



MINNESOTA BOARD OF PHARMACY

newsletter to promote pharmacy and drug law compliance

Disciplinary Actions

Because of space limitations, information on disciplinary actions is no longer included in the *Minnesota Board of Pharmacy Newsletter*. A document that provides information about recent Board disciplinary actions can be found on the Board's [website](#) under the "Resources/FAQs" menu item.

Board Member Appointments

Effective June 2, 2021, Governor Tim Walz reappointed **Rabih Nahas, RPh**, for a third term as a pharmacist member of the Board. Governor Walz also appointed **Ben Maisenbach, PharmD, RPh**, to the pharmacist member seat that had been occupied by **Andy Behm, PharmD, RPh**. The Board and its staff thank Dr Behm for his service to the public and the Board, congratulate Mr Nahas on his reappointment, and welcome Dr Maisenbach to the Board.

Mr Nahas is a licensed pharmacist with 30 years of experience in hospital pharmacy. He is currently a clinical pharmacist at Abbott Northwestern Hospital in Minneapolis, MN. He earned his bachelor of science degree in pharmacy from Drake University in 1990. Mr Nahas was first appointed to the Board by former Governor Mark Dayton in 2013 and was reappointed by Governor Dayton in 2017.

Dr Maisenbach received his doctor of pharmacy degree from Creighton University in 2014. He completed his postgraduate residency at M Health Fairview Southdale Hospital in 2015. Dr Maisenbach has worked throughout the Twin Cities with both HealthPartners and M Health Fairview in a variety of inpatient pharmacist roles. He is currently practicing as a clinical oncology pharmacist with M Health Fairview in its outpatient infusion clinics.

Staff Changes

Beth Ferguson, PharmD, recently retired from her position as the Board's deputy director, after ably serving the Board and the public since October 2013. Dr Ferguson received a bachelor of science degree in biology from the University of Minnesota in 1982, and a bachelor of science degree in pharmacy (1989) and doctor of pharmacy degree (1990) from the University of Minnesota College of Pharmacy. She had extensive experience working in hospital and home infusion settings before joining the Board's staff. She also served

as the director of medication safety and pharmacy education, and the director of the residency program, for the HealthEast Care System. In those roles, Dr Ferguson was heavily involved in ensuring that HealthEast pharmacies complied with statutes, rules, and standards of practice.

Dr Ferguson was one of the Board's compounding experts, representing the Board at many national compounding meetings conducted by Food and Drug Administration. She also represented the Board on work groups and committees involved with antibiotic stewardship and quality culture assessment tool standards. The Board and its staff wish Dr Ferguson a long and enjoyable retirement.

Jennell Bilek, PharmD, PhD, JD, RPh, was hired to replace Dr Ferguson as deputy director. Dr Bilek is a registered pharmacist, attorney, and serves as adjunct faculty at the University of Minnesota College of Pharmacy. Before starting at the Minnesota Board of Pharmacy, she was an equity partner with the law firm Carlson Caspers and represented pharmaceutical and other health care-focused companies in complex civil litigations involving patents, trademarks, trade secrets, and contract disputes. She has served as litigation counsel in a variety of federal district courts and represented clients in appeals before the United States Court of Appeals for the Federal Circuit. Dr Bilek also assisted life sciences clients with regulatory matters and compliance with federal laws and rules. For the last decade, she has served as a course director for Pharmacy Law in Practice, which is a required course for third-year pharmacy students at the University of Minnesota. Prior to starting at Carlson Caspers, Dr Bilek worked at Walgreens as a community pharmacist and as a consultant for large employers as they implemented drug formularies and the services offered by pharmacy benefit managers.

Dr Bilek received her doctor of pharmacy degree from the University of Minnesota in 2004, her juris doctor degree from Mitchell Hamline College of Law in 2010, and her doctor of philosophy degree in social and administrative pharmacy from the University of Minnesota in 2013.

Barb Carter recently retired from her position as the Controlled Substances Reporting Section (CSRS) director, after ably serving the Board and the public since November 2008. In that position, she managed the activities of the prescription monitoring program (PMP) and the Opiate Product Registration Fee Program. Ms Carter is a nationally recognized prescription drug monitoring program (PDMP) expert. She served as vice president and president of the National Association of State Controlled Substances Authorities (NASCSA) and co-chaired the NASCSA PMP Committee. Ms Carter also served on the NABP PMP InterConnect® Steering Committee and participated in the National Alliance for Model State Drug Laws PMP Resource Group. She was a "Committed Member" of the Office of the National Coordinator's Standards and Interoperability Framework PDMP and Health IT Integration Initiative. She also served as the secretary for the Alliance of States with Prescription Monitoring Programs.

