



# 2017 Report of the Annual Business Meeting & House of Delegates

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## 2017 Report of the Annual Business Meeting and House of Delegates

The Annual Business Meeting of the Minnesota Pharmacists Association was called to order by Speaker of the House Kati Dvorak at 1:58 p.m.

The House of Delegates Session was then convened by Speaker Dvorak. Delegates were asked to sign in on delegate rosters to be counted by the Credentials Committee.

Vice Speaker of the House Tony Olson introduced the head table, which included Speaker Kati Dvorak, Vice Speaker Tony Olson, Parliamentarian Terry Hietpas, Secretary Marsha Millonig (MPHA Interim Executive Director) and MPhA Staff Director Jacquie Durant.

Vice Speaker Olson welcomed all delegates and asked them to rise where they were seated to be sworn in. Delegates raised their right hand and stated: *“I promise to uphold the constitution and bylaws of the Minnesota Pharmacists Association.”* Delegates were then thanked for their service to the House.

Parliamentarian Hietpas presented a procedural overview of the House of Delegates meeting provided a delegate orientation to the House Rules and Process. Hietpas also provided a brief review of Robert’s Rules of Order.

Credentials Committee Chair Ernest Ruiz then presented the Credentials Committee Report, indicating, *“All delegates have been asked to sign the delegate rosters to indicate their attendance. As chair of the Credentials Committee, I certify that there are 52 delegates present and signed in, and we have achieved the delegate attendance necessary for a quorum.”*

Speaker Dvorak reviewed the Adoption of House Rules agenda item.

***A motion was made and seconded to adopt the House Rules as presented. The motion passed.***

Speaker Dvorak reviewed the Adoption of Order of Business agenda item. Since the proposed changes emanate from a recognized committee, a second is not required and by submission of the proposed rules presented, the Rules Committee moved to adopt the order of business.

***A motion was made and seconded to approve the Order of Business. The motion passed.***

President Molly Ekstrand presented the President’s Annual Report, noting that the full detail of the report could be accessed by members on the MPhA website under the About Us/House of Delegates, along with full reports from each of the MPhA Committees. Ekstrand expressed gratitude for the dedicated volunteers of MPhA – board members, committee chairs and committee participants. She also expressed appreciation for the membership for allowing her to serve in the Presidency.

***A motion was made and seconded to accept the MPhA President's Annual Report. The motion passed.***

MPhA Treasurer Doug Lobdell then presented the Treasurer's report. Lobdell noted that 2016 was a successful year for MPhA with improvements to the Association's balance sheet and budget performance. Working from a practical budget for fiscal year 2016, the association reduced long term liabilities. MPhA ended fiscal year 2016 with net operating income of \$152,122. Long term liabilities were reduced due in part to paying off a bank loan, payments on old rent and forgiveness in debt. Revenues from memberships has held steady over the past year. The conference and meeting schedule has seen net incomes on each meeting.

Improved budget performance allowed MPhA to pay down long term liabilities by over \$100,000. The balance sheet as of December 31, 2016 shows assets of \$146,954, liabilities of \$37,547, and total equity of \$109,406. This compared to total equity of (\$41,121) at the end of 2015, an improvement of \$116,525. The 2017 budget calls for revenues of \$562,110 and expenses of \$409,987. This provides an operating excess of \$152,122, allowing the association to continue serve its members well and meet current obligations to repay long term liabilities.

***A motion was made and seconded to accept the MPhA Secretary-Treasurer's Annual Report. The motion passed.***

Past President Jeff Lindoo then read the report of the Nominating Committee:

The Nominating Committee (Leadership Development Committee) respectfully submitted the following policy proposals for consideration by the MPhA House of Delegates at the June 20, 2017 session of the house:

Resolved that the Minnesota Pharmacists Association approve the following candidates for President-Elect, recommended by the Nominating Committee (Leadership Development Committee) and endorsed by the MPhA Board of Directors, to run as candidates for President-Elect on the ballot in 2018:

- Craig Else
- Allyson Schlichte

Resolved that the Minnesota Pharmacists Association approve the following candidates for Speaker and Vice Speaker of the House of Delegates for 2016-2017, recommended by the Nominating Committee (Leadership Development Committee) and endorsed by the MPhA Board of Directors:

- Speaker of the House: Tony Olson
- Vice Speaker of the House: Alison Knutson

The report of the Nominating Committee was seconded, and upon vote, **the motion was adopted.**

Speaker Dvorak then opened nominations for the positions for 2017 President-Elect, Speaker and Vice Speaker.

