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Board of Pharmacy

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<https://mn.gov/boards/pharmacy/>

AT A GLANCE

Board Members and Staff (as of 7/1/2024)

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

Licenses & Registrations Issued (as of 7/1/2024)

- 21,216 individuals
- 4,168 businesses

Inspections (for FY 2023 and 2024)

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

Complaint & Discipline (for FY 2023 and 2024)

- 349 new jurisdictional complaints received
- 252 jurisdictional complaints resolved
- 67 disciplinary actions taken

Prescription Monitoring Program (PMP) (for calendar year 2023)

- 6.57 million controlled substance prescriptions reported to Prescription Monitoring Program (PMP)
- 29,196 enrolled PMP Users (~15% increase since calendar year 2021)
- 5,994,888 million database queries (~46% increase since calendar year 2021)

PURPOSE

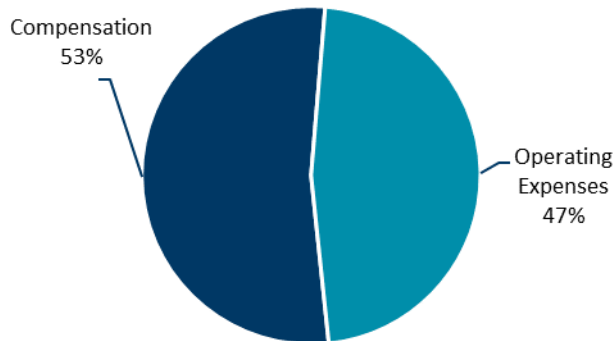
The Board's mission is to preserve and protect the public health, safety, and welfare of Minnesotans by promoting the safe distribution of pharmaceuticals and the provision of quality pharmacy care.

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 Insulin Safety Net Program.

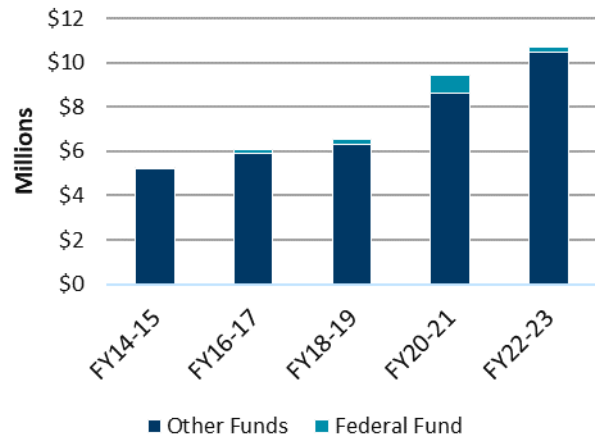
BUDGET

**Spending by Category
FY 2023 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 manufacturing 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 in-state pharmacy 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 daily 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 guidance, rules, and statutes. Guidance helps 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 guidance 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 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

Measure name	Measure type	Measure data source	Historical trend	Most recent data
In-state pharmacy inspections completed	Quantity	MN Board of Pharmacy Licensing Data	18.2% for FY 2023	28.7% for FY 2024
Complaints investigated and resolved within 12 months	Quality	MN Board of Pharmacy Complaint Data	73.2% for FY 2023	61.6% for FY 2024*
Individuals who receive prescriptions from five or more prescribers and have them filled at five or more pharmacies within a three-month period	Results	MN Prescription Monitoring Program	87 for 1/1/2022 – 3/31/2022	95 for 1/1/2023 – 3/31/2023

*As of the writing of this report, 12 months have not yet passed for most complaints received in fiscal year 2024 (7/1/2023 to 6/30/2024).

