

**MINNESOTA BOARD OF PHARMACY
BIENNIAL REPORT
JULY 1, 2000 TO JUNE 30, 2002**

I. GENERAL INFORMATION

A. Board Mission and Major Functions

Board of Pharmacy Mission

The mission of the Minnesota Board of Pharmacy is to promote, preserve, and protect the public health, safety, and welfare by fostering the provision of quality pharmaceutical care to the citizens of Minnesota, through the regulation of: the practice of pharmacy; the operation of pharmacies; and the distribution of prescription drugs in the public interest.

Board of Pharmacy Functions

Setting educational and examination standards for initial and continuing licensure; and administering clinical portions of the examinations.

- Reviewing pharmacy related functions and required knowledge, skills and abilities to aid in determining what requirements to set for initial and continuing licensure.
- Setting licensure and internship requirements through the rules process.
- Reviewing academic programs to determine if they meet requirements.
- Developing and administering the state's practical examination to determine candidate ability to apply didactic knowledge to the clinical setting.
- Developing the state's jurisprudence examination to determine candidate knowledge of Minnesota statutes and rules governing pharmacy practice.
- Reviewing continuing education programs submitted by sponsors and individuals to determine if they meet requirements.
- Reviewing individual applicant/licensee documentation of completion of requirements for initial and continuing licensure.

Conducting unannounced inspections of all pharmacies, drug wholesale houses and drug manufacturers in the state.

- Inspect all pharmacies located in the state of Minnesota to assure compliance with all statutes and rules relating to prescription drug distribution and the provision of pharmaceutical care.
- Inspect all wholesalers located in the state of Minnesota to assure compliance with all statutes and rules relating to the storage and distribution of prescription and non-prescription drugs.
- Inspect all manufacturers located in the state of Minnesota to assure compliance with Good Manufacturing Practices Standards.

Promptly responding to public and agency inquiries, complaints, and reports regarding licensure and conduct of applicants, registrants, and licensees.

- Accepting complaints and reports from the public and health care providers and regulators.
- Deciding whether a complaint or inquiry is jurisdictional and, if so, whether and what type of action to pursue to resolve the matter.
- Referring inquiries and complaints to other investigative, regulatory, or assisting agencies.
- Responding to complainants and agency reports by informing the complainants/agencies of action taken to resolve their complaints, while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceeding.

Setting standards of practice and conduct for licensees and pursuing educational or disciplinary action with licensees, to ensure that standards are met.

- Setting standards of conduct and a basis for disciplinary action through the rules process.
- Seeking information directly from the licensee and securing investigation and fact-finding information from other agencies in response to complaints or inquiries.
- Holding conferences with licensees to identify their role and responsibility in a matter under investigation.
- Providing applicant and licensees education to improve practice and prevent recurrence of problems.
- Obtaining voluntary agreement to disciplinary action or pursuing disciplinary action through a due process, contested case hearing, and potential court action.
- Referring cases, where appropriate, to the Health Professional Services Program.

Providing information and education about licensure requirements, standards of practice, and Minnesota drug law to the public and to other interested audiences.

- Providing information to the pharmacy community concerning requirements for licensure.
- Providing information to licensees to prevent inappropriate practice and to improve the practice of pharmacy.
- Providing the public with information about pharmacy services and drug use issues through telephone, written, and e-mail communications.
- Providing the public and licensees access to a wide variety of pharmacy related information sources through our web site.

B. Major activities during the biennium.

The board accomplished the following major activities during the biennium:

- Continuous updating of a web site to provide information about the board and its various functions for access by the public, applicants for licensure, and licensees of the board. The site provides links to other sites, in state and federal government, to help persons interested in finding appropriate pharmacy services and to inform them of how to pursue complaints or concerns about their prescriptions. It also provides a variety of forms that the public, applicants for licensure, and licensees of the board can download.
- Work on revision of board rules relating to standards of practice for pharmacists.
- Updated an item pool of 2,000+ questions for the Multistate Pharmacy Jurisprudence Examination/Minnesota.
- Completed development of a disciplinary database system.

C. Emerging issues regarding the regulation of the practice of Pharmacy.

Emerging issues regarding the regulation of the practice of Pharmacy

- **Pharmacy manpower** – The profession of pharmacy is currently faced with a significant shortage of licensed practitioners. A recent study by the University of Minnesota College of Pharmacy estimates that there are currently 200 to 400 unfillable vacancies for pharmacists in Minnesota. As the baby boomers begin to approach age 55+ and begin to use more prescription drugs the demand for pharmacists will increase. It is estimated that the current nationwide prescription volume will double in the next five years while the number of pharmacists will increase by only 15 %. To address this issue, the College of Pharmacy at the University of Minnesota obtained funding to open a satellite college of pharmacy at UMD. This will increase the number of graduating students from the current figure of 100 to a figure of 150. The Board has already taken steps to streamline the licensing process for both new graduates and pharmacists from other states. The Board of Pharmacy supports the effort by the college of pharmacy in increasing the supply of graduates entering the profession.
- **Rural Pharmacy Initiatives** – Studies by the University of Minnesota College of Pharmacy, using Board of Pharmacy data, have shown that pharmacy services to rural Minnesota may soon be facing a crisis. Two factors are responsible for this looming problem. First, the study has shown that in many rural counties in Minnesota the average age of the pharmacists practicing in those counties is 60+. As these pharmacists begin to retire it will be crucial to find younger pharmacists to replace them. The current pharmacist shortage makes this very difficult. Second, pressure from 3rd party insurance plans to continually reduce the margins on prescription dispensing make owning a pharmacy less and less profitable and make it less likely that independent pharmacy owners in rural counties will be able to attract a buyer for their pharmacies when they retire. As a result, many rural communities may find themselves without pharmacy services in the next few years. The Board is working with and is supportive of the Minnesota Pharmacists Association in its legislative initiatives to address this issue.

