

WINTER 2011



# *Minnesota* **PhARMACIST**

The Official Journal of the Minnesota Pharmacists Association

*Pharmacists*

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## MINNESOTA PHARMACIST

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## PRESIDENT'S DESK

# GET INVOLVED, SUPPORT MPhA

by Brent Thompson, Pharm.D., MPhA President

I hope you are enjoying our Minnesota Winter Wonderland! As I write this, we have just gotten through the fifth largest snowfall on record and the Vikings are planning to play their first outdoor home game in 30 years at TCF Stadium. What a wild start to winter, and last just last week I walked out of the deer woods to end another great hunting season.

MPhA has moved into its new headquarters, with Ewald Consulting's association management experts off and running. The transition was smooth — not a glitch. The experts at Ewald have been great to work with throughout the transition. They have already begun improvements that are going to allow MPhA to serve members with new opportunities. One can already see the excitement Julie Johnson, MPhA executive director, is feeling because operations are being well cared for; and she can work harder on leading the association. She is now more available to serve Minnesota pharmacists in her area of expertise, being a pharmacist and representing pharmacy.

I made my New Year's pharmacy resolutions back in June at Annual Meeting. At that meeting, I committed myself to sharing my feelings and experiences with professional involvement. I often get to share these stories and ideas with new practitioners, such as my mentees, interns, residents or having the opportunity to speak at the university. When speaking to them I always tell them, "you don't want us old pharmacists deciding how you are going to practice 20 years from now, but if you don't get involved, we will." I guess it's no different than telling people to exercise their right to vote or don't complain. I also make sure to paint a simple financial picture for them. I know not all, but most new practitioners are making a six-figure wage. I ask them to at least invest the 0.4 percent of that wage in MPhA. But honestly, this is our bread and butter — is that enough? A six-figure wage is at least \$274 a day. MPhA membership is \$1.08 a day. A cup of coffee, even at the worst café in town, is a buck. I know, I know, I'm preaching to the choir here, but I share this with you in hopes that you will use it to recruit the next new member.

I'm occasionally asked exactly how I got so involved. As I pointed out in my last commentary in "Minnesota Pharmacist," I believe it starts with my pride in being a pharmacist mixed with passion, desire, and commitment. Being involved professionally can occur in so many ways. Volunteering your time to students, caring for your patients, networking at meetings, volunteering your expertise in your community, committee work in your associations, visiting your legislators, just telling your pharmacy story with

pride, ect. I'd like to share with you what I think it takes to get involved with MPhA. *A phone call.*

It's not hard. It's not expensive. It doesn't take much time. It should not be intimidating. Call the office and talk to Julie. Trust me, she's one of the friendliest people I know. Send her an email, or me or any one of our board members listed on the Web site. Tell us what you'd like to do. Do you want to attend a meeting, offer your expertise as a speaker or writer, sit in on a committee, or even just express your opinion about something you see going on in the world of pharmacy? Just getting yourself to this point is 90 percent of the effort it takes to be involved in MPhA and it's just that simple — a phone call.

Participation is the easy part, the other 10 percent. As you listen to discussion at a committee meeting, a speaker at a professional meeting, someone on TV, read a journal article or newspaper, your passion takes over and the desire to speak up drives you to get more involved. Many people are intimidated in a meeting and are not always willing to speak up for fear of looking stupid. That's not ideal, but if you're like me, you'll find someone to tell and you should. Here's where strong membership numbers and networking can have a great impact. The bigger we are and the more vocal we are, the more ideas and unified we can be in how we care for patients.

Dr. Brent Thompson  
MPhA President

Please remember this:

*"Every man owes a part of his time and money to the business or industry in which he is engaged. No man has a moral right to withhold his support from an organization that is striving to improve conditions within his sphere." Pres. T. Roosevelt - 1908*

## DEAR PHARMACY COLLEAGUE,

The Minnesota Pharmacists Association is pleased to host the 4th Annual platform/poster presentation program at the MPhA 127th Annual Meeting, *Minnesota Research and Practice Innovation Forum* being held at Madden's Resort in Brainerd, Minn.

This venture provides an opportunity for those of us performing research or developing innovative pharmacy services to present findings and experience to pharmacy practitioners in Minnesota. It is an exciting opportunity for practicing pharmacists, academic faculty, residents and students to display their work, and to share its impact with the individuals responsible for serving the medication needs of Minnesota's citizens. In past years we have received excellent examples of innovation and research in pharmacy; and we hope that more pharmacists and students will participate this year.

The platform presentation program will be held on Saturday, June 11, 2011, from 10:00 a.m. to 11:00 a.m. as part of the MPhA continuing pharmacy education. The posters will be displayed in the Exhibit Hall from 12:00 noon to 1:30 p.m. immediately following the Oral Abstract presentations.

You are strongly invited/encouraged to submit an abstract of your work using the form on page 26. Please indicate if you prefer platform or poster presentation format on the form. The program has capacity for four platform presentations and 24 posters. The selection committee will make the final determination. Authors should plan a 15-minute platform presentation which includes time for questions. Audio-visual equipment will be available [please check the appropriate boxes on the form for audio-visual needs.] Submission deadline is Friday, April 22, 2010. Notification of acceptance and presentation format/time will be sent via email to the address provided on the abstract by May 2, 2011 giving abstract presenters time to prepare posters to display for the Annual Meeting.

The Minnesota Research and Practice Innovation Forum abstract form is attached in Word format, or you can go to the Minnesota Pharmacists Association Web site ([www.mpha.org](http://www.mpha.org)) to download the abstract form. If you are unable to access the abstract, we can email, fax, or mail a copy to you. If you have any questions, contact Julie Johnson at the MPhA office at [Julie@mpha.org](mailto:Julie@mpha.org) or 651-290-7486.

Please encourage students and colleagues working on projects with application to any aspect of pharmacy practice/administration/management to submit an abstract for presentation at the Conference.

Sincerely,



Brent Thompson, Pharm.D.

MPhA President



## Upcoming Events

Visit [www.mpha.org](http://www.mpha.org)  
for more information

### TECHNICIAN CONFERENCE

#### MSHP/MPhA EVENT,

July 21, 2011

Crowne Plaza, Plymouth

### 127TH ANNUAL MEETING,

June 10-12, 2011

Madden's Resort, Brainerd

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## EXECUTIVE'S REPORT

# DOING MORE WITH MORE — MEMBERS DESERVE IT

by Julie K. Johnson, Pharm.D., MPhA Executive Vice President/CEO

When a group of pharmacists gathered in the late 1800s to establish what was originally known as the Minnesota Pharmaceutical Association, they did so to collectively work on goals they could not accomplish alone. They worked together to gain legislative support and state dollars to establish a college of pharmacy because they believed that education and the standards to follow were important to their patients' care. To put it another way, this separated the snake-oil salesman from the pharmacist. This new association also worked together to create a state regulatory body, a board of pharmacy, and to establish protections in regulation for patients, setting standards for safe delivery of medicines from persons qualified to do so. Their efforts provided the public a board comprised of pharmacists and public members to set necessary guidelines and create an environment for the practice of pharmacy to flourish.

The association exists for the same reasons today. Through endeavoring to support advancements that allow pharmacists to fully utilize their education, MPhA members, working collaboratively with key stakeholders, follow the leadership of these 1880 pharmacists as the association continues its work. One might think that 1880 was a simpler time, though I cannot believe the two accomplishments mentioned above were easy.

When our profession was young, the founding pharmacists were primarily community pharmacists. Fast forward to today: pharmacists practice in countless settings, from hospital to clinic, from rural community pharmacy to public health. These pharmacists all contribute their expertise in some manner to the safe delivery and utilization of drugs. But there is more, we must actively participate in managing change and embrace all that benefit pharmacy's future.

### What Has Changed?

My purpose here is to talk about changes at MPhA; changes that will strengthen the association and increase its capacity for continued and improved support of a profession that is no longer young, but is reaching the prime of its life. I want to describe for you what has changed in 2010 and revisit with you what will stay the same.

The reasons for change are many. These reasons have to do with the need for improvement and efficiencies in a challenging economic environment. They are about increasing potential, positioning and thriving in an environment we do not control. To implement change, vision, courage, planning, evaluating, and understanding our purpose and mission are required of our leadership; and, change requires patience.

Our association has not changed *why* but rather *how* it does things. Associations, companies, for profit or not for profit, all change, as must MPhA. This purposeful change has taken place at MPhA because of the vision and courage of our Board of Directors. These elected leaders spent many months in late 2010 planning for the future and outlining a plan to ensure many years of prosperity and growth in order to continue the service to pharmacists in Minnesota.

The change was proposed as a vision for the future. The questions posed were many. How do we keep doing the good things we are doing? How do we do MORE of those things? How do we do things more efficiently? How do we take advantage of technologies at our disposal? How do we take advantage of opportunities that present themselves to expand and grow our capacity? How do we maintain the culture of MPhA as established in the 1880s while still meeting the needs of pharmacists today?

For the past ten years, MPhA has been led by a director and other staff dedicated to serving Minnesota pharmacists as they provide or enhance patient care in their practice setting and grow professionally. Staff members in the areas of membership, communication, finance, events, legislative advocacy, education, and executive leadership have worked to implement plans developed by our board. Faces change: the mission does not.

### What is the Same?

The development of a culture of leadership spanning 127 years continues to be supported by the volunteerism and monetary contributions of thousands of pharmacists. The board remains responsible for the employment and review of the executive director. To ensure the continued professional leadership in advocacy for the profession, board members identified the importance of keeping a pharmacist in the leadership position as executive director. It also saw the value of retaining a twelve-year, seasoned lobbyist who is well-versed in pharmacy issues and who is well-established and respected at the Capitol. Additionally, the board chose to retain the same educational coordinator experienced in guiding accredited continuing education and directing viable methods of continued delivery. A long-time communication expert will also continue writing core articles, journal editing responsibilities, and remain as Public Affairs Committee staff liaison.

Matt Lemke remains MPhA's principal lobbyist. Matt's twelve years working for pharmacy at the Minnesota Capitol make him an indispensable professional. His knowledge of pharmacy

*Executive's Report continued on page 8*

## Executive's Report *continued from page 7*

and his positive reputation with lawmakers and government staff make him an essential member of the advocacy team. Renee Asp remains as educational key staff leader and the Educational Development Advisory Committee liaison. Renee has again successfully completed MPhA's ACPE Self-Study evaluation that allows MPhA to maintain the high standards of continuing education. Rita Tonkinson, retired MPhA vice president of communications, remains as a contract writer and staff liaison for the Public Affairs Committee and the newly created MPhA Editorial Advisory Board. I continue to serve as executive vice president and CEO and to be responsible for employing staff to work toward fulfilling MPhA's mission.

### What is Different?

The expertise necessary to run an association is more important and critical today than ever before. MPhA's new home is at the Dorsey-Ewald Conference Center located in the University Enterprise Laboratories (UEL) Building at 1000 Westgate Drive. The location provides closer access to the Capitol, the University of Minnesota and the Board of Pharmacy locations. Suite 252 houses most of our new staff, namely the membership, events, and finance departments. My office is just down the hall in a larger office suite housing executive directors from several other associations. This interaction provides a tremendous new resource for networking with other association leaders. My new colleagues include leaders of the Minnesota Psychological Association, the Illinois Chapter of the American College of Cardiology, the Minnesota Council of Child Caring Agencies and others. MPhA will have access to a variety of board and meeting rooms to accommodate all existing and new committee meetings. Additionally, the Dorsey Ewald Conference Center provides the capability of a large meeting event space. Conference call-in capability is enhanced with improved quality equipment. Parking at the new building's spacious lot is free.

NOTE: MPhA's phone number remains the same: (651) 697-

## NEW AT MPhA:

# EDITORIAL ADVISORY BOARD

The Minnesota Pharmacists Association has just started a new group to help advise staff who compile and design the quarterly MPhA magazine. The MPhA Editorial Advisory Board now seeks MPhA members to assist in this work. We plan to hold our first meeting on February 25, with quarterly meetings thereafter (in May, August and November).