***A motion was made and seconded to close nominations; upon vote the motion was adopted.***

Speaker Dvorak introduced MPhA Committee Co-Chairs and thanked them for their service. It was noted that committee reports would not be presented orally, but all are posted on the MPhA website under About Us/House of Delegates for review by the membership and were included in the meeting folders.

Speaker Dvorak invited President Ekstrand to the podium to present a motion made by the Board of Directors to bestow Honorary Membership to Jeanne Erickson.

***A motion was made and seconded to bestow Honorary Membership upon Jeanne Erickson; upon vote the motion was adopted.***

Speaker Dvorak reviewed that as a follow-up to the MPhA archiving process and the 2016 Report of the Policy Review Manual Subcommittee, 29 active MPhA policies were reviewed by the Professional & Organizational Affairs and Public Affairs Committees and their recommendations for the purpose of consolidation, modernization, or other revision. Brief summaries of the reasoning behind the Policy Review Manual Subcommittee recommendations were included as appropriate. The report was posted on the MPhA website for review.

Speaker Dvorak began with the policies that are recommended to be archived, policies 50, 64, 101, 102, 103 in the Public Affairs Committee report.

***A motion was made to adopt the Public Affairs Committee recommendations to archive policies 50, 64, 101, 102 and 103. The motion passed.***

**50. Category:** LICENSURE, REGISTRATION, AND REGULATION

**Year:** 1981

**Subheading:** Licensure, Registration, and Regulation

**Title:** Regulation of Pharmacists in Non-Dispensing Practice

**Policy:** MPhA recognizes the authority of the Board of Pharmacy over the practice of pharmacy in any setting whether or not dispensing activities are involved. Current law and regulations pertaining to Pharmacy practice as a whole are adequate to protect the public and specific additional regulation of pharmacists performing non-dispensing functions is not necessary at this time.

**64. Category:** PHARMACY PRACTICE

**Year:** 2004

**Subheading:** Board Directive - Reimbursement

**Title:** Safety Net for Pharmacy Reimbursement

**Policy:** MPhA supports legislation to be introduced to put in place a safety net for pharmacy reimbursement and an adequate reimbursement per prescription.

**101. Category: SAMPLING**

**Year:** 1975

**Subheading:** Sampling

**Title:** Legend Drug Sampling

**Policy:** MPhA supports that pharmaceutical manufacturers refrain from the historical sampling policies and, instead convert to a system in which an initial prescription can be written, dispensed by the pharmacist of the patient's choice, and if the pharmaceutical manufacturer so wishes, the cost of the initial prescription can be absorbed by compensating the pharmacy directly. Such compensation should be specific by drug replacement and/or fee plus cost of drug. On the basis above, MPhA concludes that employees of pharmaceutical manufacturers and wholesalers would have no other valid reason to possess legend drugs and the law should therefore be amended to prohibit such possession.

**102. Category: SAMPLING**

**Year:** 2003

**Subheading:** Sampling

**Title:** MPhA Drug Sampling Policy Statement

**Policy:** MPhA recommends that systems be developed by affected parties to ensure that starter and trial doses be counseled, labeled and dispensed according to Minnesota State Regulations. MPhA also recommends that programs be developed to encourage counseling, labeling and dispensing of starter and trial doses by pharmacists at an appropriate reimbursement rate to the pharmacy.