II. BOARD'S MEMBER, STAFF, AND BUDGET

A. Board Composition:

Statute requires the Board to have seven members. The names of the people appointed, by the Governor, for staggered four-year terms, as of June 30, 2002, are:

NAME	RESIDENCE	PHARMACIST/PUBLIC MEMBER
Thomas Dickson	Proctor, MN	Pharmacist Member
Gary Schneider	Plymouth, MN	Pharmacist Member
Jean Lemberg	Arden Hills, MN	Public Member
Carol Peterson	Owatonna, MN	Public Member
Vernon Kassekert	White Bear Lake, MN	Pharmacist Member
Charles Cooper	Eagan, MN	Pharmacist Member
Betty Johnson	Elbow Lake, MN	Pharmacist Member

B. Employees

The Board has ten full-time and one part-time positions. They are a full-time executive director, full-time office manager, five full-time pharmacy surveyors, and three and a half clericals.

C. Receipts, disbursements, and major fees assessed by the Board.

ITEM	FY 2001	FY 2002
Receipts	\$1,200,000	\$1,254,000
Disbursements	\$1,016,000	\$1,033,000

FEE NAME	FEE AMOUNT
Pharmacist Renewal	\$105.00
Practical Examination Application	\$125.00
Original Licensure	\$105.00
Reciprocity Application	\$205.00
Pharmacy New and Renewal	\$165.00
Wholesaler New & Renew-Prescription and Controlled Substance	\$180.00
Wholesaler - Non-Prescription and Veterinary Non-Prescription	\$155.00
Wholesaler - Medical Gases	\$130.00
Wholesaler - When licensed as a MN Pharmacy	\$105.00
Manufacturer - Prescription and	\$180.00

Controlled Substance	
Manufacturer - Non-Prescription and Veterinary Non-Prescription	\$155.00
Manufacturer -- Medical Gases	\$130.00
Manufacturer -- When licensed as a MN Pharmacy	\$105.00
Medical Gas Distributors	\$50.00
Controlled Substance Researchers	\$25.00
Interns	\$20.00
Technicians	\$20.00

III. LICENSING AND REGISTRATION

A. Licensees as of June 30, 2002

TYPE	NUMBER
Pharmacists – Active	5670
Pharmacists – Inactive	73
Pharmacists – Emeritus	110
Technicians	5354
Pharmacies	1409
Wholesalers	773
Manufacturers	239
Medical Gas Distributors	35
Controlled Substance Researchers	193
Interns	605
Preceptors	913

B. New Licensees issued during biennium

FY	BY EXAM	BY RECIPROCITY
2001	147	110
2002	212	75

IV. COMPLAINTS

A. Complaints Received

ITEM	FY 2001	FY 2002
1. Complaints Received	100	108
2. Complaints Per 1,000 Regulated Persons	8	8
3. Complaints by Type of Complaint		
A. Short counts	5	4
B. Dispensing error	51	53
C. Overcharging	0	1
D. Failed to counsel	2	1
E. Returned medications issue	0	2
F. No pharmacist on duty	1	0
G. Poor service to nursing home	2	0
H. Labeling error	4	2
I. Prescribing without authority	1	0
J. Pharmacist is acting inappropriately	1	0
K. Billing problem	2	6
L. Insurance coverage/delay in getting prescription	2	1
M. Nursing home kickback – attempt	1	2
N. Violation of privacy	3	4
O. Dispensing without a prescription	3	7
P. No counseling – also labeling error	1	0
Q. Drug contamination	1	0
R. Refusal to fill prescription	1	1
S. Refusal to give copy	1	3
T. Numerous problems	1	5
U. Faxing prescriptions	1	0
V. Failure to detect allergy	0	2
W. Technician filled prescription without pharmacist checking it – dispensing error	0	1
X. Unprofessional Conduct	8	4
Y. Discrimination	0	1
Z. Confrontation with pharmacist	0	4
AA. Generics	2	2
BB. Controlled substance record keeping	0	2
CC. Class II record keeping	0	1
DD. Breaking tablets	1	0
EE. Drug diversion	2	0
FF. Licensure issue	1	1
GG. Drug frozen	1	0

B. Open Complaints on June 30

ITEM	FY 2001	FY 2002
1. Complaints Open	23	21
2. Open Less Than 3 Months	5	9
3. Open 3 to 6 Months	10	8
4. Open 6 to 12 Months	8	4
5. Open More than 1 Year (Explain)	0	0

C. Closed Complaints on June 30 – We have not kept track of this information.

ITEM	FY 2001	FY 2002
1. Number Closed	82	87
2. Disposition by Type		
A. Revocation		
B. Voluntary Surrender		
C. Suspension	4	3
D. Restricted, Limited, or Conditional License	6	9
E. Civil Penalties		
F. Reprimand		
G. Agreement for Corrective Action		
H. Referral to HPSP	6	4
I. Dismissal or closure	66	71
3. Cases Closed That Were Open For More Than One Year (Explain)	0	0

V. TREND DATA AS OF JUNE 30

YEAR	PERSONS LICENSED	COMPLAINTS	COMPLAINTS PER 1,000 LICENSEES	OPEN CASES
2002	11024	108	10	21
2001	10169	100	10	23
2000	9495	75	8	13
1999	7863	60	8	7
1998	5388	67	12	?
1997	5216	71	14	?
1996	5185	90	17	?
1995	5078	79	16	?
1994	4832	66	14	?
1993	4762	74	16	?
1992	4750	61	13	?
1991	4690	41	9	?