 657—9.18(124,155A)(2))	Not telepharmacy specific.
<b>Louisiana</b>	Must be located at least 20 miles (driving distance) from any other pharmacy. (§2425.(A)(1))	Not telepharmacy specific.	Pharmacist; pharmacy technician. (§2425.(E)(2)(c))	1) At a minimum, the site must be staffed by a Louisiana-licensed certified pharmacy technician with at least two years of experience as a Louisiana-licensed	A central pharmacy may supervise no more than two telepharmacy dispensing sites, and all such sites must be located within Louisiana.

				certified pharmacy technician and with demonstrated proficiency in operating the telepharmacy system being used. 2) In the absence of a pharmacist, the site shall be staffed by only 1 Louisiana-licensed certified pharmacy technician. (§2425.(E)(2))	(§2425.(A)(5))
<b>Minnesota</b> <sup>1</sup>	Medically underserved community.	Not telepharmacy specific.	Pharmacist, pharmacy technician	1) All remote sites are staffed with Minnesota registered pharmacy technicians. 2) Pharmacy technicians working at a remote site must have a minimum of 1 year (2080 hours) of experience as a registered technician and be certified through a Board-approved program.	Not telepharmacy specific.
<b>Montana</b>	Cannot be located within 25 mile radius of an existing pharmacy. (24.174.1302(2))	Not telepharmacy specific.	Pharmacist; pharmacy technician. (24.174.1302(4)(a))	1) The remote site must be staffed by registered pharmacy technician. 2) The technician must have at least 500 hours experience. (24.174.1302(4)(a)&(b))	Not telepharmacy specific.
<b>Nebraska</b> <sup>2</sup>					
<b>Nevada</b>	Must be located 1) At least 50 miles or more from the nearest pharmacy; and 2) In a service area with a total population of less than 2,000. (NRS 639.23277(1)(a)&(b))	Not telepharmacy specific.	Pharmacist, pharmaceutical technician, dispensing technician. (NRS 639.23277(2)(a)&(b))	A remote/ satellite consultation site may be operated by: 1) A pharmaceutical technician without the physical presence of a managing pharmacist, but	Not telepharmacy specific.

<sup>1</sup>These restrictions are based on Minnesota’s Board of Pharmacy “Guidance” on Variances for telepharmacies, not rules or statutes. Therefore, these are not rigid requirements.

<sup>2</sup>Nebraska currently has legislative approval to authorize telepharmacy, although no board rules have yet been implemented regulating telepharmacy. See §38-2845.01.

				<p>the managing pharmacist of the telepharmacy shall also be deemed the managing pharmacist of the remote/ satellite consultation site; or</p> <p>2) A dispensing technician without the physical presence of a dispensing practitioner, but the dispensing practitioner of the telepharmacy shall also be deemed the managing pharmacist of the remote/ satellite consultation site.</p> <p><i>(NRS 639.23277(2)(a)&amp;(b))</i></p>	
<b>New Mexico</b>	<p>Must be located greater than 25 miles from an existing community pharmacy.</p> <p><i>(16.19.33.2)</i></p>	Not telepharmacy specific.	<p>Pharmacist; pharmacist technician.</p> <p><i>(16.19.33.7(J))</i></p>	<p>Tele-pharmacy technician must have a minimum of 2,000 hours of experience as a certified registered pharmacy technician and can be supervised under the computer aided supervision of an off-site pharmacist. <i>(16.19.33.7(K))</i></p>	<p>Both the hub pharmacy and all remote telepharmacies must be located within New Mexico.</p> <p><i>(16.19.33.2)</i></p>
<b>North Dakota</b>	Not telepharmacy specific.	Not telepharmacy specific.	<p>Pharmacist; pharmacy technician.</p> <p><i>(61-02-01-01(4)(k))</i></p>	<p>1) Technician must have at least 1 year of work experience as a North Dakota-registered pharmacy technician.</p> <p>2) The technician must be a graduate of an approved pharmacy technician education program and must demonstrate proficiency in preparation of prescriptions for dispensing to patients.</p> <p>3) A pharmacist may not supervise more than four telepharmacy sites.</p> <p><i>(61-02-08-04.(1)(a)&amp;(b)&amp;(c))</i></p>	<p>Both the central pharmacy and remote site may be located within North Dakota, either the remote site or the central pharmacy, may be located in a contiguous state.</p> <p><i>(61-02-08-01.(4))</i></p>