**103. Category: SAMPLING**

**Year:** 2002

**Subheading:** Sampling

**Title:** Drug Sampling

**Policy:** 1. MPhA encourages the use of pharmacist based, starter dose programs. 2. MPhA recommends that pharmacist based, sample programs should promote patient access, be cost effective, ensure product integrity, maximize patient outcomes and provide appropriate compensation to the pharmacist. 3. MPhA recommends that patients and prescribers communicate with pharmacists regarding the use of tradition drug samples to promote safe and effective medication use.

The Policy Review Manual Subcommittee Follow Up recommendations for policies 17-001 to 17-009 that are considered administrative in nature and will be considered and adopted as a whole. Delegate Anderson made a motion to remove and consider policy 17-008 separately for the purposes of making an amendment.

***A motion was made to adopt the Policy Review Subcommittee Report Follow Up Recommendations 17-001 – 17-007, and 17-009. The motion passed.***

Speaker Dvorak then turned attention to consider policy 17-008.

*Delegate Anderson made a motion to remove MPSA as an example of an associate organization and replace that with MSHP. The motion was seconded. The motion passed. Delegate Calina made a motion to insert a comma after MPhA. The motion passed.*

*A motion was made to vote on the amended policy 17-008. The motion passed. Delegates asked the originating committee to consider correcting the policy title. A copy of the policy as amended appears below.*

**17-008**

**41. Category:** INTERPROFESSIONAL/INTERORGANIZATIONAL AFFAIRS – status ACTIVE

**Year:** 2008

**Subheading:** Professional Associations

**Title:** Joint Meetings of MPhA Districts/Academies and Component Organizations

**Policy:** MPhA supports and encourages joint meetings among and between MPhA, its component organizations (i.e., academies, districts, and regional groups) and associated organizations (e.g., MSHP)

Committee Chairs with new business items were asked to come forward and present their resolutions.

**Olson presented policies 17-010 through 17-014, beginning with policy 17-012.**

**Olson presented:**

**Policy Proposal 17-012 – Professional & Organizational Affairs Recommendation on Professional Associations**

**Submitted by: Professional & Organizational Affairs Committee**

**17-012**

**40. Category:** INTERPROFESSIONAL/INTERORGANIZATIONAL AFFAIRS– status ACTIVE

**Year:** 2004

**Subheading:** Professional Associations

**Title:** Delegates to National Pharmacy Association House of Delegates

**Policy:** MPhA shall use the following criteria for eligibility, the process of selection, reimbursement, and reporting duties for delegates desiring to be recommended or appointed by MPhA to the House of Delegates of any national pharmacy association which entitles MPhA to appoint or recommend delegates:

- 1) Eligibility
  - a. Prospective national delegates must be a current delegate to the MPhA House or current member of an MPhA Policy Committee.
  - b. Prospective national delegates must meet eligibility requirements for delegate status set forth by the applicable national pharmacy association (i.e., organizational membership).
- 2) Selection Process: For those first meeting the eligibility criteria, the selection process will be observed in the following order.

- a. The MPhA President or his/her designee shall be offered a seat in the Minnesota delegation.
  - b. For the American Pharmacists Association House of Delegates only: Two residents from the University of Minnesota Pharmaceutical Care Leadership Residency shall be offered seats in the Minnesota delegation.
  - c. Delegates and Alternate Delegates in sufficient number to fill the remaining seats for each applicable national pharmacy association House of Delegates shall be elected by plurality vote of the MPhA house each year.
    - i. In the event that there are more candidates than open delegate seats, each candidate shall be permitted a 2-minute address to the House of Delegates prior to a vote.
  - d. In the event that elected Delegates or Alternate delegates are not of sufficient number to fill all allocated seats by applicable deadlines, MPhA members shall be offered and appointed to allocated seats in this order:
    - i. Candidates who ran for but were not elected to the Applicable Delegate or Alternate Delegate positions (in order of votes received.)
    - ii. Delegates who have been part of the Minnesota delegation to the applicable national pharmacy association House of Delegates during the previous two (2) years.
    - iii. Speaker or Vice Speaker
    - iv. Executive Vice President [Secretary of the House]
    - v. Chairs of current MPhA Policy Committees
    - vi. Members of current MPhA Policy Committees
    - vii. Members of the current board.
- 3) Reimbursement: Criteria for and availability of reimbursement for travel, registration, or other applicable expenses associated with participation in a national pharmacy association House of Delegates as a delegate elected or appointed by MPhA shall be at the discretion of the MPhA board.
- 4) Reporting Duties: At least one delegate referred or appointed by MPhA to a national pharmacy association House of Delegates meeting is expected to provide a written report of House activity and potential ideas for consideration by MPhA to the Association within one (1) month of participation.