What is the purpose? The MPhA editorial advisory board will help generate ideas and leads for articles on timely topics that are of interest to MPhA members.

### WHAT IS INVOLVED?

We are looking for pharmacists who are willing to suggest ideas for articles, along with ideas for authors. If willing, advisory board members might write articles for the magazine. Our first meeting

1771. Please note our fax number is new: (651) 290-2966. MPhA's Web site remains [www.mpha.org](http://www.mpha.org). Please visit it often!

Members may rest assured that changes made to the operational structure of MPhA were well thought through. We hope that the changes you notice will be overwhelmingly positive. Staff and space transition has been relatively smooth with the goal to provide continuous events, committee activities and communications as before. Please review the brief biographical sketches on page 9 introducing the Ewald staff members who will support MPhA activities and operations.

The purpose of this change is to serve *you* better. The purpose of this change is to do more with more. We believe that these new people and space resources will greatly enhance member services and potential for growth. Your continued support is crucial.

The most difficult aspect of this change has been the impact on people's lives, MPhA's former staff, all of whom are now pursuing new career challenges. Vickie Capistrant, VP finance and office manager served MPhA for nearly 25 years; Angela Peek, membership coordinator, for 12; Barbara Smothers, communications and marketing coordinator for 6; and Jeanne Bredenkamp, administrative assistant for 5. The contributions of these dedicated individuals make up a huge piece of the rich tapestry of MPhA's past. We recognize their efforts have helped to build the framework for the future. They each have our deepest gratitude for their service.



Julie K. Johnson, Pharm.D.  
MPhA Executive Vice President/CEO

will take place in person at the MPhA office, and will probably run at least one hour (but no longer than two hours). Subsequent meetings may take place via conference call.

### IF YOU ARE INTERESTED:

To join the MPhA Editorial Advisory Board, please contact Laurie Pumper at the MPhA office, either by email ([lauriep@ewald.com](mailto:lauriep@ewald.com)) or phone (651-290-6273).

### Meeting Information:

Date and time: February 25 at 1 p.m.

Location: MPhA Office in the Large Conference Room  
1000 Westgate Drive, Suite 252, St. Paul, MN 55114



## MEET THE EWALD STAFF

*Efficiencies and expertise provided by new and additional staff provide an exciting structure for the future growth of MPhA. New staff members of Ewald Consulting, a family owned company dedicated to association management support for more than 30 associations in Minnesota and nationwide, bring expanded experience and potential opportunities for MPhA. Volunteers attending committee meetings and other events held at the new offices will have the opportunity to meet new staff members in person. These association management professionals include:*



**Amanda Ewald, Vice President, Finance and Accounting.** Amanda graduated from St. Olaf with a Bachelor's degree in economics and a concentration in finance and management in May, 2007. Amanda oversees all of MPhA's financial activities including development of monthly financial statement, paying bills, etc.



**David Ewald, President.** David has been with Ewald Consulting since August 1986 and became president in 1998. He has a Bachelor of Science degree in microbiology from the University Minnesota and a Master's degree in business administration from the Carlson School of Management at the University of Minnesota. David will help my endeavors as appropriate to help maintain a strong relationship between staff and the organization, and to provide assistance in seeing that MPhA continues to make progress toward its mission.



**Scott Franzmeier, Vice President, Education and Training.** Scott re-joined Ewald Consulting in 2005 as director of the Dorsey-Ewald Conference Center

and is vice president for education and training. In this role, he will be responsible for assisting in the excellent execution of MPhA's education programs. He was formerly head of the American Diabetes Association-Minnesota summer camp and education programs.



**Bill Monn, Vice President, Member Services and Marketing.** Bill joined Ewald Consulting in 2005 following 15 years as business manager and publisher

of the magazine group at Pillsbury and General Mills. Bill's responsibilities include supervising the member services department, contract management and assuring appropriate resource and service levels for Ewald Consulting's management clients. Bill also works with staff members and at times directly with clients to develop strategic business plans that promote successful and profitable operations for client organizations. Bill has already assisted in several member enhancement processes for MPhA.



**Kathie Pugaczewski, Vice President, Communication and Technology.** Kathie is responsible for supervising the management of communication, Web sites,

webinars, developing social media strategy and managing the company's technology operations. Kathie has more than 20 years of association management experience and joined Ewald Consulting in February 2005. Kathie was staff for operational changes during the MPhA transition to the new space.



**Chris Swanson, Member Service Director.** Chris Swanson began her employment with Ewald Consulting in 2006. Chris currently works in member

services, where she helps with events, membership and other projects. Prior to joining the Ewald team, she worked at Children's Hospital in Minneapolis. MPhA members will likely interact with Chris and her team for membership and event information.



**Anna Wrisky, Communication Specialist.** Anna joined Ewald Consulting in February, 2008 as a communication specialist. Previously, she

worked as a graphic designer for Viking Industrial Center for more than three years. Anna graduated from the University of Minnesota-Duluth in 2004 with a Bachelor of Fine Arts in graphic design and minors in both photography and arts in media. She worked as art director for the University newspaper, the *UMD Statesman*, and as a designer for UMD Sports Information. She is responsible for producing MPhA's communications including CAPS, e-News and the *Minnesota Pharmacist* journal and manages the MPhA Web site.



**Eric Ewald, Vice President, Association Management.** Eric joined Ewald Consulting in 1994 and became a partner in 2000. He earned his Bachelor of

Arts in Political Science at the University of Minnesota and his Master of Business Administration from the Carlson School of Management where he was a double major in entrepreneurship and strategic management. Eric leads the team that provides executive leadership to associations. He provides association executives continued support and access to resources to enhance capabilities.

Similar support for the Minnesota Pharmacists Foundation Board of Trustees' meetings and activities are also provided by the above mentioned staff and the facility.



## WHAT'S THE HURRY? IT'S ONLY BEEN 35 YEARS!

by Lowell J. Anderson, D.Sc., FAPhA

It was 1975. We first heard of a new idea called Pharmaceutical Care. Those of us in practice at that time were puzzled: neat name, but isn't that what we had been doing all along, taking care of our patients and customers? As we heard more, we discovered that it was more than what we had been doing. It was bigger! As this movement gained momentum, it began to talk about pharmacists accepting responsibility for the manner in which our patients used their medicines.

As is usual with the prospect of change, it was frightening. Even though we were all quite comfortable doing what we did, deep down we knew there must be more. It was also exciting as it promised an increased importance for pharmacists in the health care of our population. In a time of growing control over pharmacy practice and profitability by managed care, it offered hope for new opportunities.

All the elements of the profession of pharmacy saw this as a new strategic direction. Professional associations offered resolutions in support, encouragement to adopt, and continuing education to help in the transition. Boards of pharmacy, seeing that it could serve to improve health, promulgated rules that supported the clinical activities of pharmacists. Colleges of pharmacy changed their curricula to incorporate it.

Fast-forward 35 years to 2010 – a professional lifetime. New pharmacists are trained in the clinical aspects of a pharmaceutical care practice with an officially recognized service called medication therapy management (MTM). All practicing pharmacists have used continuing education programs to improve their clinical skills. Some state Medicaid programs incorporated it as a benefit, and Medicare Part D included it. A growing number of practitioners are successfully embracing it. And employers are slowly seeing it as a benefit for their employees.

But we seem to be stuck at that often referred to crossroads – the light seems to be stuck on either red or yellow. It never changes to green! Why is that?

We are like the Swedish couple sitting in the porch swing on a beautiful spring evening. He turns to his wife of many years and says, "Dear, I love you so much I can hardly keep from telling you."

We can hardly keep from telling our customers that we have something to offer that is important for their health. I think we need to look closely at the face that we as pharmacists present to

the public. Those of us who practice are told daily by our customers that they come to our pharmacy because they trust us, they get good advice and service from us, and they like us. Yet our pride is in how many prescriptions we fill and how quickly we can do it. We need to listen to our customers -- rarely if ever will someone say that they come to our pharmacy because of our ability to fill a lot of prescriptions. Or because of the price we charge for a prescription, since that is determined by their health plan.

We need to talk about what they are interested in! We need to begin to market to our strengths. The long-time metrics of "fast, cheap and accurate" are no longer valid. The new metric for medicine use is "did my medicine do for me what I wanted it to do?"

Most of us are not formally practicing pharmaceutical care or MTM in the sense that we interview a patient, document our findings and recommendations and create a care plan. I do believe the vast majority of pharmacist practitioners deliver valuable clinical services routinely in the course of their practices. I think that we underestimate and downplay the importance of the discussions that we have with our customers and patients "on the fly." These are conversations that we have in response to a focused question or concern rather than being comprehensive. Over time these interventions significantly affect the medication therapy and the health of the consumer who comes to us. We should be proud of that. However, we also need to ramp it up to the next level by offering documented MTM with follow up when appropriate.

This is where marketing enters. The press and policy people are talking about MTM. Employers and government health plans are slowly putting the benefit in place. Our customers and patients hear these discussions but don't connect it to the services that we are providing in our pharmacies. We must connect the valued services we provide in each of our pharmacies to the values of pharmaceutical care or MTM that our customers are hearing.

Our goal should be that consumers think of their pharmacy first as the place that helps them use their medicines appropriately – second as the place where they get their prescriptions! And the practice model we adopt should be sustainable for both the pharmacist and the pharmacy.

Pharmacy owners are very good at marketing the front end of the store — the card and gift department, the OTC section and seasonal merchandise. The professional part of the pharmacy is

usually promoted as “Hours 9 a.m. – 8 p.m.,” and “We take most health plans.” These are nice to know, but not concepts that instill fervor in our customers!

Marketing is based on thinking about the business in terms of customer needs and their satisfaction. We should all brush up on our marketing skills and apply them to our practice with the same amount of thought and resources we use to market the front end of our pharmacies.

In the end, I believe the most effective promotion of a service is face-to-face and builds on the trust that customers and patients have in the pharmacist. We can routinely connect the concepts of MTM that are being talked about in the press and by managed care with the services that we are providing in our pharmacy. Rather than talk about the services offered in the abstract, talk about them in the specific. “How are your glucose levels – do we need to consider a dose change?” “Are you seeing improvement toward goals for your cholesterol? Maybe another statin would give you better results?” That will get a more positive response than “Would you like some counseling – or MTM – or pharmaceutical care – today?”

The faculty of the college of pharmacy recognizes the need for better marketing within the practice community and believes that it can help. The college will launch a new rotation next fall that will focus on marketing of pharmacist services. The student will investigate the pharmacy market area, competition and opportunities for practice development. At the end of the rotation they will provide the pharmacy with a report of the findings. The students will meet weekly to discuss their findings and also to meet with

marketing experts to help them better understand the techniques of marketing.

One of the faculty members has received a grant from the Community Pharmacy Foundation to develop marketing tools for the community pharmacy. Additionally, a Ph.D. candidate at the Duluth campus is devoting his dissertation to the study of MTM marketing. And members of the UPlan MTM network will be offered a seminar in the spring that will be substantially about methods to market MTM services to UPlan members and others in the community.

There is a story about a guy who goes to a boxing match. Before the fight one of the boxers crosses himself. The guy turns to a priest who is sitting next to him and asks: “Father, do you think that by crossing himself the boxer will win the match?” The priest responds, “Only if he can box!”

Can pharmacists prevail in our desire to make MTM an important part of a sustainable practice? Yes, but only if we know how to manage, market and sell it!

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*Lowell J. Anderson, D.Sc., FAPhA, practiced in community pharmacy for most of his career. He is a former president of MPhA, MN Board of Pharmacy and APhA. In addition he has held positions in the Accrediting Council on Pharmacy Education, National Association of Board of Pharmacy and the United States Pharmacopeia. Currently he is co-director of the Center for Leading Healthcare Change, University of Minnesota and co-editor of the International Pharmacy Journal. He is a Remington Medalist.*



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## PHARMACY STUDENTS INJECT ENERGY INTO THE AWARxE CAMPAIGN

by Zachary Wyman, Class of 2011, University of Minnesota College of Pharmacy

This past year has been busy for AWARxE, a public awareness campaign designed to educate consumers on the dangers of illicit online pharmacies and counterfeit drugs. Because AWARxE has been expanding at a rapid rate, the campaign steering committee sought the help of student pharmacists from the College of Pharmacy at the University of Minnesota.