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 FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base		Governor's Recommendation	
					FY26	FY27	FY26	FY27

Expenditures by Fund

1000 - General			699	1,737	468	468	468	468
1201 - Health Related Boards	4,025	4,511	4,536	5,923	5,083	5,083	6,280	6,280
2000 - Restrict Misc Special Revenue	42	26	25	107	108	111	108	111
2001 - Other Misc Special Revenue	607	1,025	1,086	345	173		173	
2005 - Opiate Epidemic Response	66	156	151	205	126	126	126	126
2360 - Health Care Access		1	0	114				
3000 - Federal	220	3	0	857	692		692	
Total	4,961	5,721	6,497	9,288	6,650	5,788	7,847	6,985
Biennial Change				5,104		(3,347)		(953)
Biennial % Change				48		(21)		(6)
Governor's Change from Base								2,394
Governor's % Change from Base								19

Expenditures by Program

Pharmacy Board	4,961	5,721	6,497	9,288	6,650	5,788	7,847	6,985
Total	4,961	5,721	6,497	9,288	6,650	5,788	7,847	6,985

Expenditures by Category

Compensation	2,846	3,037	3,164	3,729	3,358	3,401	4,154	4,197
Operating Expenses	2,114	2,682	3,312	5,553	3,286	2,381	3,687	2,782
Other Financial Transaction	0	1	21	6	6	6	6	6
Total	4,961	5,721	6,497	9,288	6,650	5,788	7,847	6,985

Full-Time Equivalents

	20.76	23.14	21.65	26.09	22.14	22.04	27.14	27.04
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(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY22	FY23	FY24	FY25	FY26	FY27	FY26	FY27
1000 - General								
Balance Forward In				1,269				
Direct Appropriation			1,968	468	468	468	468	468
Balance Forward Out			1,269					
Expenditures			699	1,737	468	468	468	468
Biennial Change in Expenditures				2,436		(1,500)		(1,500)
Biennial % Change in Expenditures						(62)		(62)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents			0.02	0.10	0.10	0.10	0.10	0.10

1201 - Health Related Boards

Balance Forward In		637		690				
Direct Appropriation	4,403	4,403	5,226	5,233	5,083	5,083	6,280	6,280
Transfers Out		75						
Cancellations		454						
Balance Forward Out	378		690					
Expenditures	4,025	4,511	4,536	5,923	5,083	5,083	6,280	6,280
Biennial Change in Expenditures				1,923		(293)		2,101
Biennial % Change in Expenditures				23		(3)		20
Governor's Change from Base								2,394
Governor's % Change from Base								24
Full-Time Equivalents	19.75	21.44	19.48	23.55	20.00	20.90	25.00	25.90

2000 - Restrict Misc Special Revenue

Balance Forward In	8	9	9	3	166	328	166	328
Receipts	40	17	19	320	320	320	320	320
Transfers In				184	188	191	188	191
Transfers Out				234	238	241	238	241
Balance Forward Out	5		3	166	328	487	328	487
Expenditures	42	26	25	107	108	111	108	111
Biennial Change in Expenditures				64		87		87
Biennial % Change in Expenditures				94		66		66
Governor's Change from Base								0

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26 FY27		Governor's Recommendation FY26 FY27	
Governor's % Change from Base								0
Full-Time Equivalents	0.26			0.09	0.09	0.09	0.09	0.09

2001 - Other Misc Special Revenue

Receipts	607	1,025	1,086	345	173		173	
Expenditures	607	1,025	1,086	345	173		173	
Biennial Change in Expenditures				(201)		(1,258)		(1,258)
Biennial % Change in Expenditures				(12)		(88)		(88)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents		0.71	1.35	1.40	1.00		1.00	

2005 - Opiate Epidemic Response

Balance Forward In	40	101	104	79				
Direct Appropriation	126	126	126	126	126	126	126	126
Balance Forward Out	100	72	79					
Expenditures	66	156	151	205	126	126	126	126
Biennial Change in Expenditures				134		(104)		(104)
Biennial % Change in Expenditures				60		(29)		(29)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	0.75	0.99	0.80	0.95	0.95	0.95	0.95	0.95

2360 - Health Care Access

Balance Forward In		76		76				
Direct Appropriation	76	76	76	38	0	0	0	0
Cancellations		151						
Balance Forward Out	76		76					
Expenditures		1	0	114				
Biennial Change in Expenditures				114		(114)		(114)
Biennial % Change in Expenditures						(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY22	FY23	FY24	FY25	FY26	FY27	FY26	FY27

