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Pharmacy, Board of

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mn.gov/boards/pharmacy/

AT A GLANCE

Board Members and Staff (As of 7/1/2020)

- 9 board members (six pharmacists and three public members) appointed by the Governor
- 23 full time employees

Licenses & Registrations Issued (as of 7/1/2020)

- 19,749 individuals
- 3,789 businesses

Inspections (For FY 2018 and 2019)

- 589 inspections of licensed facilities, including pharmacies, drug manufacturers and wholesalers, and medical gas distributors

Complaint & Discipline (For FY 2018 and 2019)

- 283 new jurisdictional complaints received
- 309 jurisdictional complaints resolved
- 49 disciplinary actions taken

Prescription Monitoring Program (PMP) (For calendar year 2018)

- 6.98 million controlled substance prescriptions reported to PMP
- 25,798 enrolled PMP Users
- 1.58 million database queries

PURPOSE

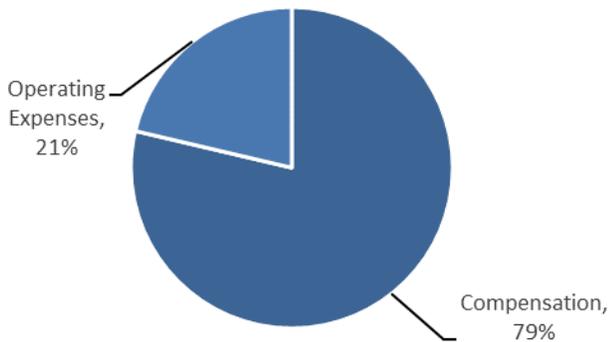
The Board's mission is to preserve and protect the public health, safety, and welfare of Minnesotans by promoting the safe distribution of pharmaceuticals and the provision of quality pharmacy care.

The Board fulfills this mission through examination and licensure of pharmacists, regulation of the practice of pharmacy, regulation of the manufacturing and distribution of pharmaceuticals, inspection of licensed facilities, investigation of complaints, and the issuance of disciplinary orders and agreements for corrective action. Board staff also help educate pharmacists and others about laws, rules and best standards of practice. The Board provides information to the public on its Website related to the practice of pharmacy and prescription drugs.

The Board also administers several programs, including: The Minnesota Prescription Monitoring Program, the Opiate Product Fee Registration Program, and the Minnesota Insulins Safety Net Program.

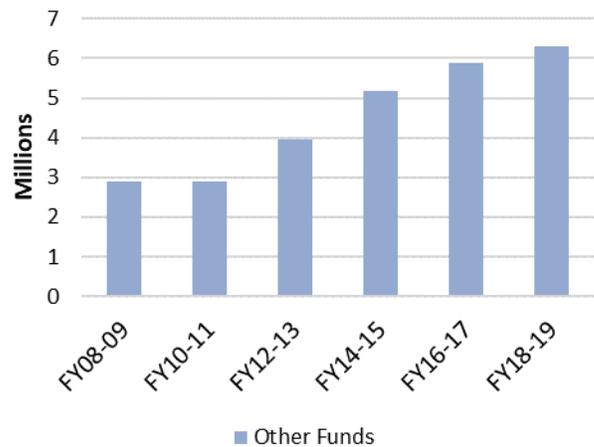
BUDGET

Spending by Category
FY 2019 Actual



Source: Budget Planning & Analysis System (BPAS)

Historical Spending



Source: Consolidated Fund Statement

The Board is mostly funded by licensure fees and, with two recent and temporary exceptions for the Opiate Product Registration Fee Program and the Insulin Safety Net Program, has received no general fund or healthcare access fund dollars. Minnesota Statutes section 214.06, subdivision 1(a) requires the Board to collect fees in the amount sufficient to cover direct and indirect expenditures. Funds are deposited as non-dedicated revenue into the state government special revenue fund. From this fund, the Board receives a direct appropriation to pay for agency expenses such as salaries, rent, costs associated with disciplinary/contested cases and operating expenditures. It also pays statewide indirect costs through an open appropriation.

In addition to Board operations, licensure fees fund activities that support other boards and agencies. Some of these are: the Administrative Services Unit (inter-board), Health Professionals Services Program (inter-board), Prescription Monitoring Program (Pharmacy Board), Office of the Attorney General for legal services, and the Criminal Background Check Program (inter-board).

STRATEGIES

The Board's primary strategy is to promote adherence to state and federal laws and rules relating to the practice of pharmacy and the manufacture and distribution of drugs. Another, equally important strategy is to promote the adoption of cutting-edge standards of practice that go beyond the minimum requirements specified in the statutes and rules. The Board's activities can be divided into several areas of focus:

Licensing. Licensing is the Board's "foundation," on which most activities ultimately rest. The ability to issue licenses and registrations empowers the Board to inspect facilities, investigate complaints, and take disciplinary action when necessary. In addition, the Board is primarily funded by the licensing and registration fees that it collects. Most of the Board's staff members are involved in some aspect of the licensing process. Administrative staff members process applications and work with the National Association of Boards of Pharmacy to make sure that applicants for a pharmacist license have passed the required examinations. Compliance staff members conduct initial inspections of facilities before they are allowed to be licensed.