*A motion was made to approve the recommendation. Upon vote, the motion passed.*

**Olson presented:**

**Policy Proposal 17-013 – Professional & Organizational Affairs Recommendation on Medication Therapy Management**

**Submitted by: Professional & Organizational Affairs Committee**

**17-013**

**67. Category:** PHARMACY PRACTICE– status ACTIVE

**Year:** 2004

**Subheading:** Medication Therapy Management

**Title:** Medication Therapy Management

**Policy:**

- 1) MPhA recognizes "medication therapy management" to be a patient specific and individualized service or set of services that aligns with the Joint Commission of Pharmacy Practitioners' (JCPP) Pharmacists' Patient Care Process and includes at least the following elements:
  - a. A comprehensive review of the patient medication regimen, including non-prescription medications, supplements or herbals.
  - ~~b.~~ Assessment of the patient's medication therapies to ensure each medication is indicated, effective, and safe
  - ~~c.~~ Evaluation of patient adherence to medication therapy, including affordability and delivering patient education to improve adherence and outcomes.
  - d. Collaboration with prescribers/health professionals to provide assessment and recommendations for achieving optimal outcomes of drug therapy.
  - e. Development and implementation of a medication management care plan in collaboration with the patient, caregiver and health professionals.
  - f. Documentation and communication of services provided.
  - g. Establishment of measurable outcomes and appropriate follow-up to evaluate the effectiveness of the care plan, and modification of the care plan as needed in order to ensure achievement or progress towards goals of therapy.
- 2) MPhA recognizes and will promote "medication therapy management" as a distinct form of practice, distinguishable from OBRAS '90 patient counseling, computerized drug utilization review (FDUR), any stand-alone MTM subcomponent services reimbursed by Medicare Part D, population-based forms of medication management and generalized forms of patient education and information.
- 3) MPhA encourages pharmacists to develop, provide and seek reimbursement for medication therapy management services.
- 4) MPhA will promote and advance pharmacists as the health professional best trained and positioned to perform medication therapy management.
- 5) MPhA supports and encourages education of patients, government entities, other members of the healthcare team [prescribers, geriatric case workers, social workers, home health nurses, etc.], and payers about the availability and benefits of medication therapy management provided by a pharmacist.

*A motion was made to approve the recommendation. Upon vote, the motion passed.*

**Olson presented:**

**Policy Proposal 17-010 – Professional & Organizational Affairs Recommendation on Methadone Prescriptions Reported to PMP**

**Submitted by: Professional & Organizational Affairs Committee  
17-010**

**59. Category:** PATIENT SAFETY

**Year:** 2014

**Subheading:** Controlled Substances

**Title:** Methadone Prescriptions Reported to PMP

**Policy:** MPhA supports changes in federal regulations to require that Methadone prescriptions dispensed as part of addiction treatment be reported to the Prescription Monitoring Program (PMP) in order to ensure patient safety.

**Background:** As of 2015, upon admission to a methadone clinic outpatient treatment program, clients must be notified in writing that the commissioner of human services and the medical director will monitor the prescription monitoring program to review the prescribed controlled drugs the clients have received. This information is not currently reported to the PMP (only exceptions are opioid treatment facilities don't need to report: automated distribution system such as settling like nursing homes, hospitals for inpatient use only. Furthermore, this is a federal issue that opioid treatment centers are exempt. Would need to go through national association to get it done, not just state as the purpose of PMP is to catch people shopping around...probably isn't being abused for privacy purposes.