3000 - Federal

Receipts	220	3	0	857	692		692	
Expenditures	220	3	0	857	692		692	
Biennial Change in Expenditures				634		(165)		(165)
Biennial % Change in Expenditures				285		(19)		(19)
Governor's Change from Base								0
Governor's % Change from Base								

(Dollars in Thousands)

	FY25	FY26	FY27	Biennium 2026-27
Direct				
Fund: 1000 - General				
FY2025 Appropriations	468	468	468	936
Forecast Base	468	468	468	936
Total Governor's Recommendations	468	468	468	936
Fund: 1201 - Health Related Boards				
FY2025 Appropriations	5,233	5,233	5,233	10,466
Base Adjustments				
Current Law Base Change		(150)	(150)	(300)
Forecast Base	5,233	5,083	5,083	10,166
Change Items				
Operating Adjustment		905	905	1,810
Sustain Prescription Monitoring Program		150	150	300
Additional Staff Capacity		142	142	284
Total Governor's Recommendations	5,233	6,280	6,280	12,560
Fund: 2005 - Opiate Epidemic Response				
FY2025 Appropriations	126	126	126	252
Forecast Base	126	126	126	252
Total Governor's Recommendations	126	126	126	252
Fund: 2360 - Health Care Access				
FY2025 Appropriations	38	38	38	76
Base Adjustments				
Current Law Base Change		(38)	(38)	(76)
Forecast Base	38			
Total Governor's Recommendations	38			
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Planned Spending	107	108	111	219
Forecast Base	107	108	111	219
Total Governor's Recommendations	107	108	111	219
Fund: 2001 - Other Misc Special Revenue				
Planned Spending	345	173		173
Forecast Base	345	173		173
Total Governor's Recommendations	345	173		173

(Dollars in Thousands)

	FY25	FY26	FY27	Biennium 2026-27
Fund: 3000 - Federal				
Planned Spending	857	692		692
Forecast Base	857	692		692
Total Governor's Recommendations	857	692		692
Revenue Change Summary				
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Forecast Revenues	320	320	320	640
Total Governor's Recommendations	320	320	320	640
Fund: 2001 - Other Misc Special Revenue				
Forecast Revenues	345	173		173
Total Governor's Recommendations	345	173		173
Fund: 3000 - Federal				
Forecast Revenues	857	692		692
Total Governor's Recommendations	857	692		692
Non-Dedicated				
Fund: 1201 - Health Related Boards				
Forecast Revenues	5,027	5,027	5,027	10,054
Total Governor's Recommendations	5,027	5,027	5,027	10,054
Fund: 2005 - Opiate Epidemic Response				
Forecast Revenues	13,046	13,046	13,046	26,092
Total Governor's Recommendations	13,046	13,046	13,046	26,092

Board of Pharmacy

FY 2026-27 Biennial Budget Change Item

Change Item Title: Operating Adjustment

Fiscal Impact (\$000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	905	905	905	905
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	905	905	905	905
FTEs	4	4	4	4

Recommendation:

The Governor recommends additional funding of \$905,000 in FY 2026 and \$905,000 in each subsequent year from the general fund to help address operating cost increases at the Minnesota Board of Pharmacy (the Board).

Rationale/Background:

The cost of operations rises each year due to increases in employer-paid health care contributions, FICA and Medicare, along with other salary and compensation-related costs. Other operating costs, like rent and lease, fuel and utilities, and IT and legal services also grow. This cost growth puts pressure on agency operating budgets that remain flat year to year.

Agencies face challenging decisions to manage these rising costs within existing budgets, while maintaining the services Minnesotans expect. From year to year, agencies find ways to become more efficient with existing resources. For FY 2026-27, agencies will need to continue to find additional efficiencies and leverage management tools to help address budget pressures. Holding open vacancies in certain programs or delaying hiring in other programs are examples of ways agencies manage through constrained operating budgets. Such decisions are difficult and must be weighed against a program's ability to conduct business with less staffing and its impact to service delivery.

This recommendation provides additional resources to help address these cost pressures and pay for agency operations.

