

Pharmacists Without Borders: Policy and Opportunities in Interstate Pharmacy Practice

JoAnn Stubbings, BSPHarm, MHCA

Clinical Associate Professor Emerita

University of Illinois Chicago Retzky College of Pharmacy

joanns@uic.edu

Kruti Shah, PharmD, BCPS

Chronic Condition Management Clinical Pharmacist

Oak Street Health

kruti.shah@oakstreethealth.com



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Conflict of Interest Disclosure

- JoAnn Stubbings has no conflicts of interest with ineligible companies to disclose.
- Kruti Shah has no conflicts of interest with ineligible companies to disclose.



Learning Objectives

1. Compare the challenges and opportunities associated with interstate pharmacy practice to those experienced by other health professions.
2. Evaluate emerging models for multistate pharmacy practice, including licensure compacts and practice privilege compacts.
3. Analyze a case study demonstrating a successful interstate pharmacy practice model and the factors contributing to its implementation.
4. Identify practical strategies and best practices that pharmacists and pharmacy technicians can adapt to advance interstate practice within their organizations.



Case #1: Nurses without Borders

- RN is a student nurse residing in Wisconsin.
- Upon graduation, they register for and pass the NCLEX, the national standardized licensure exam for nurses in the U.S.
- After passing the requirements for licensure, RN is issued a multistate license through the Wisconsin Board of Nursing.



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Case #2: Physicians without Borders

- DR is a board-certified cardiologist who lives in Illinois and is employed by a health system with clinics in Illinois, Indiana, and Wisconsin.
- DR is licensed to practice medicine in Illinois. DR applies through the Interstate Medical Licensure Compact for licenses in Indiana and Wisconsin.
- After submitting the application through the compact, the licenses are granted within 20 days.

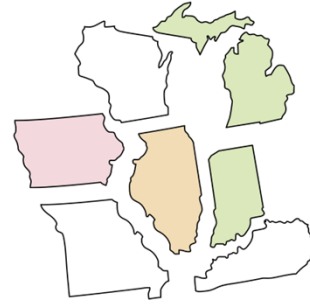


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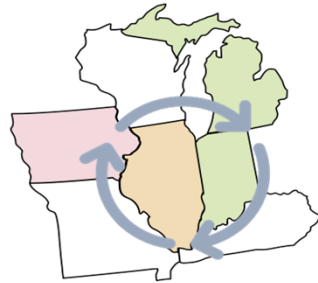
Interstate Pharmacy Practice



State-by-State Licensure



Interstate Licensure Compact



Practice Privilege Compact

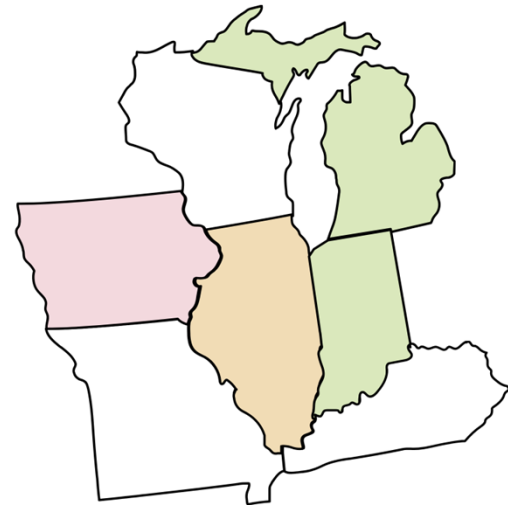


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Interstate Pharmacy Practice

- The provision of pharmacy services by a pharmacist or pharmacy across state lines, where the pharmacist, pharmacy, or patient is located in a different state.
 - Health-system expansion
 - Mail order/specialty pharmacy
 - Telehealth/telepharmacy/telemedicine
 - Patient mobility
 - Pharmacist and technician mobility
 - Continuity of care
 - Pharmacy deserts
 - Emergency services