The AWARxE campaign is part of the Minnesota Pharmacists Foundation's mission, which is to "support activities that enhance public health through excellence in the profession of pharmacy." Based on the enormity of prescription drug abuse throughout the state and particularly among teenagers, students volunteered their time in focusing on middle school students.

The Minnesota Pharmacy Student Alliance (MPSA) has developed a new position, AWARxE Student Coordinator, to help facilitate AWARxE activities involving pharmacy students. Student pharmacists are involved in two areas, specifically: 1) Visiting local middle school classrooms to educate teenagers about medication abuse and act as positive role models, and 2) Volunteering in the Drug Enforcement Administration's (DEA) nationwide take-back event that is instrumental in removing prescription drugs that are often abused by teens.

### THE MIDDLE-SCHOOL PRESENTATION PILOT

The main activity during 2010 was focused on developing the middle-school presentation program. Last year, AWARxE volunteers built a solid foundation for expanding the school program. With a year's experience, the AWARxE steering committee and the MPSA student coordinators plan to expand the school program to high schools, elementary schools and to other school-related events.

The pilot program was initiated at a local school district in Minnesota and directed at teenagers, specifically in the eighth grade. The AWARxE student coordinators met with the district's drug and alcohol abuse coordinator to learn how pharmacy student presentations could be incorporated into the district's drug and alcohol abuse program. Five presentations to 150 eighth graders marked the beginning of many AWARxE presentations.

Collaboration with the school district's faculty and drug abuse prevention specialist was key to success. Student pharmacists realized they may soon be medication experts but didn't know much about

teaching eighth graders. So, they relied on the eighth grade health teacher and other experts to provide valuable pointers; Those recommendations included: 1) Keep it casual; 2) Sit with the kids; 3) Make it fun and interactive.



The pharmacy students conducted a humorous and engaging demonstration — they used the analogy of Skittles parties known to occur at some teenage gatherings. The middle-school students were asked to volunteer to drink and/or eat several beverages and foods that are healthy: fruit juice, milk, water, crackers, oatmeal, and

cheese. Then pharmacy students unveiled a cocktail of all those beverages and foods combined in a pitcher and asked who would drink this slurry of unrecognizable items. The teens understood the analogy — they got the message: Don't ever consume handfuls of random drugs!

Historically, teens have been told that drugs are bad, without adequate supporting information. The pharmacy student presenters asked the question: Are drugs bad? Most teens answered "yes" and a few said "no." The best answer was, "it depends." The presenters started the discussion by reinforcing that prescription drugs are not bad; it is the abuse and misuse of drugs that is dangerous to their immediate and long-term health.

So, were the presentations a success? They were! The teenagers were engaged, eager to volunteer, entertained, and interactive. But did the message stick? As the health teacher mentioned, "I was standing in the back of the room and one of my students who talks every day in class was sitting there with her eyes glued to the presentation. She came up to me afterwards and said, 'you know what I learned today? Drugs aren't bad; it is bad to abuse them'."

After the pilot program, the AWARxE student coordinators revamped the presentation working closely with the teacher on suggestions for future presentations. Commitments from 10 schools in Minnesota that would like AWARxE to present to their health classes have been secured. AWARxE does not charge schools for presentations; however, evaluating the effectiveness of the message to teens will require a computerized reporting system. With financial assistance, AWARxE can develop the right tools to collect data and support continuing teen programs. This campaign is a tremendous vehicle for demonstrating the value of pharmacists, and the

AWARxE continued on page 14

# HOW TO GRACIOUSLY (OR PROFESSIONALLY) DELIVER AN ACCEPTANCE SPEECH

By *THE Executive Speech Coach Patricia Fripp, CSP, CPAE*



Accepting an award is like walking a tightrope. You need to be gracious, grateful and appropriately humble. Be careful not to be so humble or self-deprecating that the audience thinks you are trivializing the honor. The warm glow of the occasion can suddenly turn chilly or sour with a few ill-chosen words.

## DON'T TRIVIALIZE

One gentleman I was coaching was due to receive an award from an organization with more than 100,000 members. Two thousand people would be in the audience. "I want to be funny," he told me, "so I'll start by saying how desperate they must be to give me this award." I persuaded him that he'd be insulting the organization and everyone who had ever been honored. We worked together to come up with a gracious acceptance speech, still funny, but one that would leave everyone present feeling great about the evening, the award, and the organization.

## DO BE APPROPRIATELY FUNNY

Daniel Dycus was the 2009 American Payroll Association's Man of the Year. Early in his speech he said, "Like many of the successes in my career, being awarded your 2009 PMOY came as a complete surprise. Growing up on a farm in Northwest Georgia, I always loved animals. In the ninth grade, my goal was to become a...veterinarian. My dreams were shattered in my first biology class. When the teacher said, 'You are in for a treat...this is the day you will be dissecting your first frog.' I turned...greener than the frog and decided the perfect career choice was... accounting."

If you are active in your local community or professional association, sooner or later, there is a high probability you will be presented with an award. It may be a surprise, or you may have time

to prepare. Use your answers to the following questions to weave a warm, wonderful story that will leave everyone with a big smile or maybe a tear.

## SEVEN QUESTIONS TO ASK YOURSELF

- Who nominated you?
- Who invited you to join this group or encouraged you to get involved in this project or event?
- What is your connection to this group?
- How do you feel about the people and the organization's goals?
- Why are they giving you this award?
- When was the first time you attended a meeting and what were your experiences?
- Have you seen someone else accept this same award?

The audience will not remember all the details of what you say, but they will remember the stories you tell. Include a memorable vignette or incident, something entertaining or touching about your connection.

## HONOR THE AUDIENCE

Dan Maddux, executive director of the American Payroll Association, received the Meeting Partner of the Year award from the National Speakers Association in 2001. His four-minute acceptance speech was one of the highlights of the convention. First, he said he was honored. Second, he said what his audience loved hearing: "I consider professional speakers to be my partners and my best investment in the success of my conventions."

## LEARN FROM THE OSCARS

Show biz can provide wonderful examples of great acceptance speeches. When Russell Crowe won an Oscar for "The Gladiator" (2000), he dedicated it to "Everyone who has seen the downside of disadvantage." Then he got the 2002 Golden Globe Award for

*Acceptance Speech continued on page 14*

## Acceptance Speech *continued from page 13*

"A Beautiful Mind." First, he gave credit to the characters in the film, offering special thanks to "John and Alicia Nash, for living such an inspirational love story." He added, "'A Beautiful Mind' is just a movie, folks, but hopefully it will help us open our hearts ... to believe that something extraordinary can always happen in our lives."

It's okay to be excited. Sally Field's joy when she won the 1979 Academy Award for Norma Rae has never been forgotten: "You like me! You really like me!" And when she won the 1987 Oscar for "Moonstruck," Cher said, "I know this does not mean I am somebody, but I am on my way to become somebody."

Action-star 'Everyman' Harrison Ford was honored with the Hollywood Foreign Press Association's Cecil B. DeMille Award in 2002, for "outstanding contribution to the entertainment field"—or more specifically, 35 movies over four decades, including "Star Wars," "Raiders of the Lost Ark," "Witness," "The Fugitive," and "Patriot Games." "In anticipation of tonight," he said, "I wrote two speeches, a long one and a short one. I'll give you the short one: Thank you. But it seems there might be enough time for the long one as well, which is: Thank you very much."

Whenever you have some advance notice, be sure to ask how long you are expected to speak. The shorter your time slot, the more you will need to practice! When the time comes, look directly at the audience. Never read your remarks. You can walk up on stage with notes, but they should consist of a few bulleted points.

Whenever you are involved in leadership in your professional organization, your company, or your community, or in philanthropy, you are likely to get an award some day. It's better to have a few well-crafted remarks ready just in case than to be caught speechless. Or worse, saying the wrong thing.

## **BE GRACIOUS. BE MODEST. BE PREPARED!**

Marty Rapozo, president of Abide International was one of five recipients to accept an award given by Chico State University for being an Outstanding Alumni at a formal, black-tie event. The opening line we created was "What an honor to be considered somebody else's success." In his seven-minute, tightly scripted presentation, he told of his hardworking immigrant parents, the advice that his counselors had given him that directed him to Chico State's first program on Construction Management. At the very grand celebration he stole the show with his very first speech ever. Even his toughest critic, his wife whispered, "You were amazing. It is obvious nobody else worked with a speech coach!"

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### **About the Author**

*Patricia Fripp is an executive speech coach, sales presentation trainer, and keynote speaker on sales, customer service, promoting business, and communication skills. She works with companies large and small, and individuals from the C-Suite to the work floor. She builds leaders, transforms sales teams and delights audiences. She is the author of Get*

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## **AWARxE *continued from page 12***

steering committees welcome your participation in the campaign's success though both volunteerism and financial contributions.

### **DEA MEDICATION TAKE-BACK EVENTS**

Pharmacy students are also planning more emphasis on drug take-back events. The DEA nationwide take back event on September 25, 2010, with the help of AWARxE volunteers, was very successful. The event allowed the public to turn in expired, unwanted, and unused medications with no questions asked and free of charge. There were 11 locations in the Twin Cities to drop off these medications staffed by pharmacists, pharmacy students and technicians. These events are important because taking back drugs limits the amount of prescription drugs available in households for people to abuse. More than 4,200 pounds of non-controlled medications and 435 pounds of controlled medications were safely and successfully collected and prepared for disposal. Information regarding volunteering for future DEA take-back events will be distributed by the AWARxE Steering Committee and the new student steering committee.

The AWARxE Steering Committee (consisting of two Minnesota Pharmacists Foundation Board of Trustees members, grant writers, marketing experts, MPhA staff and the AWARxE student coordinators) works to implement programs and provide information to inform Minnesota's youth and adults about the dangers of drugs if not properly used and the consequences of making wrong decision. Because this charge is broad, the steering committee is particularly enthusiastic regarding the energy that pharmacy students are expending on the AWARxE campaign. To help assist in the goals of the campaign, an AWARxE Student Steering Committee has been formed to update presentations, fundraise and offer support to students and teachers at the middle schools. This committee will consist of all students — first, second, third or fourth year. It is the vision of the steering committees that when pharmacy student volunteers adopt a middle school, they will take it as their own, and if possible, stay connected with this school well into their practicing years as a pharmacist.

If you would like more information, please visit the AWARxE Web site at [www.awarx.org](http://www.awarx.org). Here, consumers can learn about medication abuse, misuse, safety, and proper disposal of medications, as well as how to protect themselves from illicit, online pharmacies and counterfeit drugs. The site also promotes the value of pharmacists as medication experts and reliable community resources for medication information. A new blog allows users to keep informed on the disturbing trend of prescription and over-the-counter drug abuse.

Informed Minnesotans make better choices. Middle school students will have continuing opportunities to learn from pharmacy student volunteers in a relaxed, comfortable school setting. The AWARxE Student Steering Committee is looking for more volunteers, particularly, to present at middle schools in greater Minnesota.

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## ALIGNING PHARMACY PROFESSIONAL LIABILITY PREMIUMS WITH LOSS EXPERIENCE – **OUR RESPONSIBILITY TO OUR POLICYHOLDERS**

by Don McGuire, R.Ph., J.D.

As a mutual company, Pharmacists Mutual has a responsibility to its policyholders to understand where losses originate and to ensure that policyholders pay premiums commensurate with the risk. One method that many of you are familiar with is the Pharmacists Mutual Claims Study. We have been analyzing pharmacy professional claims since 1989 to determine how losses occur. For example, the most common problem is the patient receiving the wrong drug (almost 50% of our claims). You can see the entire Claims Study on our Web site, [www.phmic.com/Services/Risk Management/Professional Liability Risk Management](http://www.phmic.com/Services/Risk Management/Professional Liability Risk Management).