The following policies were worked on by both the Professional and Organizational Affairs Committee and the Public Affairs Committee and are presented on behalf of both by POAC for consideration by the House of Delegates.

*A motion was made to approve the recommendation. Upon vote, the motion passed.*

**Olson presented:**

**Policy Proposal 17-011 – Professional & Organizational Affairs Recommendation on MPhA Allotment of Resources**

**Submitted by: Professional & Organizational Affairs Committee**

**17-011**

**22. Category:** DRUG ABUSE, CONTROL, AND EDUCATION/IMPAIRED PHARMACISTS– status ACTIVE

**Subheading:** Minnesota Health Professionals Services Programs

**Title:** MPhA Allocation of Resources

**Policy:** MPhA supports organizations who collaborate with pharmacists, employers and the board of pharmacy to assist impaired pharmacists to return to active practice and urges the MPhA Board of Directors to allocate what resources it deems necessary to further this activity.

*A motion was made to approve the recommendation. Upon vote, the motion passed.*

As a result of the 2016 MPhA policy review process by the MPhA Policy Manual Review Subcommittee, certain policies were referred to the Public Affairs Committee with recommendations to review. Public Policy Committee Co-Chair Jeff Lindoo presented policies 17-014 through 17-021.

**Lindoo presented:**

**Policy Proposal 17-014 – Support for Interchangeable Biologic Substitution**

**Submitted by: MPhA Public Affairs Committee**

**17-014**

**Category:** DRUG AND BIOLOGIC PRODUCT SELECTION

**Year:** 2017

**Subheading:** Interchangeable biologics

**Title:** Support for interchangeable biologic substitution

**Policy:** MPhA supports the addition of interchangeable biologic products to the framework of current generic substitution laws such that pharmacists may initiate a substitution without pre-approval from the prescriber. The patient should be informed and information on the specific product dispensed should be available to the prescriber. To prevent substitution, the prescriber must use the DAW language as prescribed by law. The biologic products must be approved as interchangeable by the FDA. Biosimilar products that have not been approved as interchangeable can be substituted under policy 25 that addresses therapeutic alternatives.

*A motion was made and seconded to vote on the amended policy 17-014. The motion passed. A copy of the policy as amended appears above.*

**Lindoo presented:**

**Policy Proposal 17-015 – Unbiased Prescription Drug Information for Advertising and Sampling**

**Submitted by:** MPhA Public Affairs Committee

**17-015**

**21. Category:** ADVERTISING

**Year:** 1985

**Subheading:** Direct to Consumer Advertising: Prescription Drugs Pharmaceutical Marketing to Consumers

**Title:** Unbiased Prescription Drug Information for Advertising and Sampling

**Policy:** MPhA supports the availability of unbiased prescription drug information to the public. The need for accurate, patient specific prescription drug information can be best met through interaction between the patient and the pharmacist and/or physician, rather than by direct to consumer advertising. MPhA also recommends that programs be developed to encourage counseling, labeling and dispensing of starter and trial doses by pharmacists at an appropriate reimbursement rate to the pharmacy, rather than sampling to providers as a means of product promotion.

*A motion was made to approve the recommendation. Upon vote, the motion passed.*

**Lindoo presented:**

**Policy Proposal 17-016 – Therapeutic Alternatives and Biosimilars - Modification**

**Submitted by:** MPhA Public Affairs Committee

**17-016**

**25. Category:** DRUG AND BIOLOGIC PRODUCT SELECTION

**Year:** 1994

**Subheading:** Revision of the 1984 Policy entitled: "Pharmacists Authority to Dispense Therapeutic Alternatives and Biosimilars."