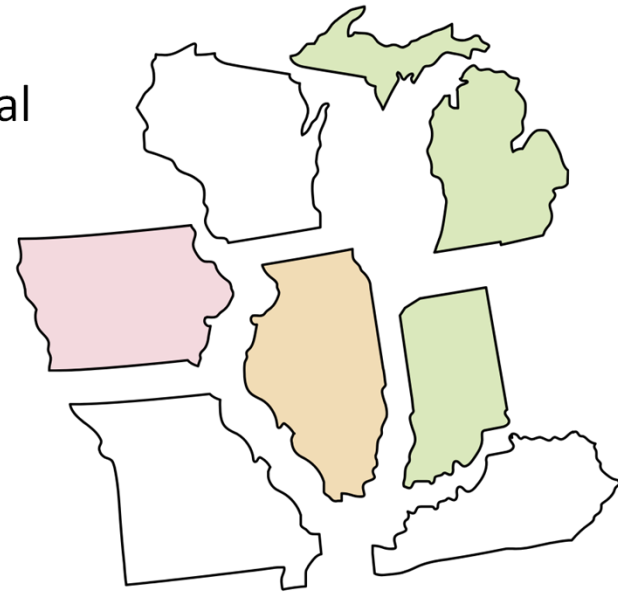


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State-by-State Licensure

- The process of obtaining a new professional license in a different state, through full licensure, reciprocity or endorsement.
 - Pharmacists (eLTP)
 - Pharmacy Technicians



National Association of Boards of Pharmacy. Electronic Licensure Transfer Program.
[Electronic Licensure Transfer Program \(eLTP\) | NABP](#). Accessed August 6, 2026.

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Challenges

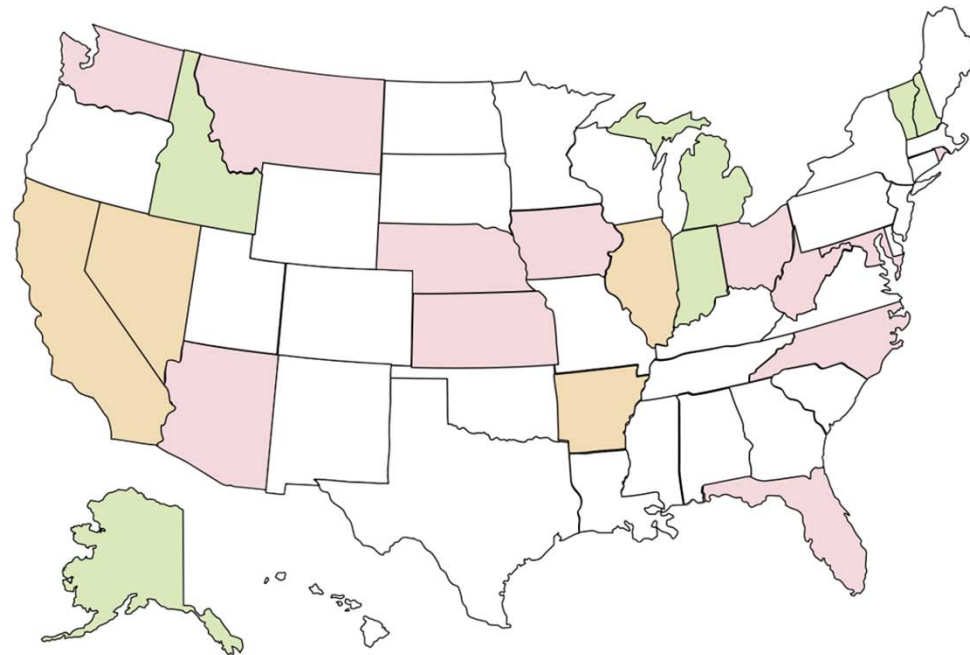
- Time consuming
- Expensive
- Inconsistent regulations across states
 - Scope of Practice/Standard of Care
 - Credentialing
 - Jurisprudence



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MPJE Status by State May 2026

6 No MPJE
 12 UMPJE
 4 Non-MPJE law exam
or education program



American Society of Health-System Pharmacists. Government Relations Policy and Advocacy Updates. May 2026. [May 2026 ASHP Legislative and Regulatory Call. Attachments - OneDrive](#). Accessed August 16, 2026.