The Claims Study has some limitations. It deals only with the number of claims reported. It does not address the dollar amounts paid to resolve those claims. It also shows averages over the length of the study. It also includes claims from all lines of pharmacy professional liability. However, this is deceptive for compounding claims. The compounding category has only existed for the last half of the study's life. The current value for compounding claims (1.4%) is, therefore, artificially low. Of the compounding claims reported in the Claims Study, more than 35% resulted from a measuring or weighing error. Another 30% of those claims resulted from calculation errors, decimal point errors being the most common of these. These types of errors highlight the need for a highly controlled compounding process.

You may have noticed some changes in the Pharmacy Questionnaire we ask our policyholders to complete. Prescription volumes are now divided into six categories: noncompounded, non-sterile simple compounding, non-sterile complex compounding, low-risk sterile compounding, medium-risk sterile compounding, and high-risk sterile compounding. The sterile compounding categories are those created by the USP. For analysis purposes, Pharmacists Mutual subdivided the simple vs. complex nonsterile compounding categories. The questionnaire allows us to collect data on the risk experience in these various categories going forward. In the meantime, we have also done some retrospective review of our claims data.

In looking at the data from our businessowners policies from the last few years, we made some discoveries, some surprising and some not. There were almost eight times as many non-compounding claims as there were compounding claims (not surprising). But, on average, it costs over five times more per claim to resolve a compounding claim (surprising!). While compounding claims make up about 10% of our claims count, they account for roughly 40% of the claims dollars spent! The whys of this disparity still need to be explored. We also found out that non-sterile simple compounding was, in fact, simple. It made up a very small

percentage of the compounding losses.

Using this data, Pharmacists Mutual will be making changes to the way that we rate your pharmacy professional liability exposure starting next year. Risk factors have been assigned to the various categories and the total premium will be based on your unique mix of dispensing. For some customers, this may mean an increase in insurance premiums, others will not change, and some customers will see a decrease. Our goal is to align the premium that you pay with your risk exposure.

While other carriers are abandoning the pharmacy line of business or curtailing their coverage (such as excluding compounding), Pharmacists Mutual remains committed to insuring the pharmacy profession. We understand that even high risk operations can run profitably with minimal losses, if they have exceptional controls. Our next step will be to do further investigation and help to develop the controls that are needed in the modern pharmacy.

### COMPOUNDING CLAIMS:

- 35% WERE MEASURING OR WEIGHING ERRORS
- 30% WERE CALCULATION ERRORS
- COMPOUNDING CLAIMS ARE, ON AVERAGE, 5 TIMES AS EXPENSIVE AS OTHER PHARMACY PROFESSIONAL LIABILITY CLAIMS

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© Don McGuire, R.Ph., J.D., is General Counsel at Pharmacists Mutual Insurance Company.

*This article discusses general principles of law and risk management. It is not intended as legal advice. Pharmacists should consult their own attorneys and insurance companies for specific advice. Pharmacists should be familiar with the policies and procedures of their employers and insurance companies, and act accordingly.*

*This series, Pharmacy and the Law, is presented by Pharmacists Mutual Insurance Company and your State Pharmacy Association through Pharmacy Marketing Group, Inc. a company dedicated to providing quality products and services to the pharmacy community.*





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## ACCOUNTABLE CARE ORGANIZATIONS OR HEALTHCARE HOMES: **IS THERE A DIFFERENCE?**

by Michelle Korpela, Class of 2011, University of Minnesota College of Pharmacy

There are currently 37 certified health care homes (HCH) in Minnesota with approximately 100 more waiting to be certified. An eligible provider that provides the full range of primary care services and takes responsibility for the patient's care may apply for certification as a health care home and must reapply at the end of each year.<sup>1</sup> Healthcare homes differ from accountable care organizations (ACOs) because the home model is based on primary care providers working on primary/preventative care and coordinating with other providers. Examples of the healthcare home model include a broad spectrum of services from care managed by the pharmacist for patients experiencing medication interactions to services provided by social workers to arrange transportation for patients to and from physical therapy. The home model is *not* responsible for providing all of the care for the patient and is *not* responsible for all of the costs of caring for the patient. Under the home model, the health care home receives a coordination fee per member per month for Medical Assistance (MA) patients and state employees. Recently, Medicare patients have also been approved to receive services from this model.

An ACO<sup>2</sup> is distinguished by this difference: it is a group of providers taking responsibility for *all* care for an assigned set of patients and is paid per patient, not per procedure. ACOs receive financial incentives for achieving good outcomes at lower costs through focusing on prevention. Currently, an organization can become an ACO if it calls itself one. Fairview, Allina and Mayo are somewhat calling themselves ACOs. A few smaller organizations in rural Minnesota do not refer to themselves as ACOs, but use that model of coordinating primary care providers with nursing homes and critical access hospitals. To date, there is no "certification" because the Centers for Medicare and Medicaid Services (CMS) has not yet released guidelines. It was expected that guidelines would be released in September 2010; however, they will likely be released early in 2011. Health care reform statutes require health care homes be operational by January 2012. That will be challenging because the draft rules must first be released, followed by a 60-day comment period.

Interested organizations may begin working to be compliant with the expected ACO guidelines; but until the official release, organi-

zations cannot complete the certification process. Examples given of beginning preparations include implementing or upgrading

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*An ACO is distinguished by this difference: it is a group of providers taking responsibility for ALL care for an assigned set of patients and is paid per patient, not per procedure.*

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electronic medical records, physician order entry and e-prescribing. The general idea is to begin getting primary care providers integrated and affiliated with a large number of providers in that defined community in order to coordinate care among providers such as inpatient, outpatient, nursing care, pharmacy and others. It is unclear at this time what the guidelines will specifically require of a provider network to be considered an ACO. It is similarly unclear whether patients will be required to be in a limited provider network or if individual patients will be allowed to

choose their providers.

Organizations can begin the application process now, apply to become certified by CMS once the guidelines are available and hope to be operational to meet the proposed deadline of January 2012.

Source: Matt Anderson, Minnesota Hospital Association, Vice President, Regulatory and Strategic Affairs, (651) 659-1429.

<sup>1</sup> Health Care Homes Draft Rules Presentation, April 27, 2009. Minnesota Department of Health and the Minnesota Department of Human Services. 2008 - Health Care reform legislation requires "health care homes" for all Medicaid/SCHIP/state employees /privately insured in Minnesota. HCH is collaboratively organized in state government between the Minnesota Department of Health and the Department of Health and Human Services with emphasis on public-private collaboration.

<sup>2</sup> Section 10332 of the Patient Protection and Affordable Care Act (ACA) adds a new subsection to Section 1874 of the Social Security Act, requiring that the Secretary establish a process to allow the use of standardized extracts of Medicare Parts A, B, and D claims data to evaluate and report on the performance of providers of services and suppliers on measures of quality, efficiency, effectiveness and resource use. The effective date of this section is January 1 2010.

"Background Paper for September 20, 2010 LISTENING SESSION: Section 10332 of The Patient Protection and Affordable Care Act: Availability of Medicare Data for Performance Measurement." <http://www.cms.gov>.



Students (left to right) Laura Palombi, Maggie Kading, Prasanna Narayanan, Sara Shuster and Akua Appiah-Num spoke with individuals at the CHUM (Churches United in Ministry) homeless shelter about sugar intake and cholesterol in the diet.

# STUDENT PHARMACISTS SERVE THE DULUTH COMMUNITY

## WHILE ADVANCING THE PRACTICE OF PHARMACY

by Laura Palombi, Class of 2012, student at the College of Pharmacy in Duluth, MPSA's Vice-President of Community Outreach.

Today's economic reality has had a negative impact on many people's health. Employment rates are low and uninsurance rates are climbing, especially in the working poor and middle class. Many people can no longer afford to see a doctor regularly, their only contact with a health care provider being in the emergency room for an acute situation. Many of the crises that bring people to the emergency room could have been avoided with good preventative care. Although pharmacists cannot fill the role of a primary care provider, they can provide life-saving screenings and education to those that need it most to better address the health disparities that have become so predominant. Student pharmacists at the University of Minnesota College of Pharmacy have combined their passion for serving the economically disadvantaged with their desire to practice new clinical skills. They are eager to make positive changes in working toward the elimination of health disparities, and have contributed a great deal to their communities in 2010.

Students in the Minnesota Pharmacy Student Alliance (MPSA), an umbrella organization that includes MPhA, have maintained a very busy schedule of health fairs in addition to starting some new initiatives to better serve their community. In 2010, MPSA students on the Duluth campus screened 119 patients at the Mariner Mall Health Fair in Superior, 29 at the Dual Campus Health Fair in Braham, 40 patients at the Rainbow Center Health Fair in Duluth's Hillside neighborhood, 23 patients at the Shopko Health Fair in Duluth, 41 patients at the Maurices Health Fair in Duluth, and 34 patients at the Esko Health Fair. Screenings provided at MPSA health fairs include blood pressure, blood glucose, cholesterol and bone density in addition to medication reviews, and are provided free of charge to those residing in low-income communities. Additionally, Duluth students are now starting to provide immunizations for those who don't have adequate access to health care, also at MPSA health fairs, and are initiating educational programming at a local homeless shelter on making healthy choices.

Students at the College of Pharmacy in Duluth collaborated with Thrifty White Pharmacy of Cloquet at the Rainbow Center in Duluth's Central Hillside neighborhood to provide free health screenings as well as immunizations to Duluth's lowest income community members. The Rainbow Center is a community gathering site that provides resources for low-income, elderly, mentally and physically challenged individuals who live in the subsidized housing complexes in Duluth's Hillside neighborhood. Although the College of Pharmacy in Duluth has served the community with

health and wellness screenings since its inception in 2005, this event was the first that provided members of the community with an opportunity to get their flu shot. The event provided free health screenings for blood pressure, blood glucose, cholesterol and bone density as well as the opportunity to discuss their test results and medications with a pharmacy student and/or pharmacist. Debbie Isakson, pharmacy manager at Thrifty White and Pharmacist Paul Heim provided pharmacy students with the opportunity to practice their immunizing skills and patients the convenience of on-site insurance billing. Thrifty White has an established immunizing practice in the Duluth area, having held over 80 immunization clinics and giving more than 2800 immunizations in 2010.

Improved public education is recognized as key intervention in any effort to narrow health disparities and improve the health of a community on a socio-environmental level, and improving health literacy is a recognized way to intervene on an individual level. Students at the College of Pharmacy in Duluth are implementing new educational programs in the area's lowest income communities to improve health literacy by talking to community members about making healthy lifestyle choices. Members of MPSA have teamed up with members of MPSO (the Multicultural Pharmacy Student Organization) to present topics that have included sugar intake, fat intake and cholesterol, as well as hypertension. Presentations have been done at the CHUM center (a local homeless shelter) and at the Rainbow Center in Duluth's Hillside neighborhood.

Students at the College of Pharmacy on both campuses are always eager to find supervising pharmacists to assist them at health fairs and educational events so that they can do even more good in 2011. A supervising pharmacist can be any Minnesota-licensed hospital or community pharmacist who is eager to make a difference in the health of a community! To participate as a supervising pharmacist in a Duluth or rural Minnesota event, please contact Laura Palombi, MPSA vice-president for Community Outreach in Duluth, at [palo0026@d.umn.edu](mailto:palo0026@d.umn.edu). To participate as a supervising pharmacist in a Twin Cities event, please contact Brittany Ellass, MPSA vice-president for Community Outreach at the Twin Cities campus, at [ellass001@umn.edu](mailto:ellass001@umn.edu). Together we can make a difference in our communities!

# MPhA BOARD OF DIRECTORS AND VOLUNTEERS

The Minnesota Pharmacists Association is comprised of many important areas that affect the association as a whole. Some of these areas are elected positions (board of directors), and others are by appointment or volunteer (committees, task forces, etc.). All members of MPhA are eligible to run for an elected position or participate in other areas as representatives of their setting, academy or district.