**Title:** Therapeutic Alternatives and Biosimilars- Modification

**Policy:** MPhA encourages pharmacists to exercise their professional judgment in the area of therapeutic alternative and biosimilar dispensing and continue to consult with practitioners in their decision. Therapeutic alternatives are drug products that contain different therapeutic moieties but are the same pharmacologic and/or therapeutic class and that can be expected to have similar therapeutic effects when administered to patients in therapeutically equivalent doses. Biosimilars, according to the FDA, are biologic products that are highly similar to the reference product, notwithstanding minor differences in clinically inactive components, with no clinically meaningful differences between the biologic product and the reference product in safety, purity and potency. Pharmacists can serve a much greater role and provide more valuable contribution to quality healthcare by focusing on delivering of Pharmaceutical Care. The relationship established with providers in the comprehensive professional environment will resolve the therapeutic alternative issue without legislative mandates.

*A motion was made to approve the recommendation. Upon vote, the motion passed.*

**Lindoo presented:**

**Policy Proposal 17-017 – Adequate Reimbursement**

**Submitted by: MPhA Public Affairs Committee**

**17-017**

**49. Category:** LEGISLATIVE AFFAIRS

**Year:** 2015

**Subheading:** Medication Therapy Management

**Title:** Adequate Reimbursement

**Policy:** A focus of MPhA legislative initiatives shall include adequate reimbursement and compensation. MPhA shall monitor its members regarding the adequacy of Medicaid reimbursement and work to assure that pharmacies and pharmacists are appropriately reimbursed and compensated for products and services provided to Medicaid patients.

*A motion was made and seconded to amend the 17-017 policy on Adequate Reimbursement.. Upon vote, the motion passed by a majority vote. A motion was made and seconded to vote on the amended policy 17-017. Upon vote, the motion passed. A copy of the policy as amended appears above.*

*A motion was made to approve the recommendation. Upon vote, the motion passed.*

**Lindoo presented:**

**Policy Proposal 17-018 – Autonomy of Board of Pharmacy**

**Submitted by: MPhA Public Affairs Committee**

**17-018**

**51. Category:** LICENSURE, REGISTRATION, AND REGULATION

**Year:** 1969

**Subheading:** Licensure, Registration, and Regulation

**Title:** Autonomy of Board of Pharmacy

**Policy:** MPhA opposes legislation which would remove the autonomy of Minnesota's professional health care licensing boards or alter their composition to a majority of public/non-professional members, including the board of pharmacy.

*A motion was made to approve the recommendation. Upon vote, the motion passed.*

**Lindoo presented:**

**Policy Proposal 17-019 – Telepharmacy Licensure**

**Submitted by: MPhA Public Affairs Committee**

**17-019**

**77. Category:** PHARMACY PRACTICE

**Year:** 2001

**Subheading:** Telepharmacy

**Title:** Telepharmacy Licensure

**Policy:** MPhA encourages the Minnesota Board of Pharmacy to reserve licensure of dispensing tele pharmacies to locations where distance or other limitations to traditional pharmacy services present a concern for patient safety.

**17-019**

**77. Category:** PHARMACY PRACTICE

**Year:** 2001

**Subheading:** Telepharmacy

**Title:** Telepharmacy Licensure

**Policy:** MPhA encourages the Minnesota Board of Pharmacy ~~not to license~~ to reserve licensure of community pharmacy telepharmacies ~~in~~ to locations where ~~a live pharmacy is readily available~~ distance or other limitations to traditional pharmacy services present a concern for patient safety.

*A motion was made and seconded to amend the policy as noted above.*

*During discussion, a motion was made to refer the policy back to committee. The motion was seconded. The motion passed. As such, the original policy now stands.*

**Lindoo presented:**

**Policy Proposal 17-020 – MPhA Policy Position on e-Prescribing**

**Submitted by: MPhA Public Affairs Committee**

**17-020**

**86. Category:** PRESCRIPTIONS AND PRESCRIPTION ORDERS

**Year:** 2014

**Subheading:** E-prescribing

**Title:** MPhA Policy Position on e-Prescribing

**Policy:** The Minnesota Pharmacists Association will encourage its members to ensure their ability to comply with state and federal regulations related to e-Prescribing. MPhA will work collaboratively with regulatory bodies such as the Minnesota Department of Health (MDH) and with other professional associations to resolve issues related to the use of e-Prescribing transactions exchanged via national standards. MPhA understands the value of electronically exchanging prescription-related information, in real-time, to support patient safety and quality care. It is acknowledged that e-Prescribing may encompass processes such as changing or canceling a prescription requesting prior authorization and exchanging information to support REMS program requirements, as well as processes that may be developed in the future.