Prior to starting employment with the Board, Ms Carter held positions at the Minnesota Department of Human Services and the Minnesota Department of Health, where she served as the state registrar of vital statistics and was responsible for the statewide system of collection, maintenance, and dissemination of birth and death data. She received her certification in project management from the University of Minnesota and her certification in data processing and applications programming from Hennepin Technical College. The Board and its staff wish Ms Carter a long and enjoyable retirement.

Katrina Howard, PharmD, RPh, was hired to replace Ms Carter as the CSRS director. Dr Howard previously served as the Board's PMP consultant pharmacist. In that position, she was responsible for pharmacy compliance with reporting and data integrity, as well as the unsolicited notification process for the Minnesota PMP. Dr Howard received her doctor of pharmacy degree from the University of Minnesota College of Pharmacy. She currently chairs the NASCSA PMP Committee.

2021 Legislative Changes

Governor Walz signed legislation that was passed by the Minnesota Legislature, which has several provisions that will affect licensees and registrants of the Board. Only some of the changes are described below. The Board has published a document on its website that provides additional information.

Labeling of Products That Contain Cannabinoids Extracted From Hemp

Minnesota Statutes §151.72 was amended to allow the label of a product that contains a cannabinoid extracted from hemp to use a scannable bar code or QR code that links to the manufacturer's website. **The website must still provide the following information:**

1. the name, location, contact phone number, and website of the manufacturer of the product;
2. the name and address of the independent, accredited laboratory used by the manufacturer to test the product; [and]
3. an accurate statement of the amount or percentage of cannabinoids found in each unit of the product meant to be consumed.

The other requirements of Minnesota Statutes §151.72 remain unchanged, including the testing requirements. Also, only those products containing **nonintoxicating** cannabinoids that are **extracted directly** from hemp can be legally sold in Minnesota (provided that the product is not a food). The Board is aware that products containing delta-8-tetrahydrocannabinol (delta-8-THC) are being sold in Minnesota. Delta-8-THC is intoxicating, and it is the Board's understanding that it cannot be directly extracted from hemp in any significant quantity. Instead, it is produced by conversion from cannabidiol that is extracted from hemp. Consequently, Minnesota Statutes §151.72 does not allow for the sale of products containing delta-8-THC. That section applies to the sale of any product that contains nonintoxicating cannabinoids *extracted* (not indirectly derived) from hemp.

Provisions Related to Medical Gases

The definition of "medical gases" found in **Minnesota Statutes §151.01** was amended and new definitions of medical gas manufacturer, medical gas wholesaler, and medical dispenser were added to that section. Minnesota Statutes §151.191 was added to Chapter 151. It replaces Minnesota Statutes §151.19, subd. 3 and creates licensing requirements for all types of medical gas facilities.

Medication Repository

Minnesota Statutes §151.555 was amended to allow RoundtableRx, Minnesota's medication repository, to accept the donation of over-the-counter (nonprescription) medications that meet the criteria established in that section for donations.

The central repository, as approved by the Board of Pharmacy, may enter into an agreement with another state that has an established drug repository or drug donation program if the other state's program includes regulations to ensure the purity, integrity,

and safety of the drugs and supplies donated, to permit the central repository to offer to another state program inventory that is not needed by a Minnesota resident and to accept inventory from another state program to be distributed to local repositories and dispensed to Minnesota residents in accordance with this program.

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Pharmacy Benefit Manager Gag Clause

Minnesota Statutes §62W.11, which is under the jurisdiction of the Minnesota Department of Commerce, was amended to make the **following changes**:

- (c) A pharmacy benefit manager or health carrier must not prohibit a pharmacist or pharmacy from discussing information regarding the total cost for pharmacy services for a prescription drug, including the patient's co-payment amount and, the pharmacy's own usual and customary price of **for the prescription drug, the pharmacy's acquisition cost for the prescription drug, and the amount the pharmacy is being reimbursed by the pharmacy benefit manager or health carrier for the prescription drug.**

- (d) **A pharmacy benefit manager must not prohibit a pharmacist or pharmacy from discussing with a health carrier the amount the pharmacy is being paid or reimbursed for a prescription drug by the pharmacy benefit manager or the pharmacy's acquisition cost for a prescription drug.**

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Cody Wiberg, PharmD, MS, RPh - State News Editor

Lemrey "Al" Carter, PharmD, MS, RPh - National News Editor & Executive Editor

Amy Sanchez - Publications and Editorial Manager

2829 University Ave SE, Suite 530 | Minneapolis, MN 55414-3251 | <https://mn.gov/boards/pharmacy>