<b>Oregon</b>	Not telepharmacy specific.	Telepharmacy limited to Remote Dispensing Facility (RDF), a facility where drugs are prepared for administration and where requisite pharmacist supervision is provided remotely as approved by the Board. <i>(855-041-4100(2)) &amp; (855-041-4200)</i>	Not telepharmacy specific.	Not telepharmacy specific.	Not telepharmacy specific.
<b>South Dakota</b>	Demonstrated limitation on access to pharmacy services within the community. <i>(20:51:30:02.)</i>	Any pharmacy licensed by the board may operate a remote pharmacy in South Dakota. The remote pharmacy is considered an extension of the central pharmacy but the remote pharmacy must have its own license as a pharmacy. <i>(20:51:30:06.)</i>	Pharmacist, pharmacy technician, pharmacy intern. <i>(20:51:30:12.)</i>	1) Pharmacy technician must have at least 2000 hours of experience as a registered pharmacy technician. 2) Pharmacy intern must have at least 500 hours of experience as a registered pharmacy intern. 3) The pharmacist on duty at a central pharmacy may supervise no more than 3 technicians (a pharmacy intern does not count towards this ratio). 4) The total number of allowed technicians may be divided between the central pharmacy and the remote pharmacy in any manner. However, each remote pharmacy must have at least one pharmacy technician or pharmacy intern on duty while open. <i>(20:51:30:12.) &amp; (20:51:30:13.)</i>	Not telepharmacy specific.
<b>Tennessee</b>	1) Central pharmacy must be located in Federally Qualified Health Center that is connected through computer link, videolink, and audio link to one or more satellite clinics. <i>(§ 63-10-601)</i>	Not telepharmacy specific.	Pharmacist-in-charge (central pharmacy), pharmacist, registered pharmacy technician. <i>(§ 63-10-601)</i>	Not telepharmacy specific.	Not telepharmacy specific.
<b>Texas</b>	1) A provider pharmacy may not provide remote pharmacy services if	A provider pharmacy may provide remote pharmacy services using a	Pharmacist, pharmacy technician, pharmacy	Not telepharmacy specific.	Not telepharmacy specific.

	a Class A (Community) or Class C (Institutional) pharmacy that dispenses prescription drug orders to out-patients is located in the same community. 2) Community is defined as: (a) the census tract in which the remote site is located, if the remote site is located in a Metropolitan Statistical Area (MSA) as defined by the United States Census Bureau in the most recent U.S. Census; or (b) within 10 miles of the remote site, if the remote site is not located in a MSA. (§291.121(c)(3)(B)(i)&(ii))	telepharmacy system to: 1) a rural health clinic regulated under 42 U.S.C. Section 1395x(aa), as amended; 2) a health center as defined by 42 U.S.C. Section 254b, as amended; or 3) a healthcare facility located in a medically underserved area as defined by state or federal law. (§291.121(c)(3)(A)(i)&(ii) &(iii))	technician trainee. (§291.121(F)(i))		
<b>Utah</b>	Not telepharmacy specific.	Not telepharmacy specific.	Pharmacist, pharmacy technician, pharmacy intern. (58-17b-612(1)(b))	Not telepharmacy specific.	Permitted. (58-17b-102(59))
<b>Vermont</b>	Remote pharmacy must be at least a 10 mile drive away from a retail pharmacy. (19.7(c))	Not telepharmacy specific.	Pharmacist, certified pharmacy technician, pharmacy intern. (19.11(a))	1) Remote pharmacies shall be staffed by certified pharmacy technicians under the continuous supervision of a pharmacist. 2) Certified pharmacy technicians must have a minimum of 2,000 hours experience as a registered pharmacy technician. 3) Pharmacy interns may not work at a remote pharmacy unless a pharmacist is physically present at the remote pharmacy. 19.2(a)(4); 19.11(b)&(c)	A pharmacist providing telepharmacy services into Vermont from another state is required to register as an “out of state registered pharmacist” with the Board. (2.9(a))
<b>West Virginia<sup>3</sup></b>					
<b>Wisconsin</b>	Not telepharmacy specific.	A remote dispensing site can be located at:	Pharmacist, pharmacy technician, pharmacy	Pharmacy technician must have completed 1500	Not telepharmacy specific.