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Rules of Interstate Practice

- Must abide by the rules and requirements of the state where the service is delivered.



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Assessment Question #1

Which statement is true regarding interstate pharmacy practice?

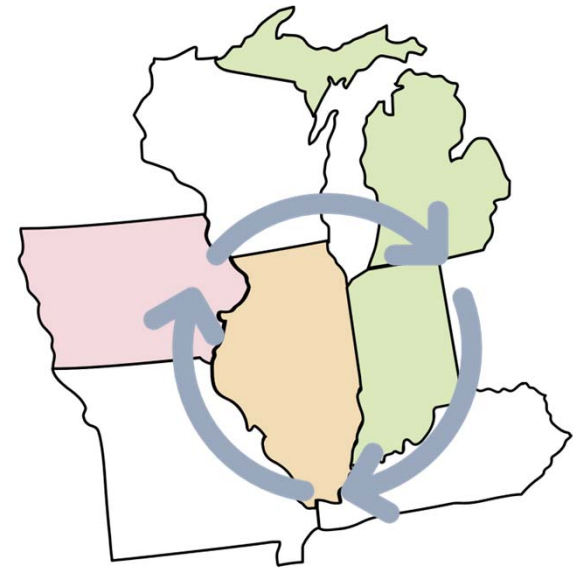
- a. A pharmacy license in the pharmacist's home state allows them to practice across state lines.
- b. A pharmacist must be licensed in the state in which their clinical service is delivered.
- c. Interstate pharmacy licensure is free and easy.
- d. Pharmacy regulations are the same in all states.



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Interstate Licensure Compact

- A legal agreement among participating states that allows professionals to obtain licenses to practice in multiple states through a streamlined process.
 - “What are the common standards of licensure that could be verified by one and accepted by many?”
- Nurses
- Physicians



Nurses without Borders



- RN is a student nurse residing in Wisconsin.
- Upon graduation, they register for and pass the NCLEX, the national standardized licensure exam for nurses in the U.S.
- After passing the requirements for licensure, MR is issued a multistate license through the Wisconsin Board of Nursing.
- The multistate license allows the nurse to practice in 40 compact states with one license issued by the home state.
 - Telehealth
 - Travel nurse
 - Military
 - Temporary assignments

1. Wisconsin Department of Safety and Professional Services. [2017NursingCompactFactSheet.pdf](#) Accessed August 16, 2026.
2. Interstate Commission of Nurse Licensure Compact Administrators. Frequently asked questions. [faq.pdf](#). Accessed August 16, 2026.
3. Nurse Licensure Compact. [Home | NURSECOMPACT](#). Accessed August 16, 2026.



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Physicians without Borders



- DR is a board-certified cardiologist who lives in Illinois and is employed by a health system with clinics in Illinois, Indiana, and Wisconsin.
- DR is licensed to practice medicine in Illinois. DR applies through the Interstate Medical Licensure Compact for licenses in Indiana and Wisconsin.
- After submitting the application through the compact, the licenses are granted within 20 days.
- The Interstate Medical Licensure Compact consists of 44 member states and 2 territories.
- The Compact extends the reach of physicians and increases access to health care.

1. Interstate Medical Licensure Compact. [National Interstate Medical Licensure Compact – CSG National Center for Interstate Compacts](#). Accessed August 16, 2026
2. CompHealth. [Interstate Medical Licensure Compact States List for 2026](#). Accessed August 16, 2026.