*A motion was made and seconded to amend the policy to remove the words “requesting prior authorization.” Upon vote, the motion failed.*

*A motion was made to approve the recommendation. Upon vote, the motion passed.*

**Lindoo presented:**

**Policy Proposal 17-021 – Online Pharmacies**

**Submitted by: MPhA Public Affairs Committee**

**17-021**

**91. Category:** PUBLIC HEALTH

**Year:** 2004

**Subheading:** Online Pharmacies

**Title:** Online Pharmacies

**Policy:** 1. MPhA opposes the sale of prescription drugs without evaluation of the patient by a licensed practitioner and presentation of a valid prescription to a pharmacist.

The requirement for an evaluation or examination shall be met if an ~~in-person~~ evaluation or examination has been completed in any of the following circumstances:

(1) The prescribing practitioner examines the patient at the time the prescription or drug order is issued;

(2) The prescribing practitioner has performed a prior examination of the patient;

(3) Another prescribing practitioner practicing within the same group or clinic as the prescribing practitioner has examined the patient;

(4) A consulting practitioner to whom the prescribing practitioner has referred the patient has examined the patient; or

(5) The referring practitioner has performed an examination in the case of a consultant practitioner issuing a prescription or drug order when providing services by means of telemedicine.

2. MPhA supports all means or measures that limit online prescription drug sources to licensed pharmacies only. 3. MPhA encourages regulation or other means that require the disclosure of at least the identity, geographic address, pharmacist-in-charge, and current licensure of an online pharmacy. 4.

MPhA encourages online search engines and all other solicitors of online advertisements to adopt policies that limit acceptance of advertisements from online prescription drug sources to licensed pharmacies only. 5. MPhA emphasizes that use of online pharmacies does not replace the need for effective patient counseling, education, and medication therapy management.

*A motion was made and seconded to amend the policy 17-021 and remove the two “in-person notations”. Upon vote, the motion passed. A copy of the policy as amended appears above.*

*A motion was made and seconded to refer the policy back to committee for consideration of how health care is delivered today. The motion passed. As such, the original policy now stands.*

**Chaffee presented:**

**Advisory Recommendation 17-022 – Student & Resident Relations Committee Recommendation on Implementing MPhA Hosted Event on Residency Match Day**

**Submitted by: MPhA Student & Resident Relations Committee**

STUDENT AND RESIDENT RELATIONS COMMITTEE RECOMMENDATION 1 Advisory Resolution 17-022  
We recommend implementing an event surrounding the Residency Match. An MPhA sponsored dinner or happy hour event would allow engagement with new residents and celebrate their accomplishment, as well as find out where they matched. This is an exciting time for new practitioners, and presence of MPhA leadership would provide an opportunity for connections to be made. These connections could foster further involvement by new practitioners with advocacy, as well as with the Student and Resident Relations Committee.

Comments: Perhaps make it about making it a new practitioner event because some folks do not match. Perhaps expanding committee to include new practitioners. Adjust timing to embrace timing to those moving into MN from out of state. Secretary Millonig asked that graduates from other schools outside the state be recognized. Consider two functions. Match idea perhaps for College. Engage new practitioners in early to late June. New to state or new practitioner? MPhA and MSHP will also be at residency orientation day. Capture all new practitioners across all practice settings. There are 90 residency slots in MN. The College fills about 60 of these but the college can get names of all of them from ASHP. Perhaps this could take place at the Leadership Summit and House of Delegates.