Proposal:

The Governor recommends increasing agency operating budgets to support current services. For the Board, this funding will help cover expected growth in employee compensation and insurance, IT services, and other operating costs.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
State Government Special Revenue	905	905	1,810	905	905	1,810
Total All Funds	905	905	1,810	905	905	1,810

Fund	Component Description	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
SGSR	Compensation	654	654	1,308	654	654	1,308
SGSR	IT	151	151	302	151	151	302
SGSR	Other Operating Costs	100	100	200	100	100	200

Results:

This recommendation is intended to help the Board of Pharmacy address rising cost pressures and mitigate impacts to current levels of service and information to the public.

Board of Pharmacy

FY 2026-27 Biennial Budget Change Item

Change Item Title: PhARMA vs. Williams Legal Costs

Fiscal Impact (\$000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
FTEs	0	0	0	0

Recommendation:

The Governor recommends extending the funding to the Board of Pharmacy (the Board) from the general fund for ongoing legal costs in the PhARMA vs. Williams lawsuit until June 30, 2027. The Board was originally given a one-time appropriation of \$1.5 million in FY 2024, currently set to expire June 30, 2025. The litigation is currently expected to continue into FY2027, and the Board's base budget will not cover the expected costs.

Rationale/Background:

The PhARMA vs. Williams lawsuit over the Insulin Safety Net Program has been ongoing since 2020. The Board does not normally receive appropriations from the general fund, but these legal costs are too high for the Board to cover with its base budget in the state government special revenue fund. The Attorney General's office anticipates the need for three expert witnesses to testify in FY 2026, with an anticipated estimated cost of \$750,000.

In FY2024, the Board spent roughly \$246,000 of the original \$1.5 million, and as of January 2025, the Board has spent an additional \$56,000, leaving nearly \$1.2 million currently set to expire at the end of FY 2025.

Proposal:

The Governor recommends extending the availability of the remaining funds appropriated to the Board to cover costs associated with the PhARMA vs. Williams litigation. This is not a recommendation for additional funding, only to allow the Board to continue using what remains of the original appropriation through the end of FY 2027.

Dollars in Thousands

Net Impact by Fund	FY 25	FY 26	FY 27	FY 25-27	FY 28	FY 29	FY 28-29
General Fund	0	0	0	0	0	0	0
Total All Funds	0	0	0	0	0	0	0

Fund	Component Description	FY 25	FY 26	FY 27	FY 25-27	FY 28	FY 29	FY 28-29
GF	Est. Unexpended Appropriation	(1,200)	0	0	(1,200)	0	0	0
GF	Extended Appropriation	1,200	0	0	1,200	0	0	0

Impact on Children and Families:

This recommendation will not have a direct impact on children and families, but this funding will allow the Board to continue its current operations to protect Minnesotan families while carrying the costs of the litigation.

Equity and Inclusion:

This recommendation will not have a direct impact on equity and inclusion, but will allow the Board to continue its current operations to protect all Minnesotans.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐ Yes

☒ No

Results:

There are no results tied directly to this recommendation.

Statutory Change(s):

Minnesota Session Law 2024, Chapter 127, Article 67, section 4A

Board of Pharmacy

FY 2026-27 Biennial Budget Change Item

Change Item Title: Sustain Prescription Monitoring Program

Fiscal Impact (\$000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	150	150	150	150
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	150	150	150	150
FTEs	0	0	0	0

Recommendation:

The Governor recommends additional funding of \$150,000 in FY 2026 and \$150,000 in each subsequent year from the state government special revenue fund for the Minnesota Board of Pharmacy (the Board) to maintain the Prescription Monitoring Program (PMP).

Rationale/Background:

The Minnesota PMP is a clinical tool intended to aid prescribers and pharmacists when providing controlled substances to their patients. It is collectively funded by the health-related licensing boards proportionate to the number of prescribers or dispensers licensed by each board. The Board of Pharmacy manages the expenditures for its the system maintenance, support, IT costs, as well as staff salaries. Due to rising costs and limited grant funding available, the Board will need an increase in spending authority to maintain the same level of features and access to the PMP.