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Practice Privilege Compact

- An authorization granted by a remote state to allow a licensee from another member state to practice in the remote state under its laws and rules.
 - Physical Therapists
 - Psychologists
 - EMTs, paramedics
 - Physician Assistants (pending)



1. PA Compact. [pacompact.org | Home](https://pacompact.org). Accessed August 16, 2026.
2. National Association of Boards of Pharmacy. Pharmacist interstate practice privilege model. A new option for pharmacist reciprocity. <https://nabp.pharmacy/wp-content/uploads/2026/05/Interstate-Privilege-Flyer.pdf>. Accessed August 6, 2026.
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Opportunities for Pharmacy

- ICHP Position Statement - Compact State Pharmacist Licensure
- ASHP Policy Position 2507 – Interstate Pharmacist Licensure
- NABP Pharmacist Interstate Practice Privilege Model (in development)

1. Illinois Council of Health-System Pharmacists. ICHP Position Statement – Compact State Pharmacist Licensure. https://www.ichpnet.org/aws/ICHP/asset_manager/get_file/950662?ver=2. Accessed August 6, 2026.
2. American Society of Health-System Pharmacists. ASHP Policy Position 2507 – Interstate Pharmacist Licensure. <https://www.ashp.org/pharmacy-practice/policy-positions-database/2025/2507>. Accessed August 6, 2026.
3. National Association of Boards of Pharmacy. Pharmacist interstate practice privilege model. A new option for pharmacist reciprocity. <https://nabp.pharmacy/wp-content/uploads/2026/05/Interstate-Privilege-Flyer.pdf>. Accessed August 6, 2026.



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Pathways to Interstate Licensure

State-by-State Licensure

Multiple state licenses

? Traditional approach
- full licensure or reciprocity



Pharmacy

- ✓ Established
- ✗ Expensive, slow
- ✗ Multiple licenses



HIGH BURDEN

Licensure Compact

Streamlined approach to multiple state licenses or one multistate license

? Expedited pathway



Nurses, physicians

- ✓ More Progressive
- ✗ Multiple licenses
- ✗ Limited by states



MODERATE BURDEN

Practice Privilege Compact

Practice across states without new licenses

? Shared authority across states



Psychology, EMT, PT, PA (emerging)

- ✓ Standardized
- ✗ Limited by states



LOW BURDEN



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Assessment Question #2

A legal agreement among participating states that allows professionals to obtain licenses to practice in multiple states through a streamlined process is known as:

- a. Interstate licensure compact.
- b. Interstate pharmacy practice.
- c. Practice privilege compact.
- d. State-by-state licensure.



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Case # 3 Pharmacist without borders

- **PCP Visit (Month 1)**

- A 72-year-old female in IL with a medical history of angina, hypertension, heart failure, hyperlipidemia, chronic kidney disease, obstructive sleep apnea, neuropathic pain, and poorly controlled type 2 diabetes (A1C 15%, random blood glucose >400 mg/dL, BMI 29.6) presented for evaluation. Over the preceding two months, she experienced severe glycemic instability with frequent hyper/hypoglycemic swings, leading her to skip insulin doses due to fear of hypoglycemia and severe fatigue. Recognizing these challenges, the primary care physician referred her to the clinical pharmacist for chronic disease management.

- **Initial PharmD Visits (Month 2)**

- During her initial telemedicine consultations, the pharmacist in IL evaluated her regimen for safety, efficacy, and drug-drug interactions. To reduce hypoglycemia risk and injection burden, sliding-scale insulin aspart, glipizide, and sitagliptin were discontinued. Metformin (dose adjusted for CKD) was continued, and she was initiated on low-dose weekly tirzepatide, daily insulin glargine, and dapagliflozin with close monitoring to optimize glycemic control and provide targeted cardiorenal protection.