**Chaffee presented:**

**Advisory Recommendation 17-023 – Student & Resident Relations Committee Recommendation on 4<sup>th</sup> Year Student Survey**

**Submitted by: MPhA Student & Resident Relations Committee**

STUDENT AND RESIDENT RELATIONS COMMITTEE RECOMMENDATION 2 Advisory Resolution 17-023  
We recommend developing a survey to administer to fourth-year students, in order to identify what gaps in knowledge they recognized through during their APPE rotations. This survey would ideally be administered either halfway through, or near the end of the fourth year; personal emails obtained from the previous year could be used to reach these students. MPhA could use the information ascertained from this survey in order to develop programs to support and engage pharmacy students in Minnesota.

Discussion: Dean Speedie noted the College already surveys this.

Speaker Dvorak reviewed nominations for APhA Delegates received prior to the House of Delegates meeting. Nominations received prior to the meeting included:

APhA Delegates:

- Michelle Aytay (incoming President-Elect)
- Anjoli Punjabi (leadership resident)
- Kaity Kuske (leadership resident)

Speaker Dvorak then opened nominations for the positions for the APhA Delegate, and NCPA delegates. Nominations received from the floor included:

APhA Delegates:

Rebecca Pickler  
Denise Frank  
Alison Knutson, alternate

NCPA Delegates:

David Vermeulen  
Austin Streiff  
Jason Varin

***Treasurer Lobdell made a motion to accept all these delegates without election. The motion was seconded. The motion passed.***

President Ekstrand led delegates in the recognition of Past Presidents of MPhA and thanked them for their past and on-going leadership of MPhA. Past Presidents in attendance included: Lowell Anderson, Doris Calhoun, Julie Johnson, Bruce Benson, Randy Seifert, Todd Sorenson, Bill Diers, Scott Setzepfandt, Jill Strykowski, Randy Seifert, Jeff Lindoo and Steve Simenson.

President Ekstrand then thanked outgoing board member and Immediate Past President Jeff Lindoo for his service on the Board and presented him with the Green President's Jacket.

Ekstrand then introduced Michelle Aytay, President-Elect of MPhA and swore her in as the 2017-2018 President of MPhA. Ms. Aytay raised her right hand and articulated the following: *"I do solemnly swear, to uphold the constitution and bylaws of the Minnesota Pharmacists Association and to lead our profession to the best of my ability. I pledge to serve my fellow board members and my pharmacy colleagues with the utmost integrity in support of our mission."*

President Ekstrand and delegates then congratulated Ms. Aytay.

President Aytay then addressed delegates and installed the 2017-2018 MPhA Board of Directors, including: Immediate Past President Molly Ekstrand, President Elect Jason Varin, Treasurer Doug

Lobdell, Speaker of the House Tony Olson, Vice Speaker Alison Knutson, At Large Director Sarah Anderson, At Large Director Amanda Brummel, At Large Director Cheng Lo, At-Large Director Rebecca Pickler, At-Large Director Sarah Westberg, Rural Director Reid Smith, Rural Director Michelle Johnson, Metro Director Ann Byre, Metro Director Tim Affeldt, MPSA Director Laura Lemke, MPSA Director Jorgen Kvaal, Ex-Officio Members: Bruce Benson and Cheryl Hetland.

2017-2018 Board members present raised their right hand, and stated: *"I pledge to uphold the articles and bylaws of the Minnesota Pharmacists Association and contribute my professional expertise to the work of the board in its guidance of association initiatives and goals."* Board members were congratulated and welcomed to the board. It was noted that board members who were not in attendance would be installed at the next regular meeting of the board.

Aytay then recognized and extended thanks to outgoing MPhA board members: Allyson Schlichte, Ben Aronson, Heather Bibeau, Jessica Lind, Ryan Chaffee and Kate Elwell.

In her first act as President of MPhA, Ms. Aytay extended sincere thanks to Immediate Past President Molly Ekstrand and her family for their commitment over the past year of service, and presented Ekstrand with the MPhA President's Gavel.

Delegate Anderson commended Speaker Kati Dvorak for her excellent job commanding the House of Delegates.

***A motion was made and seconded to adjourn, upon vote the motion was adopted and the House adjourned at 4:48 p.m.***

**Respectfully Submitted by:**

*Marsha Millonig, Interim Executive Director, acting as Secretary of the House of Delegates*