## BOARD OF DIRECTORS

The MPhA Board of Directors (BOD) is comprised of elected officers and representatives who represent all pharmacy practice settings and geographic regions in Minnesota. The Minnesota Pharmacy Student Alliance (MPSA), the University of Minnesota College of Pharmacy, and the Minnesota Society of Health-System Pharmacists (MSHP) also sit on the MPhA board as representatives of their respective pharmacy organizations. The board meets bi-monthly, and is responsible for reviewing and revising the MPhA strategic plan and incorporating resolutions passed by the MPhA House of Delegates.

Elections for open board positions occur annually, with a swearing in ceremony at the conclusion of each MPhA Annual Meeting. If you are interested in running for a board position, please contact Julie Johnson at the MPhA office.

## HOUSE OF DELEGATES

The House of Delegates (HOD) reviews recommendations and policies to go before the Board of Directors, and is comprised of delegates from each of MPhA's Districts and Academies for a full representation of pharmacy in Minnesota. The largest HOD meeting is held each June during the MPhA Annual Meeting.

Any MPhA member may volunteer to be a district/academy delegate for the HOD. Individual district and academy chairs will determine the amount of delegate reimbursement. If you are interested in being a delegate, please contact your chair or Julie Johnson at the MPhA office.

## ACADEMIES

MPhA recognizes the diverse areas of practice in Minnesota. Academies allow members in the same practice setting to interact and dis

MPhA 2011/2012

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chenglo11@gmail.com

James Marttila (term ends 2012)  
Mayo Clinic  
Business Phone: (507)284-8243  
marttila.james@mayo.edu

### BOARD MEMBERS AT LARGE

Tiffany Elton (term ends in 2012)  
Min-No-Aya-Win Clinic  
Business Phone: 218-878-2154  
tiffanyelton@fdlrez.com

Randy Seifert (term ends in 2011)  
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rseifert@umn.edu

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jill.strykowski@allina.com

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Cub Pharmacy - Chanhassen  
Business Phone: 952-934-2865  
vari0001@umn.edu

### STUDENT REPRESENTATION

MINNEAPOLIS  
MPSA STUDENT LIAISON:  
Brittany Alms  
almsx007@umn.edu

DULUTH  
MPSA STUDENT LIAISON:  
Alicia Mattson  
Mattson Pharmacy Inc  
Business Phone: 218-463-2465  
matt0563@d.umn.edu

### EX-OFFICIO

Rod Carter, COP  
U of M College of Pharmacy  
Business Phone: 612-625-1135  
carte068@umn.edu

Julie K. Johnson, MPhA  
Minnesota Pharmacists Association  
Business Phone: 651-789-3204  
julie@mpha.org

MSHP  
952-541-9499

cuss issues important to their field. Each academy reports to the BOD for any action needing support, as well as the HOD.

Current MPhA Academies include:

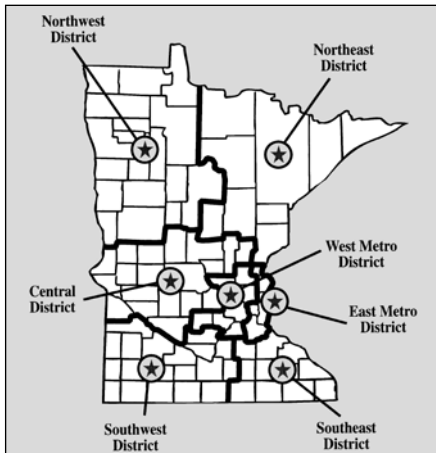
- ACADEMIC
- CHAIN MANAGEMENT
- COMMUNITY
- HOSPITAL
- INDEPENDENT OWNER
- INDUSTRY
- LONG TERM CARE
- MANAGED CARE
- MEDICATION THERAPY MANAGEMENT
- TECHNICIAN

Each academy is appointed one delegate at HOD meetings, with one additional delegate per every additional 50 members in the academy.

Each academy chair is responsible for setting meetings and agendas for the academy's members. New academy chairs are elected each odd year by the members of the academy.

Members may choose to participate in multiple academies for a nominal fee, but may only serve as a delegate for any one academy or district per HOD meeting. Contact Julie Johnson at the MPhA office for more information on academies.

## DISTRICTS



Minnesota is divided into seven districts to allow members in each district to network and discuss regional news and practice ideas.

Each district reports to the BOD for any action needing support as well as the HOD. Each district has three delegates on the HOD, with one additional delegate for every additional 100 members in the district.

Each district chair is responsible for setting meetings and agendas for their members. New chairs are elected each odd year by the members of the district.

Some districts take advantage of local Pharmacy Night meetings to gather and discuss district business, including the election of officers.



# SPRING PHARMACY NIGHTS

## SAVE THE DATE!

April 19 • Duluth

April 20 • Twin Cities

April 27 • Fargo/Moorhead

April 28 • Alexandria

May 4 • Rochester

May 5 • Sioux Falls/Worthington

## COMMITTEES AND TASK FORCES

In order to address pharmacy issues on multiple levels, MPhA has designated committees and task forces to review and recommend action to the Board of Directors. For more information on current committee and task force opportunities, see the volunteer form on the next page.

- PUBLIC AFFAIRS AND POLICY DEVELOPMENT
- PROFESSIONAL AFFAIRS
- AWARDS
- COMMUNITY PHARMACY BUSINESS
- EDUCATIONAL ADVISORY
- EDITORIAL ADVISORY BOARD

# MPhA COMMITTEES AND TASK FORCES

## THE POWER BEHIND THE ASSOCIATION

The Minnesota Pharmacists Association's committees and task forces address pharmacy issues on every level. Members of all practice settings (including technicians and students) are needed to provide valuable insight and feedback on the workings and advancement of the association. To become active in a committee or task force, submit the interest form located below, or contact the MPhA office for more details. *MPhA's committees and task forces guide the association, making it as successful as it is today!*

### **PUBLIC AFFAIRS & POLICY DEVELOPMENT COMMITTEE**

Actively engage in grassroots efforts to pursue MPhA initiatives, monitor and react to state and federal legislation and policies. Review and recommend new business for the MPhA Board of Directors and House of Delegates. Meets 10x/Year.

### **PROFESSIONAL AFFAIRS COMMITTEE**

Define and review the pharmacist's role in the medical home. Review health care reforms, pharmacy practice act, dispensing compensation, and pharmacy services. Address issues related to the pharmacist's scope of practice and the advancement of pharmacy. Meets 10x/Year.

### **AWARDS COMMITTEE**

Review and recommend changes to the MPhA award system. This includes changes in criteria or the creation of new awards. Review nomination forms and select award recipients. Meets 2x/Year.

### **COMMUNITY PHARMACY BUSINESS COMMITTEE**

Identify and pursue initiatives to improve the community pharmacy business climate. Support pharmacy business education in economic strategies. Develop materials to help pharmacists with provider issues. Meets 10x/Year.

### **EDUCATIONAL ADVISORY COMMITTEE**

Review and suggest educational opportunities for members that will allow them to grow and stay current with changes in the field. Meets 3x/Year. *Committee members will participate in one of the three planning subgroups as a non-committee member: Annual Meeting, Fall Clinical Symposium, Midwinter, Technician Summit, or Technician Conference.*

### **EDITORIAL ADVISORY BOARD**

Suggest ideas for articles and/or authors. If willing, advisory board members might write articles for the journal. Our first meeting will take place in person at the MPhA office, and will probably run at least one hour (but no longer than two hours). Subsequent meetings may take place via conference call. Meets 4x/Year.

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## COMMITTEE/TASK FORCE VOLUNTEER APPLICATION

Support the role  
of pharmacists  
in the field and  
the association.  
YOU can make  
a difference!

The Minnesota Pharmacists Association relies on its members and pharmacy professionals to lend their time and insight to our committees and task forces to make them successful components of our profession. The association is continually seeking pharmacists, students, technicians and other pharmacy professionals to become involved and be active in promoting and supporting the work of the association and making pharmacy in Minnesota a profession worth fighting for.

We welcome your interest in serving on one of the above committees or task forces. Please submit this form by fax or mail to the MPhA office. Sign up today and join your peers to take an active role in the perception of pharmacy in Minnesota!

YES! I would like to serve on the following committee/task force:

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

# ASSOCIATION BENEFITS

The Minnesota Pharmacists Association's number one priority is its members. MPhA strives to provide services and benefits to our members that not only promote the profession of pharmacy in Minnesota, but the professional lives of our members as well. Ranging from advocacy and communication to discounted professional and business programs, we are always on the search for benefits that are valuable to you as pharmacy professionals.

Many of our benefits can be accessed easily through our Web site. From online dues renewal, conference registration and member searches, we strive to not only make membership valuable, but easy to use and navigate. Not able to find what you are looking for? Contact our office and we can help point you in the right direction.

To access your online member benefits, use your email and personal password to login. Your MPhA Member Portal page will allow you quick access to view your current contact information, registered events, and invoice statements. If you forget your password, use the password link to have it reset through your email account. Still having problems? Give us a call to confirm we have the correct email on file.

## MEMBERSHIP DUES:

*Check with your employer to see if they cover a portion of MPhA membership.* Membership dues can be renewed online and a portion of your dues is tax deductible (consult your tax adviser with questions). We offer a variety of options to make payment more convenient, including a monthly debit program that will debit your credit card, checking or savings account each month (call the MPhA office to set up this feature).

## ADVOCACY

MPhA works to provide members with a "voice" in pharmacy at the state and national levels. The association puts a "face on pharmacy" through media and outreach to health care entities who rely on MPhA for information and resources related to pharmacy services.

Through legislative representation, policy planning, and lobbying, the association ensures that issues pertaining to pharmacy are not overlooked or undercut. We fight for the rights of pharmacists and pharmacy professionals to provide the highest level of care to the patients they serve. MPhA encourages members to become involved in this process by being active in grassroots actions and events. *As a member, you will have access to important updates and resources made possible by your support.*

## PROFESSIONAL DEVELOPMENT AND EDUCATION

MPhA provides a variety of events throughout the year to keep members involved in pharmacy issues while offering continuing education, networking opportunities and fun! Events are listed on the MPhA Web site and are open to all. Members receive a discount on selected event programming, such as Annual Meeting, Fall Clinical Symposium, and Midwinter Conference.

Online pharmacy education is also available through the MPhA Web site. Home Studies and Learn Something offer a variety of topics and timelines to fit your needs.

## PRODUCTS AND SERVICES

Members benefit from discounted rates and prices on both professional and business related services.

### Professional Services

- Pharmacists Letter
- Pharmacists Mutual Insurance
- Technician Manuals

### Business Services

- Coupon Redemption Program
- PAAS 3rd-Party Audit Services
- Credit Card Processing Services
- Pharmacists Financial Service
- Discounted AAA Automotive Membership

## COMMUNICATION

Communication is our cornerstone of keeping you informed of association, state and national news and action.

### Minnesota Pharmacist

The *Minnesota Pharmacist* is the association's quarterly journal that contains articles and features on today's pharmacy topics, and mails to all MPhA members.

### CAPS

CAPS is our monthly faxed/emailed newsletter that keeps pharmacy professionals abreast of timely pharmacy issues and happenings. The newsletter is faxed to all pharmacies in the state, and is emailed to all MPhA members.

### E-News

E-News is our email newsletter that goes out to all subscribed members. Monthly e-news shares upcoming events and topics, while single e-news items may alert you to important legislative or MPhA issues.

## CAREER CENTER

Tailored to both our job seekers and employers, our Career Center allows you to browse openings or post opportunities at your convenience. Search for Minnesota locations, or broaden your search to outside states. The center holds a variety of options to tailor results to your needs.

## RESOURCES

Members receive special online access to pharmacy resources. From MTM templates and brochures to information on immunizations, we save you valuable time by having these resources readily available to you for use in your practice.