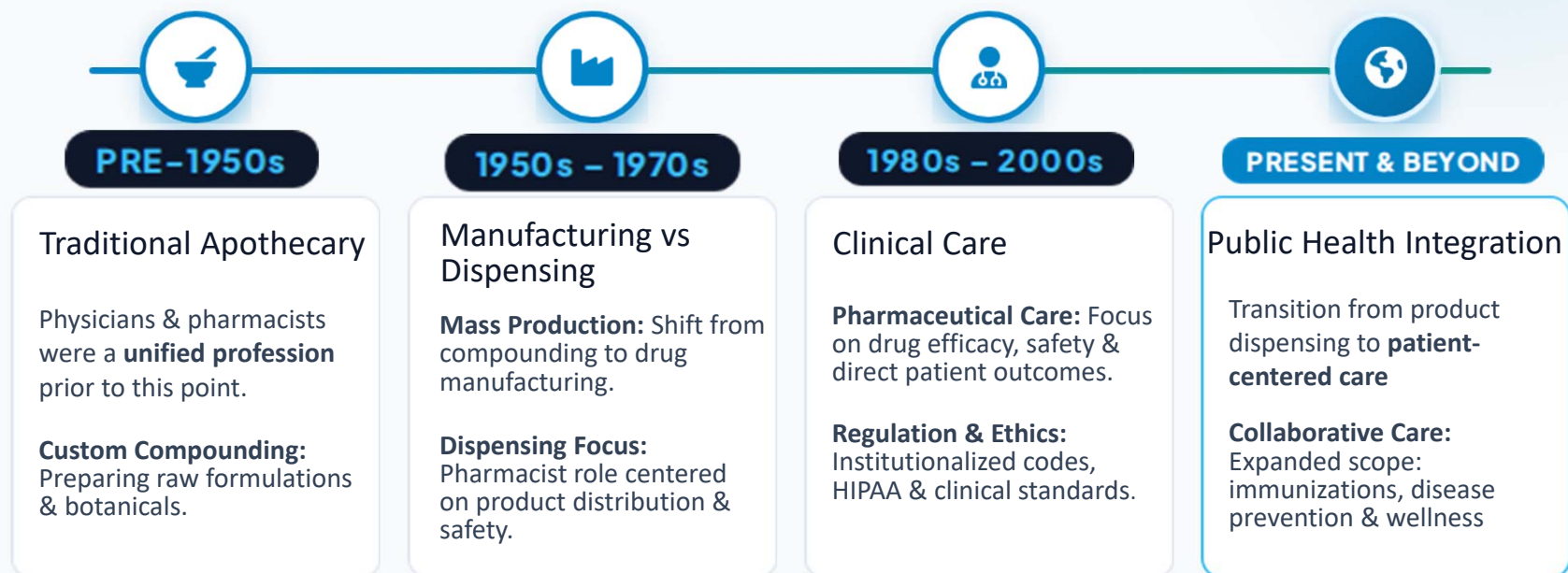
- **Follow up visits (Month 3)**

- Through medication therapy management, disease state education, and life-style modifications, her time-in-range improve from 10% to 40%, A1C dropped from **15-> 11%**. However, she reports she is moving to Florida for 4-5 months (winter bird). How does this move complicate the continuity of care with PharmD?



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Evolution of Pharmacy & Public Health



Reference: Khakurel, B., Shrestha, R., Joshi, S., & Thomas, D. (2019). Chapter 2 - Evolution of the Pharmacy Profession and Public Health. In *Clinical Pharmacy Education, Practice and Research* (pp. 13–30). Elsevier. DOI: 10.1016/B978-0-12-814276-9.00002-7



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Oak Street Health: Model & Core Pillars

Oak Street Health, founded in 2012, operates a healthcare model designed specifically for older adults on Medicare. By shifting from fee-for-service to value-based primary care, Oak Street Health prioritizes proactive prevention, deeper patient relationships, and lower overall medical costs.



1. Personal

Focuses on building deep patient-provider relationships and trust to optimize health outcomes.



2. Equitable

Bringing high-quality care to traditionally underserved neighborhoods and "healthcare deserts"



3. Accountable

Assumes full financial risk and accountability for patient outcomes, aligning provider incentives toward proactive prevention and reducing hospitalizations.



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<https://www.oakstreethealth.com/about-us> Accessed on August 13, 2026



Care Teams & Role of Pharmacists

Multidisciplinary Care Team Integration

Oak Street Health surrounds every patient with an interdisciplinary team—integrating primary care providers, clinical pharmacists, nurse practitioners, medical assistants, and community health workers to deliver comprehensive care management.