The Legislature established the PMP in 2009 and required the Board to implement and maintain the electronic reporting system. In the last decade, significant measures have been taken to address the opioid epidemic, both federally and at the state level. Beginning in FY 2018, the Legislature required prescribers and pharmacists register and maintain a PMP account. In 2021, the Legislature required prescribers to access the PMP prior to prescribing opiates or if their patient is participating in medically assisted treatment for opioid addiction.

Historically, prescribers and pharmacists were required to leave their clinical workflow, access a separate website, login in with their credentials, manually enter a patient's name and date of birth, and review/analyze the results. With technological advancements, it is now possible for a prescriber or pharmacist to access the PMP, with one-click, from within the patient's electronic medical record or the pharmacy's dispensing system. This one-click access is made possible using Bamboo Health's solution called PMP Gateway. Since the Board's first purchase of a statewide license in the late summer of 2020, the percent of searches performed through Gateway increased from 18.7% in 2019 to 74% in 2023. The Board has utilized grant funds from the federal government and state partners to purchase this statewide PMP Gateway license each year since the fall of 2020. However, grant funding is not a sustainable method for continuing to fund integrated access. With the uncertainty of future grant funding, it may be necessary to either purchase the statewide license not renew the license. The lack of a statewide license will be more burdensome to those healthcare facilities with less ability to absorb additional costs in their budgets.

Proposal:

The Governor recommends increasing the Board's appropriation to sustainably fund the Prescription Monitoring Program. This funding would allow the Board to continue renewing the statewide license to maintain its current services, while keeping administrative burden lower for the Board and healthcare facilities and providers.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
State Government Special Revenue	150	150	300	150	150	300
Total All Funds	150	150	300	150	150	300

Fund	Component Description	FY 26	FY 27	FY 25-27	FY 28	FY 29	FY 28-29
SGSR	IT Costs	150	150	300	150	150	300

Impact on Children and Families:

This proposal has no direct impact, either positive or negative children and families. The groups in question would be no more likely (or less likely) to see a decrease in service as compared to the general population.

Equity and Inclusion:

This proposal enables the Board to facilitate the integration of MN PMP reports into clinical software by removing initiation and recurring fees for MN healthcare facilities. This removes a potential barrier to healthcare facilities otherwise not able to afford the associated fees to utilize the PMP Gateway product and thus decreases disparities.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐ Yes
☒ No

IT Costs:

Category	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
Payroll						
Professional/Technical Contracts	\$150K	\$150K	\$155K	\$155K	\$160K	\$160K
Infrastructure						
Hardware						
Software						
Training						
Enterprise Services						
Staff costs (MNIT or other agency)						
Total	\$150K	\$150K	\$155K	\$155K	\$160K	\$160K
MNIT FTEs	0	0	0	0	0	0
Agency FTEs						

Results:

Performance measures will be used to assess the impact of the proposal. The impact of continuing to purchase a statewide license is expected to show a continued increase in the overall utilization of the MN PMP by way of the amount of total searches performed and the ratio of PMP searches performed through integrated access as well as the number of healthcare entities with integrated access enabled. Performance measures include assessing the type of provider performing the search (e.g., nurse practitioner, physician assistant, etc.) and the volume of searches performed. By means of comparison, the volume of searches performed through the web portal or through use of a delegate will also be assessed.

If the statewide license is unable to be renewed, the utilization of the PMP is expected to decrease overall.

Measure	Measure type	Measure data source	Most recent data	Projected change
Total amount of searches patient searches performed by MN PMP users	Quantity	Vendor maintained database of searches	https://mn.gov/boards/pharmacy-pmp/reports/	Continued increase

Statutory Change(s):

N/A

Board of Pharmacy

FY 2026-27 Biennial Budget Change Item

Change Item Title: Additional Staff Capacity

Fiscal Impact (\$000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	142	142	142	142
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	142	142	142	142
FTEs	1	1	1	1

Recommendation:

The Governor recommends increased funding of \$142,000 in FY 2026 and \$142,000 in each subsequent year from the state government special revenue fund for the Minnesota Board of Pharmacy (the Board) to increase its administrative capacity by filling a new investigator position.