# MPhA COMMUNITY PHARMACY DEFENSE FUND

## COMMUNITY PHARMACY DEFENSE FUND

The Community Pharmacy Defense Fund was established by independent pharmacy owners and chain managers to develop a pool of funding that could be used to fund initiatives to move pharmacy from a position of defending the status quo to pursuing an aggressive agenda, thus combating the growing number of threats to community pharmacy, chief among them being:

- The inability to negotiate with third-party payers.
- Predatory pricing strategies and below-cost sales.
- The growing threat of mandatory mail-order plans and discriminatory co-pay incentives.
- The threat of continuing cuts in pharmacy reimbursement in the public and private sectors.
- The unrelenting drive by state officials to push the limits of personal importation of prescription drugs.
- The probable increasing difficulty for rural pharmacies to remain viable and to transition ownership.

Contributions of \$1,000 per pharmacy are dedicated to the Community Pharmacy Defense Fund, and held in trust by the Minnesota Pharmacists Association. The fund is set up so that funding is directly applied to expenses associated with specific community pharmacy initiatives.

I agree to contribute \$1,000 per store.

\$1,000 x \_\_\_\_\_ stores = \$ \_\_\_\_\_

I wish to contribute an additional \$ \_\_\_\_\_ to help fund MPhA's efforts to maintain a favorable climate for community pharmacy.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

PAYMENT BY:

Check  Mastercard  Visa  Discover

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

BILLING ADDRESS:  Same as above

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## THANK YOU TO OUR DEFENSE FUND SUPPORTERS!

*Those below contributed to the 2010 Community Pharmacy Defense Fund.*

Astrup Drug  
Baron's Phcy  
Bergs Phcy  
Bloomington Drug  
Breen's Phcy  
Coborn's Phcy  
CVS  
Dakota Drug  
Erickson Drug  
Fairview Health Services  
Genoa Healthcare  
Goodrich Phcy  
GuidePoint Phcy  
HealthPartners  
Hennepin Cty Medical Ctr  
Hopkins Center Drug

Iverson Corner Drug  
Kemper Drug  
Lakes Area Phcy  
Lewis Drug  
Med Save Phcy  
Melrose Phcy  
NACDS  
New Richland Drug  
Noble Drug/SMN Inc  
Nord's Phcy & Gifts  
Park Nicollet  
PCA - Falcon Medical  
Peters Thrifty White  
Planned Parenthood  
Progressive Health  
Roundy's Supermarket

Scofield Drug  
Setzer Phcy  
St Paul Corner Drug  
Thrifty White Drug  
Trumm Drug  
Walgreens  
Warroad Heritage  
West Seventh Phcy  
Witt's



# MPhA PHARMACY FUTURE FUND

## PHARMACY FUTURE FUND

The Minnesota Pharmacists Association established the Pharmacy Future Fund more than ten years ago to raise funds that would allow MPhA to move our efforts to support community pharmacy in Minnesota to a new level. This fund has provided the vehicle for MPhA to maintain full-time advocacy, to take on third-party issues, and to address the business needs of community pharmacists.

While this program has enabled MPhA to pursue many objectives on behalf of community pharmacy, there are more that have been identified as priorities that we fully intend to pursue. Our motivation to accomplish these tasks is high, and eventually we will get there – but resources behind motivation would enable a more rapid path to success.

I authorize my wholesaler(s) to place a one tenth of a percent Pharmacy Future Fund contribution on my regular pharmaceutical purchase invoices. I understand that this is a donation to the MPhA Pharmacy Future Fund.

Name: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## THANK YOU TO OUR FUTURE FUND SUPPORTERS!

*The below contributed to the 2010 Pharmacy Future Fund.*

Arenson Annandale Pharmacy	Foley Drug	Parkers Trumm Drug	Scofield Drug
Bergh Pharmacy	Globe Drug	Pelican Drug	Thronset Pharmacy
Bergs Pharmacy	Goodrich Pharmacy	Peterson Thrifty White	Trumm Drug #1
City Drug	Goltz Pharmacy	Prescription Center	Trumm Drug Clinic Pharmacy
Corner Drug, LeSueur	Guidepoint Pharmacies	Pro Pharmacy #1	Trumm Drug-Elbow Lake
Crosstown Drug	Herrmann Drug	Pro Pharmacy #2	Trumm Drug-Glenwood
Eagle Drug	Lakes Area Pharmacy	Ramsey Pharmacy	Village Pharmacy & Gift
Family Pharmacy South	Lake Country Drug	Range Drug	
Family Rexall Drug	Moob Pharmacy	St. Paul Corner Drug	



## PLEASE SUPPORT MPhA TO ADDRESS THE NEEDS OF COMMUNITY PHARMACY!

Choose to support the Defense Fund or the Future Fund (or both!) by returning the information located under each fund to the MPhA office. If you have additional questions about our pharmacy funds, please call us during normal business hours (8:00 am to 5:00 pm) or send an email to [info@mpha.org](mailto:info@mpha.org).

Mail or fax form(s) to: MINNESOTA PHARMACISTS ASSOCIATION  
1000 Westgate Drive, Suite 252 | St. Paul, Minnesota 55114  
651.290.2266 fax

Questions? 800-451-8349 or 651-697-1771

# MPhA AWARD NOMINATION FORM

Please provide a letter of support for each award nominee describing in detail the reasons for the MPhA Awards Committee to consider your nominee. Include specific examples and/or details. Attach your nomination letter and any supporting documents to this form, including a current CV of nominee if possible. **Nominations that do not include adequate information will not be considered until missing information is submitted.** Nominators will be notified when nominations are received by the MPhA office and if additional information is required. Please see the MPhA Web site for additional award information and forms: [www.mpha.org](http://www.mpha.org).

## HAROLD R. POPP AWARD

Sponsored by MPhA, the Popp Award recognizes one pharmacist annually for outstanding services to the profession of pharmacy. This is the highest honor bestowed by the association.

NOMINEE'S NAME: \_\_\_\_\_ WORKPLACE: \_\_\_\_\_

## BOWL OF HYGEIA AWARD

Sponsored by Pfizer, the Bowl of Hygeia recognizes pharmacists who possess outstanding records of civic leadership in their own communities, from which their specific identification as a pharmacist reflects well on the profession.

NOMINEE'S NAME: \_\_\_\_\_ WORKPLACE: \_\_\_\_\_

## DISTINGUISHED YOUNG PHARMACIST AWARD

Sponsored by Pharmacists Mutual Companies, the Distinguished Young Pharmacist Award recognizes a young pharmacist within his/her first ten years of practice who has distinguished himself/herself in the field of pharmacy. This pharmacist is also a participant in national pharmacy associations, professional programs, state association activities and/or community service.

NOMINEE'S NAME: \_\_\_\_\_ WORKPLACE: \_\_\_\_\_

## EXCELLENCE IN INNOVATION AWARD

Sponsored by Upsher-Smith Laboratories, Inc., the Excellence in Innovation Award recognizes innovative pharmacy practice resulting in improved patient care.

NOMINEE'S NAME: \_\_\_\_\_ WORKPLACE: \_\_\_\_\_

## PHARMACY TECHNICIAN AWARD

Presented by MPhA, the Pharmacy Technician Award recognizes a pharmacy technician in any practice setting who demonstrates leadership in their work and in their community. This includes demonstrating professionalism by participation in pharmacy association, professional programs and/or community service, promoting teamwork within the pharmacy, providing leadership and serving as a role model for coworkers, developing or assisting development of efficient safe procedures that support the provision of pharmaceutical care.

NOMINEE'S NAME: \_\_\_\_\_ WORKPLACE: \_\_\_\_\_

*Recognizing  
members who  
are an  
inspiration  
to the field of  
pharmacy!*

### NOMINATOR'S INFORMATION:

NAME (please print): \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PLEASE RETURN ALL NOMINATIONS BY MARCH 15, 2011 TO THE MPHA OFFICE.**

## Format for Abstract

1. Entire abstract in one paragraph with no margins. INDENT 4 spaces for first line. No less than 10-pitch type. Stay within borders!
2. Abstract should contain:
  - Statement of purpose
  - Methodology
  - Results and discussion
  - Conclusion
3. Visual Aids needed, if platform
  - LCD projector\*  
(\*You must bring your own laptop or a flash drive for file transfer)
4. A 4' x 8' Velcro Board will be provided for poster presentations. A 6' table will be provided **only if requested by May 27, 2010. Electrical hookup is not available for poster presentations.**
5. **E-mail address of contact person**  
(notification of receipt and acceptance will be sent to this address)

6. If you have questions about writing an abstract, contact Todd Sorensen, PharmD. Associate Professor, College of Pharmacy, University of Minnesota, soren042@umn.edu
7. **Return abstract by:**  
**Friday, April 22, 2011 to the MPhA office to [Julie@mph.org](mailto:Julie@mph.org) or fax: 651-290-2266**

## ABSTRACT

MINNESOTA PHARMACISTS ASSOCIATION 127th ANNUAL CONFERENCE  
June 11, 2011

platform presentation     poster presentation     to be determined by committee

Full name(s) of author(s)\*, institution and address of corresponding author:

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Title: \_\_\_\_\_

\* Please indicate designation of author(s), e.g., R.Ph., PharmD, etc.

# MINNESOTA SENATORS



Senate Floor ©Bill Nau



## CAPITOL

75 Rev. Dr. Martin  
Luther King Jr. Blvd.  
Room (See numbers across)  
St. Paul, MN 55155-1606

## STATE OFFICE BUILDING

100 Rev. Dr. Martin  
Luther King Jr. Blvd.  
Room (See numbers across)  
St. Paul, MN 55155-1206

[www.senate.leg.state.mn.us](http://www.senate.leg.state.mn.us)

- Find your district
- Find your senator
- Learn about your senator
- Contact/email your senator

If you don't know what district you are in, visit the Minnesota Senate Web site to find out who represents you.