**Transitions
of Care**



**Population
Health**



**Chronic
Disease**



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PharmD Diabetes Regional Impact (monthly)



Stars & Quality Care Gaps Closed

- ✓ Glycemic Control (A1C)
- ✓ Blood Pressure (CBP)
- ✓ Medication Adherence
- ✓ Kidney Health (KED)
- ✓ Retinal Eye Exams (EYE)



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Clinical Impact

- ☒ Provide comprehensive medication management for medically complex patients
 - ☒ Optimize evidence-based therapies under collaborative practice agreements
 - ☒ Improve access through financial assistance and technology adoption
 - ☒ Support population health goals through proactive identification and management of high-risk patients
 - ☒ Enhance patient education, adherence, and long-term chronic disease outcomes
-
- **Pharmacist-Led Value:** Advancing quality metrics, reducing barriers to care, and improving outcomes for patients with uncontrolled diabetes.



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Licensure requirements – Operational burden

- Application fees and renewal fees each cycle
- NABP application and state board application
- MPJE examination in NC, IL, IN (2024)
- OH: Background check, finger printing, OH law course and quiz.



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Collaborative Practice Agreement variability

- State specific requirements
- Disease State Management, medication management, labs ordering
- Collaborating providers and pharmacist signature required
- Board approval may be required in some states

Reference: <https://scrx.org/wp-content/uploads/2021/11/CPA-State-Maps-Pharmacists-Authority.pdf>



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Scenario #3



Patient Profile & Base

72 Y/O Female residing in Illinois (IL). Primary care physician base and initial prescriptions set in IL.

Hypertension (HTN)

Comorbidities: DM, HTN, angina, HF, HLD, CKD, OSA, obesity, Neuropathic Pain



Licensure Footprint

Patient primary residence is Illinois (IL) .

PharmD Active Licenses:

IL (Home State)

Ohio (OH)

Indiana (IN)

North Carolina (NC)



Care Model & Clinical Impact

Managed by PharmD for DM & HTN chronic care via telemedicine under a local CPA



A1C: 15% → 11% (2 Mo.)

Goal: < 8.0%



"Snowbird" Relocation Event

Patient temporarily relocates to Florida (FL) for the 4-month winter season.



License Missing

Need: Remote Titration

Assessment Question #3

What barrier, if any, impacts the continuity of BD's care with his Chronic Conditions Management clinical pharmacist?

- A. Collaborative Practice Agreements (CPAs) are automatically voided whenever a patient steps outside their primary state of residence.
- B. Telemedicine protocol strictly prohibits pharmacists from managing chronic conditions like T2DM when an A1C > 10% is present.
- C. The PharmD does not hold an active pharmacist license in Florida, and state-specific licensure laws generally govern where the patient is physically located at the time of telehealth delivery.
- D. There are no legal or clinical barriers to continuing care, as telemedicine allows pharmacists to treat patients anywhere regardless of geographic location.



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Key Takeaways

- Interstate pharmacy practice is rapidly expanding, driven by multi-state health systems, telehealth growth, and evolving patient-care models.
- Licensure pathways for pharmacists and technicians remain significantly more burdensome than those available to other health professions with established compacts.
- Pharmacists and technicians must be licensed in—and adhere to—the laws and regulations of the state where the patient receives services.
- Collaborative practice agreement requirements differ widely across states, creating variability in scope, autonomy, and operational feasibility.



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QUESTIONS?

joanns@uic.edu

kruti.shah@oakstreethealth.com



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References

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14. Oak St Health Locations: <https://www.oakstreethhealth.com/about-us> Accessed on August 13, 2026
15. State-by-State Look at Pharmacist CPAs [https://scrx.org/wp-content/uploads/2021/11/CPA-State-Maps-Pharmacists-Authority.pdf](#) Accessed August 13, 2026



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