<sup>3</sup>West Virginia currently has legislative approval to authorize telepharmacy, although no board rules have yet been implemented regulating telepharmacy. See § 15-1-28.

		<p>1) A health care facility;  2) The office or clinic of a practitioner;  3) A county jail, rehabilitation facility state prison or county house of correction;  4) A juvenile correctional facility, juvenile detention facility, residential care center for children and youth, secured residential care center for children and youth, type 1 juvenile correctional facility, type 2 residential care center for children and youth, or type 2 juvenile correctional facility.  (7.095(3)(a)&amp;(b)&amp;(c)&amp;(d))</p>	<p>intern.  (7.095(7))</p>	<p>hours of work as a technician within the 3 years prior to working at the remote dispensing site or completed a board-approved training program.  (7.095(7)(c))</p>	
<b>Wyoming</b>	<p>Must be located at least 25 miles from any retail pharmacy.  (14.3(g))</p>	<p>Not telepharmacy specific.</p>	<p>Pharmacist, pharmacy technician, pharmacy intern.  (14.5(b))</p>	<p>Not telepharmacy specific.</p>	<p>Not telepharmacy specific.</p>



**APPENDIX 2 Sources, State Restrictions of Telepharmacy where Legislatively or Administratively Authorized, August 2016**

<b>State</b>	<b>Source</b>
<b>Alaska</b>	<a href="https://www.commerce.alaska.gov/web/portals/5/pub/PharmacyStatutes.pdf">https://www.commerce.alaska.gov/web/portals/5/pub/PharmacyStatutes.pdf</a>
<b>Colorado</b>	<a href="https://drive.google.com/file/d/0BzKoVwvexVATR281SIVsdERLa1U/view">https://drive.google.com/file/d/0BzKoVwvexVATR281SIVsdERLa1U/view</a>
<b>Hawaii</b>	<a href="https://web.archive.org/web/20161101215006/https://cca.hawaii.gov/pvl/files/2013/08/HRS461-Pharmacydoc.0716.pdf">https://web.archive.org/web/20161101215006/https://cca.hawaii.gov/pvl/files/2013/08/HRS461-Pharmacydoc.0716.pdf</a>
<b>Idaho</b>	<a href="https://adminrules.idaho.gov/rules/current/27/0101.pdf">https://adminrules.idaho.gov/rules/current/27/0101.pdf</a>
<b>Illinois</b>	<a href="http://www.ilga.gov/commission/jcar/admincode/068/068013300E05100R.html">http://www.ilga.gov/commission/jcar/admincode/068/068013300E05100R.html</a>
<b>Indiana</b>	<a href="http://iga.in.gov/static-documents/7/e/d/4/7ed4acb2/TITLE25_AR26_ch13.pdf">http://iga.in.gov/static-documents/7/e/d/4/7ed4acb2/TITLE25_AR26_ch13.pdf</a>
<b>Iowa</b>	<a href="https://www.legis.iowa.gov/docs/iac/chapter/04-13-2016.657.9.pdf">https://www.legis.iowa.gov/docs/iac/chapter/04-13-2016.657.9.pdf</a>
<b>Louisiana</b>	<a href="http://www.pharmacy.la.gov/assets/docs/Laws/Web_LAC46_Chap24_2015-1020.pdf">http://www.pharmacy.la.gov/assets/docs/Laws/Web_LAC46_Chap24_2015-1020.pdf</a>