NAME	PARTY	DIST	RM	BUILDING	PHONE	EMAIL
Anderson, Ellen R.	DFL	66	141	State	296-5537	Use Mail Form
Bakk, Thomas M.	DFL	6	147	State	296-8881	Use Mail Form
Benson, Michelle R.	R	49	G-24	Capitol	296-3219	sen.michelle.benson@senate.mn
Berglin, Linda	DFL	61	113	State	296-4261	Use Mail Form
Bonoff, Terri E.	DFL	43	133	State	296-4314	sen.terri.bonoff@senate.mn
Brown, David M.	R	16	205	Capitol	296-8075	sen.david.brown@senate.mn
Carlson, John	R	4	320	Capitol	296-4913	sen.john.carlson@senate.mn
Chamberlain, Roger C.	R	53	306	Capitol	296-1253	sen.roger.chamberlain@senate.mn
Cohen, Richard J.	DFL	64	109	State	296-5931	Use Mail Form
Dahms, Gary H.	R	21	111	Capitol	296-8138	sen.gary.dahms@senate.mn
Daley, Theodore J. "Ted"	R	38	G-24	Capitol	297-8073	sen.ted.daley@senate.mn
DeKruif, Al	R	25	G-24	Capitol	296-1279	sen.al.dekruif@senate.mn
Dibble, D. Scott	DFL	60	115	State	296-4191	sen.scott.dibble@senate.mn
Fischbach, Michelle L.	R	14	226	Capitol	296-2084	sen.michelle.fischbach@senate.mn
Gazelka, Paul E.	R	12	325	Capitol	296-4875	sen.paul.gazelka@senate.mn
Gerlach, Chris	R	37	120	Capitol	296-4120	sen.chris.gerlach@senate.mn
Gimse, Joe	R	13	303	Capitol	296-3826	sen.joe.gimse@senate.mn
Goodwin, Barb J.	DFL	50	123	State	296-4334	sen.barb.goodwin@senate.mn
Hall, Dan D.	R	40	325	Capitol	296-5975	sen.dan.hall@senate.mn
Hann, David W.	R	42	328	Capitol	296-1749	Use Mail Form
Harrington, John M.	DFL	67	17	State	296-5285	sen.john.harrington@senate.mn
Higgins, Linda	DFL	58	27	State	296-9246	sen.linda.higgins@senate.mn
Hoffman, Gretchen M.	R	10	124	Capitol	296-5655	sen.gretchen.hoffman@senate.mn
Howe, John Sterling	R	28	323	Capitol	296-4264	sen.john.howe@senate.mn
Ingebrigtsen, Bill	R	11	303	Capitol	297-8063	sen.bill.ingebriksen@senate.mn
Jungbauer, Michael J.	R	48	235	Capitol	296-3733	sen.mike.jungbauer@senate.mn
Kelash, Kenneth S.	DFL	63	129	State	297-8061	sen.kenneth.kelash@senate.mn
Koch, Amy T.	R	19	208	Capitol	296-5981	sen.amy.koch@senate.mn
Kruse, Benjamin A.	R	47	124	Capitol	296-4154	sen.benjamin.kruse@senate.mn
Kubly, Gary W.	DFL	20	103	State	296-5094	sen.gary.kubly@senate.mn
Langseth, Keith	DFL	9	139	State	296-3205	Use Mail Form
Latz, Ron	DFL	44	121	State	297-8065	sen.ron.latz@senate.mn
Lillie, Ted H.	R	56	124	Capitol	296-4166	sen.ted.lillie@senate.mn
Limmer, Warren	R	32	122	Capitol	296-2159	sen.warren.limmer@senate.mn
Lourey, Tony	DFL	8	125	State	296-0293	sen.tony.lourey@senate.mn
Magnus, Doug	R	22	205	Capitol	296-5650	sen.doug.magnus@senate.mn
Marty, John	DFL	54	119	State	296-5645	Use Mail Form
Metzen, James P.	DFL	39	25	State	296-4370	sen.jim.metzen@senate.mn
Michel, Geoff	R	41	208	Capitol	296-6238	sen.geoff.michel@senate.mn
Miller, Jeremy R.	R	31	320	Capitol	296-5649	sen.jeremy.miller@senate.mn
Nelson, Carla J.	R	30	111	Capitol	296-4848	sen.carla.nelson@senate.mn
Newman, Scott J.	R	18	301	Capitol	296-4131	sen.scott.newman@senate.mn
Nienow, Sean R.	R	17	120	Capitol	296-5419	sen.sean.nienow@senate.mn
Olson, Gen	R	33	235	Capitol	296-1282	sen.gen.olson@senate.mn
Ortman, Julianne E.	R	34	120	Capitol	296-4837	sen.julianne.ortman@senate.mn
Pappas, Sandra L.	DFL	65	143	State	296-1802	Use Mail Form
Parry, Mike	R	26	309	Capitol	296-9457	sen.mike.parry@senate.mn
Pederson, John C.	R	15	G-24	Capitol	296-6455	sen.john.pederson@senate.mn
Pogemiller, Lawrence J.	DFL	59	15	State	296-7809	Use Mail Form
Reinert, Roger J.	DFL	7	149	State	296-4188	sen.roger.reinert@senate.mn
Rest, Ann H.	DFL	45	105	State	296-2889	Use Mail Form
Robling, Claire A.	R	35	226	Capitol	296-4123	sen.claire.robbling@senate.mn
Rosen, Julie A.	R	24	322	Capitol	296-5713	sen.julie.rosen@senate.mn
Saxhaug, Tom	DFL	3	135	State	296-4136	sen.tom.saxhaug@senate.mn
Scheid, Linda	DFL	46	23	State	296-8869	Use Mail Form
Senjem, David H.	R	29	121	Capitol	296-3903	sen.david.senjem@senate.mn
Sheran, Kathy	DFL	23	127	State	296-6153	sen.kathy.sheran@senate.mn
Sieben, Katie	DFL	57	151	State	297-8060	sen.katie.sieben@senate.mn
Skoe, Rod	DFL	2	107	State	296-4196	sen.rod.skoe@senate.mn
Sparks, Dan	DFL	27	19	State	296-9248	sen.daniel.sparks@senate.mn
Stumpf, LeRoy A.	DFL	1	145	State	296-8660	Use Mail Form
Thompson, Dave	R	36	323	Capitol	296-5252	sen.dave.thompson@senate.mn
Tomassoni, David J.	DFL	5	21	State	296-8017	sen.david.tomassoni@senate.mn
Torres Ray, Patricia	DFL	62	131	State	296-4274	sen.patricia.torres.ray@senate.mn
Vandever, Ray	R	52	328	Capitol	296-4351	sen.ray.vandever@senate.mn
Wiger, Charles W.	DFL	55	117	State	296-6820	sen.chuck.wiger@senate.mn
Wolf, Pam	R	51	306	Capitol	296-2556	sen.pam.wolf@senate.mn

# MINNESOTA HOUSE OF REPRESENTATIVES



Capitol ©Bill Nau



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NAME	PARTY	DIST	RM	OFFICE PHONE	EMAIL
Abeler, Jim	R	48B	479	651-296-1729	rep.jim.abeler@house.mn
Anderson, Bruce	R	19A	365	651-296-5063	rep.bruce.anderson@house.mn
Anderson, Sarah	R	43A	549	651-296-5511	rep.sarah.anderson@house.mn
Anderson, Paul	R	13A	445	651-296-4317	rep.paul.anderson@house.mn
Anderson, Diane	R	38A	525	651-296-3533	rep.diane.anderson@house.mn
Anzcl, Tom	DFL	03A	307	651-296-4936	rep.tom.anzcl@house.mn
Atkins, Joe	DFL	39B	209	651-296-4192	rep.joe.atkins@house.mn
Banaian, King	R	15B	411	651-296-6612	rep.king.banaian@house.mn
Barrett, Bob	R	17B	413	651-296-5377	rep.bob.barrett@house.mn
Beard, Michael	R	35A	417	651-296-8872	rep.mike.beard@house.mn
Benson, John	DFL	43B	289	651-296-9934	rep.john.benson@house.mn
Benson, Mike	R	30B	515	651-296-4378	rep.mike.benson@house.mn
Bills, Kurt	R	37B	533	651-296-4306	rep.kurt.bills@house.mn
Brynaert, Kathy	DFL	23B	327	651-296-3248	rep.kathy.brynaert@house.mn
Buesgens, Mark	R	35B	381	651-296-5185	rep.mark.buesgens@house.mn
Carlson Sr., Lyndon	DFL	45B	283	651-296-4255	rep.lyndon.carlson@house.mn
Champion, Bobby Joe	DFL	58B	329	651-296-8659	rep.bobby.champion@house.mn
Clark, Karen	DFL	61A	277	651-296-0294	rep.karen.clark@house.mn
Cornish, Tony	R	24B	437	651-296-4240	rep.tony.cornish@house.mn
Crawford, Roger	R	08B	421	651-296-0518	rep.roger.crawford@house.mn
Daudt, Kurt	R	17A	487	651-296-5364	rep.kurt.daudt@house.mn
Davids, Greg	R	31B	585	651-296-9278	rep.greg.davids@house.mn
Davnie, Jim	DFL	62A	215	651-296-0173	rep.jim.davnie@house.mn
Dean, Matt	R	52B	459	651-296-3018	rep.matt.dean@house.mn
Dettmer, Bob	R	52A	473	651-296-4124	rep.bob.dettmer@house.mn
Dill, David	DFL	06A	273	651-296-2190	rep.david.dill@house.mn
Dittrich, Denise	DFL	47A	311	651-296-5513	rep.denise.dittrich@house.mn
Doepke, Connie	R	33B	579	651-296-4315	rep.connie.doepke@house.mn
Downey, Keith	R	41A	407	651-296-4363	rep.keith.downey@house.mn
Drazkowski, Steve	R	28B	401	651-296-2273	rep.steve.drazkowski@house.mn
Eken, Kent	DFL	02A	243	651-296-9918	rep.kent.eken@house.mn
Erickson, Sondra	R	16A	509	651-296-6746	rep.sondra.erickson@house.mn
Fabian, Dan	R	01A	431	651-296-9635	rep.dan.fabian@house.mn
Falk, Andrew	DFL	20A	239	651-296-4228	rep.andrew.falk@house.mn
Franson, Mary	R	11B	429	651-296-3201	rep.mary.franson@house.mn
Fritz, Patti	DFL	26B	253	651-296-8237	rep.patti.fritz@house.mn
Garofalo, Pat	R	36B	537	651-296-1069	rep.pat.garofalo@house.mn
Gauthier, Kerry	DFL	07B	225	651-296-4246	rep.kerry.gauthier@house.mn
Gottwalt, Steve	R	15A	485	651-296-6316	rep.steve.gottwalt@house.mn
Greene, Marion	DFL	60A	331	651-296-0171	rep.marion.greene@house.mn
Greiling, Mindy	DFL	54A	393	651-296-5387	rep.mindy.greiling@house.mn
Gruenhagen, Glenn	R	25A	575	651-296-4229	rep.glenn.gruenhagen@house.mn
Gunther, Bob	R	24A	591	651-296-3240	rep.bob.gunther@house.mn
Hackbarth, Tom	R	48A	409	651-296-2439	rep.tom.hackbarth@house.mn
Hamilton, Rod	R	22B	559	651-296-5373	rep.rod.hamilton@house.mn
Hancock, David	R	02B	529	651-296-4265	rep.david.hancock@house.mn
Hansen, Rick	DFL	39A	247	651-296-6828	rep.rick.hansen@house.mn
Hausman, Alice	DFL	66B	255	651-296-3824	rep.alice.hausman@house.mn
Hayden, Jeff	DFL	61B	389	651-296-7152	rep.jeff.hayden@house.mn
Hilstrom, Debra	DFL	46B	261	651-296-3709	rep.debra.hilstrom@house.mn
Hilty, Bill	DFL	08A	207	651-296-4308	rep.bill.hilty@house.mn
Holberg, Mary Liz	R	36A	453	651-296-6926	rep.maryliz.holberg@house.mn
Hoppe, Joe	R	34B	563	651-296-5066	rep.joe.hoppe@house.mn
Hornstein, Frank	DFL	60B	213	651-296-9281	rep.frank.hornstein@house.mn
Hortman, Melissa	DFL	47B	377	651-296-4280	rep.melissa.hortman@house.mn
Hosch, Larry	DFL	14B	349	651-296-4373	rep.larry.hosch@house.mn
Howes, Larry	R	04B	491	651-296-2451	rep.larry.howes@house.mn
Huntley, Thomas	DFL	07A	351	651-296-2228	rep.thomas.huntley@house.mn
Johnson, Sheldon	DFL	67B	217	651-296-4201	rep.sheldon.johnson@house.mn
Kahn, Phyllis	DFL	59B	353	651-296-4257	rep.phyllis.kahn@house.mn
Kath, Kory	DFL	26A	201	651-296-5368	rep.kory.kath@house.mn
Kelly, Tim	R	28A	565	651-296-8635	rep.tim.kelly@house.mn
Kieffer, Andrea	R	56B	531	651-296-1147	rep.andrea.kieffer@house.mn
Kiel, Debra	R	01B	423	651-296-5091	rep.deb.kiel@house.mn
Kiffmeyer, Mary	R	16B	501	651-296-4237	rep.mary.kiffmeyer@house.mn
Knuth, Kate	DFL	50B	323	651-296-0141	rep.kate.knuth@house.mn
Koenen, Lyle	DFL	20B	241	651-296-4346	rep.lyle.koenen@house.mn
Kriesel, John	R	57A	451	651-296-4342	rep.john.kriesel@house.mn
Laine, Carolyn	DFL	50A	287	651-296-4331	rep.carolyn.laine@house.mn
Lanning, Morrie	R	09A	379	651-296-5515	rep.morrie.lanning@house.mn
Leidiger, Ernie	R	34A	415	651-296-4282	rep.ernie.leidiger@house.mn