Compliance. Activities in this area can be further divided as follows:

- **Inspections.** The Board licenses or registers over 2,000 in-state pharmacies, drug wholesalers, drug manufacturers, medical gas distributors and controlled substance researchers. Each facility is inspected by a Board Surveyor before it can open. Subsequent, unannounced inspections are also periodically conducted.
- **Complaint Investigations.** The Board investigates every jurisdictional complaint it receives. A Board Surveyor visits the pharmacy in question, meets with pharmacy staff, reviews the policies and procedures of the pharmacy, and directs pharmacy staff to make necessary changes to policies and procedures. For cases involving certain issues, such as alleged physical or mental impairment of a licensee, the Board refers the matter to the Attorney General’s Office (AGO) for investigation. The Surveyor or the AGO Investigator issues a report which is reviewed by the Board’s Complaint Review Panel (CRP). CRP may dismiss the complaint if the allegations aren’t proven or may refer the matter on for discipline.
- **Discipline.** If either the CRP or the Board’s Executive Director (ED) determines that the evidence substantiates a serious violation of statutes or rules, the matter is turned into a disciplinary case. The ED works with the AGO to initiate the due process procedures that the Board must follow. The licensee or registrant is directed to appear before a Committee on Professional Standards, which weighs the available evidence. In most cases, if the Committee determines that discipline is warranted, it reaches a settlement agreement with the licensee or registrant. Such agreements, which must be approved by the full Board, usually involve the issuance of a disciplinary order which places limitations and conditions on the license or registration of the person or business that was investigated.
- **Consultations.** The Executive Director, Deputy Director, and Board Surveyors are licensed pharmacists with, collectively, nearly 200 years of experience working in a variety of pharmacy settings. As such, their advice is sought on a daily basis by pharmacists and other licensees and registrants. The ED, DD and Surveyors provide consultations on issues that are often extremely technical and complex. The goal of all consultations is to promote both adherence to laws and rules and the adoption of cutting-edge standards of practice and technology that help protect the health, welfare, and safety of citizens.

Policy, Regulatory and Legislative Activities. As new standards of practice emerge and new technologies are developed, the Board and its staff work to update guidances, rules, and statutes. Guidances help licensees and registrants use new technologies and procedures in a way that best promotes the health, welfare, and safety of citizens. As new technologies and standards of practice become more broadly accepted, the Board will promulgate rules, as necessary, to replace the guidances or propose statutory changes. In addition, Board staff very frequently provide technical assistance to legislators and their staff on a variety of issues concerning pharmacy and drugs. The Board also works on policy issues with other local, state, and federal agencies, including local law enforcement agencies, county attorneys, the state Departments of Human Services and Health, the Minnesota Pollution Control Agency, the Bureau of Criminal Apprehension, the U.S. Drug Enforcement Administration, and the U.S. Food and Drug Administration.

Services for the General Public. Board staff provides direct services to the public. Staff provide information to the public in response to inquiries concerning the legal requirements and standards for pharmacy practice. The public can use the Board’s online license verification system to verify that individuals and businesses are licensed by the Board and to determine if any disciplinary action has been taken against a licensee or registrant. The Board provides free copies of disciplinary orders to the public upon request.

Prescription Monitoring Program. The purpose of the Prescription Monitoring Program (PMP) is to promote public health, safety, and welfare by detecting abuse or misuse of controlled substances— drugs that have a high potential for abuse and addiction, such as narcotics and stimulants. The PMP collects information concerning controlled substance prescriptions dispensed for people residing in Minnesota. Prescribers, pharmacists, and certain Medicaid staff can access this data through a secure online system. The PMP is a tool that these authorized users can employ in order to detect if a patient is obtaining prescriptions from multiple prescribers and

having them filled by multiple pharmacies. The Board encourages prescribers and pharmacists who identify individuals who appear to be engaged in such an activity to refer them for appropriate care – either chemical dependency treatment or pain management. Law enforcement officials can obtain data from the system as well, but only after obtaining a court-issued search warrant and serving it on the Board.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Percentage of in-state facility inspections completed annually	17.1%	19.3%	FY 2017 FY 2018
Quality	Percentage of complaints investigated and resolved within 12 months	68.1%	76.8%	FY 2018 FY 2019
Results	Number of individuals who receive prescriptions from five or more prescribers and have them filled at five or more pharmacies within a three-month period of time	637	556	7/1/2018 – 12/31/2018 7/1/2019 – 12/31/2019

Sections of MN Statutes Chapters 151 (<https://www.revisor.mn.gov/statutes/?id=151>), 152 (<https://www.revisor.mn.gov/statutes/?id=152>) and 214 (<https://www.revisor.mn.gov/statutes/?id=214>) provide the Board of Pharmacy with legal authority to carry out its duties.