<b>Minnesota</b>	<a href="https://mn.gov/boards/assets/Telepharmacy%20Variance%20%20Guidance%2011.17_tcm21-28951.pdf">https://mn.gov/boards/assets/Telepharmacy%20Variance%20%20Guidance%2011.17_tcm21-28951.pdf</a>
<b>Montana</b>	<a href="http://www.mtrules.org/gateway/ruleno.asp?RN=24.174.1302">http://www.mtrules.org/gateway/ruleno.asp?RN=24.174.1302</a>
<b>Nebraska</b>	<a href="http://dhhs.ne.gov/publichealth/Documents/Pharmacy.pdf">http://dhhs.ne.gov/publichealth/Documents/Pharmacy.pdf</a>
<b>Nevada</b>	<a href="https://www.leg.state.nv.us/NRS/NRS-639.html">https://www.leg.state.nv.us/NRS/NRS-639.html</a>
<b>New Mexico</b>	<a href="http://164.64.110.239/nmac/parts/title16/16.019.0033.htm">http://164.64.110.239/nmac/parts/title16/16.019.0033.htm</a>
<b>North Dakota</b>	<a href="https://www.nodakpharmacy.com/pdfs/Lawbook41316.pdf">https://www.nodakpharmacy.com/pdfs/Lawbook41316.pdf</a>
<b>Oregon</b>	<a href="http://www.oregon.gov/pharmacy/Imports/Laws_RulesPDF/OBOPCurrent_Laws_Rules.pdf">http://www.oregon.gov/pharmacy/Imports/Laws_RulesPDF/OBOPCurrent_Laws_Rules.pdf</a>
<b>South Dakota</b>	<a href="https://web.archive.org/web/20160901181950/http://doh.sd.gov/boards/pharmacy/assets/SDLawRules2016.pdf">https://web.archive.org/web/20160901181950/http://doh.sd.gov/boards/pharmacy/assets/SDLawRules2016.pdf</a>
<b>Tennessee</b>	<a href="https://web.archive.org/web/20160827100700if_/http://www.lexisnexis.com/hottopics/tncode/">https://web.archive.org/web/20160827100700if_/http://www.lexisnexis.com/hottopics/tncode/</a>
<b>Texas</b>	<a href="http://texreg.sos.state.tx.us/public/readtac\$ext.TacPage?sl=T&amp;app=9&amp;p_dir=F&amp;p_rloc=170360&amp;p_tloc=29792&amp;p_ploc=14963&amp;pg=3&amp;p_tac=&amp;ti=22&amp;pt=15&amp;ch=291&amp;rl=121">http://texreg.sos.state.tx.us/public/readtac\$ext.TacPage?sl=T&amp;app=9&amp;p_dir=F&amp;p_rloc=170360&amp;p_tloc=29792&amp;p_ploc=14963&amp;pg=3&amp;p_tac=&amp;ti=22&amp;pt=15&amp;ch=291&amp;rl=121</a>
<b>Utah</b>	<a href="http://le.utah.gov/xcode/Title58/Chapter17b/C58-17b_1800010118000101.pdf">http://le.utah.gov/xcode/Title58/Chapter17b/C58-17b_1800010118000101.pdf</a>
<b>Vermont</b>	<a href="https://www.sec.state.vt.us/media/702345/5-RX-Rules-2015-Final-Adopted-August-24-2015.pdf">https://www.sec.state.vt.us/media/702345/5-RX-Rules-2015-Final-Adopted-August-24-2015.pdf</a>
<b>West Virginia</b>	<a href="http://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=27678&amp;Format=PDF">http://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=27678&amp;Format=PDF</a>
<b>Wisconsin</b>	<a href="https://docs.legis.wisconsin.gov/code/admin_code/phar/7.pdf">https://docs.legis.wisconsin.gov/code/admin_code/phar/7.pdf</a>
<b>Wyoming</b>	<a href="https://drive.google.com/file/d/18CLFw0hSsqYKWu-9PxEVb_sisWbMB8KM/view">https://drive.google.com/file/d/18CLFw0hSsqYKWu-9PxEVb_sisWbMB8KM/view</a>