Rationale/Background:

The Board's workload has increased over the past decade, as has the number of complaints the Board receives. Presently, the Board's pharmacy surveyors are responsible for conducting in-state facility inspections as well as performing complaint investigations. However, not all the complaints received by the Board are clinical in nature or necessitate investigation by a licensed pharmacist. Hiring a non-clinical investigator would allow the Board to build out its compliance/enforcement unit and increase its investigative efficiency.

The intent is to increase the rate of completion of complaints investigated and resolved within 12 months. A secondary goal is to increase the number of in-state inspections completed by pharmacy surveyors on an annual basis.

Proposal:

The Governor recommends increasing the Board's appropriation to hire a new investigator, who will be responsible for investigating alleged violations of the statutes administered by the Board of Pharmacy and preparing cases for the Board's Complaint Review Panel and Committee on Professional Standards. The individual will need to conduct interviews, gather relevant evidence, draft subpoenas, prepare final summary reports on investigations, and assist in the training of new employees to ensure professional development and competency in performing assignments.

Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
State Government Special Revenue	142	142	284	142	142	284
Total All Funds	142	142	284	142	142	284

Fund	Component Description	FY 26	FY 27	FY 25-27	FY 28	FY 29	FY 28-29
SGSR	Compensation	142	142	284	142	142	284

Impact on Children and Families:

This recommendation would not have a direct impact on children and families, but would allow the Board to fulfill its regulatory responsibilities to protect Minnesotan children and families more efficiently and effectively.

Equity and Inclusion:

This recommendation would not have a direct impact on equity and inclusion, but would allow the Board to fulfill its regulatory responsibilities to protect all Minnesotans more efficiently and effectively.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

☐ Yes
☒ No

Results:

The primary goal of hiring an Investigator Senior is to increase completion and resolution of complaint investigations by the Board of Pharmacy. By offloading non-clinical complaints or those that necessitate completion by a licensed pharmacist to this new position, a secondary goal is to increase the percentage of in-state pharmacy inspections completed.

Measure name	Measure type	Measure data source	Most recent data	Projected change
Complaints investigated and resolved within 12 months	Quality	MN Board of Pharmacy Complaint Data	61.6% for FY 2024*	Goal: >70%
In-state pharmacy inspections completed	Quantity	MN Board of Pharmacy Licensing Data	28.7% for FY 2024	Goal: >50%

*As of this publication, 12 months have not passed for the majority of complaints received in fiscal year 2024 (7/1/2023 to 6/30/2024).

Part B: Use of Evidence

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal? If so, please briefly describe the evaluation.
 - a. No
2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.
 - ☐ No formal evaluation planned at this time
 - ☒ Not yet determined
 - ☐ Needs Assessment
 - ☐ Process or Implementation Evaluation
 - ☐ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)

- ___ Summative Evaluation other than an Impact Evaluation
- ___ Other (please describe or link):

Statutory Change(s):

If approve, the proposal does not require a statutory change.

Board of Pharmacy

Federal Funds Summary

(Dollars in Thousands)

Federal Agency and ALN	Federal Grant Name Brief Purpose	FY 2024 Actual	FY 2025 Budget	FY 2026 Base	FY 2027 Base	Required State Match or MOE?	FTEs
U.S Department of Justice Office of Justice Programs 16.754	2021 Harold Rogers Prescription Drug Monitoring Program - Further enhancement of the MN Prescription Monitoring Program.	\$ -	\$ 857	\$ 692		No	-
	Federal Fund – Agency Total	\$ -	\$ 857	\$ 692	\$ -		-

Narrative

2021 Harold Rogers Prescription Drug Monitoring Program:

Funds were awarded to ensure continued and accurate use of the system; to travel to mandatory meetings as required by the grant conditions; to investigate and identify an effective, low-cost method to boost clinician engagement; and to continue and increase the availability of integrated, one-click access to the MN Prescription Monitoring Program (MN PMP). Integrated access allows authorized users to view patient reports from within their clinical workflow, without having to navigate to a separate website, login, and manually enter patient search criteria. This has a two-fold effect of saving clinicians time as well as increasing the utilization of the MN PMP. Estimates are based on usual travel expenditures, cost of statewide integration license, and anticipated cost of study analysis.