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<u>Expenditures by Fund</u>						
1000 - General			87	283		
1201 - Health Related Boards	3,105	3,181	3,833	4,836	4,338	4,338
2000 - Restrict Misc Special Revenue	12	17	14	66	16	16
2001 - Other Misc Special Revenue				365	365	365
2005 - Opiate Epidemic Response				126	126	126
2360 - Health Care Access				76	76	76
3000 - Federal	131	109	321	542	220	
Total	3,248	3,307	4,256	6,294	5,141	4,921
Biennial Change				3,995		(488)
Biennial % Change				61		(5)

Expenditures by Program

Pharmacy Board	3,248	3,307	4,256	6,294	5,141	4,921
Total	3,248	3,307	4,256	6,294	5,141	4,921

Expenditures by Category

Compensation	2,491	2,600	2,828	2,947	3,004	3,016
Operating Expenses	753	705	1,426	3,337	2,127	1,895
Other Financial Transaction	4	2	2	10	10	10
Total	3,248	3,307	4,256	6,294	5,141	4,921

Full-Time Equivalent

	19.82	20.36	21.30	21.10	21.00	21.00
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Pharmacy, Board of

Agency Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
1000 - General						
Balance Forward In				283		
Direct Appropriation			370			
Balance Forward Out			283			
Expenditures			87	283		
Biennial Change in Expenditures				370		(370)
Biennial % Change in Expenditures						(100)
Full-Time Equivalents			0.44			

1201 - Health Related Boards

Balance Forward In		117		495		
Direct Appropriation	3,164	3,243	4,307	4,341	4,338	4,338
Open Appropriation		23	15			
Transfers In	58		6			
Transfers Out	1					
Cancellations		202				
Balance Forward Out	117		494			
Expenditures	3,105	3,181	3,833	4,836	4,338	4,338
Biennial Change in Expenditures				2,384		7
Biennial % Change in Expenditures				38		0
Full-Time Equivalents	19.49	19.31	20.49	20.75	21.00	21.00

2000 - Restrict Misc Special Revenue

Balance Forward In		1	3	4	4	4
Receipts	13	18	16	66	16	16
Balance Forward Out	1	3	4	4	4	4
Expenditures	12	17	14	66	16	16
Biennial Change in Expenditures				51		(48)
Biennial % Change in Expenditures				177		(60)
Full-Time Equivalents			0.04	0.10		

2001 - Other Misc Special Revenue

Receipts				365	365	365
Expenditures				365	365	365

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Biennial Change in Expenditures				365		365
Biennial % Change in Expenditures						

2005 - Opiate Epidemic Response

Direct Appropriation				126	126	126
Expenditures				126	126	126
Biennial Change in Expenditures				126		126
Biennial % Change in Expenditures						

2360 - Health Care Access

Direct Appropriation				76	76	76
Expenditures				76	76	76
Biennial Change in Expenditures				76		76
Biennial % Change in Expenditures						

3000 - Federal

Balance Forward In	1	1	1	1	1	1
Receipts	131	108	320	542	220	
Balance Forward Out	1		1	1	1	1
Expenditures	131	109	321	542	220	
Biennial Change in Expenditures				622		(643)
Biennial % Change in Expenditures				259		(75)
Full-Time Equivalents	0.33	1.05	0.33	0.25		

(Dollars in Thousands)

	FY21	FY22	FY23	Biennium 2022-23
Direct				
Fund: 1201 - Health Related Boards				
FY2021 Appropriations	4,341	4,341	4,341	8,682
Base Adjustments				
Current Law Base Change		(3)	(3)	(6)
Forecast Base	4,341	4,338	4,338	8,676
Fund: 2005 - Opiate Epidemic Response				
FY2021 Appropriations	126	126	126	252
Forecast Base	126	126	126	252
Fund: 2360 - Health Care Access				
FY2021 Appropriations	76	76	76	152
Forecast Base	76	76	76	152
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Planned Spending	66	16	16	32
Forecast Base	66	16	16	32
Fund: 2001 - Other Misc Special Revenue				
Planned Spending	365	365	365	730
Forecast Base	365	365	365	730
Fund: 3000 - Federal				
Planned Spending	542	220		220
Forecast Base	542	220		220
Revenue Change Summary				
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Forecast Revenues	66	16	16	32
Fund: 2001 - Other Misc Special Revenue				
Forecast Revenues	365	365	365	730
Fund: 3000 - Federal				
Forecast Revenues	542	220		220

(Dollars in Thousands)

	FY21	FY22	FY23	Biennium 2022-23
<i>Non-Dedicated</i>				
Fund: 1201 - Health Related Boards				
Forecast Revenues	3,305	3,305	3,305	6,610
Fund: 2005 - Opiate Epidemic Response				
Forecast Revenues	13,675	13,675	13,675	27,350