# MINNESOTA HOUSE OF REPRESENTATIVES

NAME	PARTY	DIST	RM	OFFICE PHONE	EMAIL
LeMieur, Mike	R	12B	567	651-296-4247	rep.mike.lemieur@house.mn
Lenczewski, Ann	DFL	40B	317	651-296-4218	rep.ann.lenczewski@house.mn
Lesch, John	DFL	66A	315	651-296-4224	rep.john.lesch@house.mn
Liebling, Tina	DFL	30A	357	651-296-0573	rep.tina.liebling@house.mn
Lillie, Leon	DFL	55A	281	651-296-1188	rep.leon.lillie@house.mn
Loeffler, Diane	DFL	59A	335	651-296-4219	rep.diane.loeffler@house.mn
Lohmer, Kathy	R	56A	521	651-296-4244	rep.kathy.lohmer@house.mn
Loon, Jenifer	R	42B	403	651-296-7449	rep.jenifer.loon@house.mn
Mack, Tara	R	37A	557	651-296-5506	rep.tara.mack@house.mn
Mahoney, Tim	DFL	67A	237	651-296-4277	rep.tim.mahoney@house.mn
Mariani, Carlos	DFL	65B	203	651-296-9714	rep.carlos.mariani@house.mn
Marquart, Paul	DFL	09B	313	651-296-6829	rep.paul.marquart@house.mn
Mazorol, Pat	R	41B	581	651-296-7803	rep.pat.mazorol@house.mn
McDonald, Joe	R	19B	523	651-296-4336	rep.joe.mcdonald@house.mn
McElfratrick, Carolyn	R	03B	545	651-296-2365	rep.carolyn.mcelfratrick@house.mn
McFarlane, Carol	R	53B	597	651-296-5363	rep.carol.mcfarlane@house.mn
McNamara, Denny	R	57B	375	651-296-3135	rep.denny.mcnamara@house.mn
Moran, Rena	DFL	65A	227	651-296-5158	rep.rena.moran@house.mn
Morrow, Terry	DFL	23A	211	651-296-8634	rep.terry.morrow@house.mn
Mullery, Joe	DFL	58A	387	651-296-4262	rep.joe.mullery@house.mn
Murdock, Mark	R	10B	593	651-296-4293	rep.mark.murdock@house.mn
Murphy, Erin	DFL	64A	345	651-296-8799	rep.erin.murphy@house.mn
Murphy, Mary	DFL	06B	343	651-296-2676	rep.mary.murphy@house.mn
Murray, Rich	R	27A	439	651-296-8216	rep.rich.murray@house.mn
Myhra, Pam	R	40A	517	651-296-4212	rep.pam.myhra@house.mn
Nelson, Michael V.	DFL	46A	229	651-296-3751	rep.michael.nelson@house.mn
Nornes, Bud	R	10A	471	651-296-4946	rep.bud.nornes@house.mn
Norton, Kim	DFL	29B	233	651-296-9249	rep.kim.norton@house.mn
O'Driscoll, Tim	R	14A	369	651-296-7808	rep.tim.odriscoll@house.mn
Paymar, Michael	DFL	64B	301	651-296-4199	rep.michael.paymar@house.mn
Pelowski Jr., Gene	DFL	31A	295	651-296-8637	rep.gene.pelowski@house.mn
Peppin, Joyce	R	32A	503	651-296-7806	rep.joyce.peppin@house.mn
Persell, John	DFL	04A	223	651-296-5516	rep.john.persell@house.mn
Petersen, Branden	R	49B	577	651-296-5369	rep.branden.petersen@house.mn
Peterson, Sandra	DFL	45A	337	651-296-4176	rep.sandra.peterson@house.mn
Poppe, Jeanne	DFL	27B	291	651-296-4193	rep.jeanne.poppe@house.mn
Quam, Duane	R	29A	569	651-296-9236	rep.duane.quam@house.mn
Rukavina, Tom	DFL	05A	303	651-296-0170	rep.tom.rukavina@house.mn
Runbeck, Linda	R	53A	583	651-296-2907	rep.linda.runbeck@house.mn
Sanders, Tim	R	51A	449	651-296-4226	rep.tim.sanders@house.mn
Scalze, Bev	DFL	54B	259	651-296-7153	rep.bev.scalze@house.mn
Schomacker, Joe	R	22A	433	651-296-5505	rep.joe.schomacker@house.mn
Scott, Peggy	R	49A	477	651-296-4231	rep.peggy.scott@house.mn
TBA- Special Election		05B			
Shimanski, Ron	R	18A	367	651-296-1534	rep.ron.shimanski@house.mn
Simon, Steve	DFL	44A	279	651-296-9889	rep.steve.simon@house.mn
Slawik, Nora	DFL	55B	245	651-296-7807	rep.nora.slawik@house.mn
Slocum, Linda	DFL	63B	359	651-296-7158	rep.linda.slocum@house.mn
Smith, Steve	R	33A	543	651-296-9188	rep.steve.smith@house.mn
Stensrud, Kirk	R	42A	553	651-296-3964	rep.kirk.stensrud@house.mn
Swedzinski, Chris	R	21A	527	651-296-5374	rep.chris.swedzinski@house.mn
Thissen, Paul	DFL	63A	267	651-296-5375	rep.paul.thissen@house.mn
Tillberry, Tom	DFL	51B	231	651-296-5510	rep.tom.tillberry@house.mn
Torkelson, Paul	R	21B	371	651-296-9303	rep.paul.torkelson@house.mn
Urdahl, Dean	R	18B	571	651-296-4344	rep.dean.urdahl@house.mn
Vogel, Bruce	R	13B	507	651-296-6206	rep.bruce.vogel@house.mn
Wagenius, Jean	DFL	62B	251	651-296-4200	rep.jean.wagenius@house.mn
Ward, John	DFL	12A	221	651-296-4333	rep.john.ward@house.mn
Wardlow, Doug	R	38B	551	651-296-4128	rep.doug.wardlow@house.mn
Westrom, Torrey	R	11A	443	651-296-4929	rep.torrey.westrom@house.mn
Winkler, Ryan	DFL	44B	321	651-296-7026	rep.ryan.winkler@house.mn
Woodard, Kelby	R	25B	539	651-296-7065	rep.kelby.woodard@house.mn
Zellers, Kurt	R	32B	463	651-296-5502	rep.kurt.zellers@house.mn

MY DISTRICT:

MY REPRESENTATIVE:

NOTES:

# UNITED STATES MINNESOTA HOUSE & SENATE



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## CONGRESSMAN TIMOTHY WALZ

*First Congressional District of Minnesota*

<http://walz.house.gov>

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1529 Longworth House Office Building  
Washington, DC 20515 • 202-225-2472
- ROCHESTER  
1134 7th Street NW  
Rochester, MN 55901 • 507-206-0643
- MANKATO  
227 Main Street E, #220  
Mankato, MN 56001 • 507-388-2149

## CONGRESSMAN JOHN KLINE

*Second Congressional District of Minnesota*

<http://kline.house.gov>

- WASHINGTON, DC  
1429 Longworth House Office Building  
Washington, DC 20515  
202-225-2271 • 202-225-2595 fax
- BURNSVILLE  
101 West Burnsville Pkwy., Ste. #201  
Burnsville, MN 55337 • 952-808-1213

## CONGRESSMAN ERIC PAULSEN

*Third Congressional District of Minnesota*

<http://paulsen.house.gov>

- WASHINGTON, DC  
126 Cannon House Office Building  
Washington, DC 20515  
202-225-2871 • 202-225-6351 fax
- EDEN PRAIRIE  
250 Prairie Center Drive, Suite 230  
Eden Prairie, MN 55344 • 952-405-8510

## CONGRESSWOMAN BETTY MCCOLLUM

*Fourth Congressional District of Minnesota*

<http://www.mccollum.house.gov>

- WASHINGTON, DC  
1714 Longworth House Office Building  
Washington, DC 20515  
202-225-6631 • 202-225-1968 fax
- SAINT PAUL  
165 Western Avenue N, Suite 17  
St. Paul, MN 55102 • 651-224-9191

## CONGRESSMAN KEITH ELLISON

*Fifth Congressional District of Minnesota*

• WASHINGTON, DC

- 1130 Longworth House Office Building  
Washington, DC 20515  
202-225-4755 • 202-225-4886 fax
- MINNEAPOLIS  
2100 Plymouth Avenue N  
Minneapolis, MN 55411 • 612-522-1212

## CONGRESSWOMAN MICHELE BACHMANN

*Sixth Congressional District of Minnesota*

<http://bachmann.house.gov>

- WASHINGTON, DC  
412 Cannon HOB  
Washington, DC 20515  
202-225-2331 • 202-225-6475 fax
- WOODBURY  
6043 Hudson Road, Suite 330  
Woodbury, MN 55125 • 651-731-5400
- ST. CLOUD/WAITE PARK  
110 2nd Street S, Suite 232  
Waite Park, MN 56387 • 320-253-5931

## CONGRESSMAN COLLIN PETERSON

*Seventh Congressional District of Minnesota*

<http://collinpeterson.house.gov>

- WASHINGTON, DC  
2211 Rayburn HOB  
Washington, DC 20515  
202-225-2165 • 202-225-1593 fax
- DETROIT LAKES  
714 Lake Avenue, Suite 107  
Detroit Lakes, MN 56501 • 218-847-5056
- MARSHALL  
1420 East College Drive, SW/WC  
Marshall, MN 56258 • 507-537-2299
- MONTEVIDEO  
100 First Street N  
Montevideo, MN 56265 • 320-269-8888
- RED LAKE FALLS  
MN Wheat Growers Building  
2603 Wheat Drive  
Red Lake Falls, MN 56750 • 218-253-4356
- REDWOOD FALLS  
230 East 3rd Street, P.O. Box 50  
Redwood Falls, MN 56283 • 507-637-2270
- WILLMAR  
320 4th St SW, Centre Point Mall  
Willmar, MN 56201 • 320-235-1061

## CONGRESSMAN CHIP CRAVAACK

*Eighth Congressional District of Minnesota*

<http://chipcraavaack.house.gov>

- WASHINGTON, DC  
508 Cannon HOB  
Washington, DC 20515  
202-225-6211 • 202-225-0699 fax
- NORTH BRANCH  
6448 Main St., Suite Ste 6  
North Branch, Minnesota 55056 • 651-237-8220  
or 1-888-563-7390  
Fax: 651-237-8225

## SENATOR AMY KLOBUCHAR

<http://klobuchar.senate.gov>

- WASHINGTON, DC  
302 Hart Office Building  
Washington, DC 20510  
202-224-3244 • 202-228-2186 fax
- METRO  
1200 Washington Avenue S, Suite 250  
Minneapolis, MN 55415 • 612-727-5220
- ROCHESTER  
1134 7th Street NW  
Rochester, MN 55901 • 507-288-5321
- MOORHEAD  
121 4th Street S  
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## SENATOR AL FRANKEN

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320 Hart Senate Office Building  
Washington, DC 20510 • 202-224-5641
- ST PAUL  
60 East Plato Blvd, Suite 220  
Saint Paul, MN 55107 • 651-221-1016
- SAINT PETER  
208 S Minnesota Ave., Suite 6  
Saint Peter, MN 56082 • 507-931-7345
- SAINT CLOUD  
916 W St. Germain St., Suite 110  
Saint Cloud, MN 56301 • 320-251-2721
- DULUTH  
515 W 1st St., Suite 104  
Duluth, MN 55082 • 218-722-2390

# MINNESOTA PHARMACY RESOURCES

## UNIVERSITY OF MINNESOTA COLLEGE OF PHARMACY

College of Pharmacy  
University of Minnesota  
5-130 Weaver-Densford Hall  
308 Harvard Street SE  
Minneapolis, MN 55455  
612-624-1900  
612-624-2974 fax  
[www.pharmacy.umn.edu](http://www.pharmacy.umn.edu)

Dean Marilyn K. Speedie, Ph.D.  
612-624-1900

## UNIVERSITY OF MINNESOTA COLLEGE OF PHARMACY, DULUTH

University of Minnesota  
College of Pharmacy, Duluth  
386 Kirby Plaza  
1208 Kirby Drive  
Duluth, MN 55812-3095  
218-726-6000  
218-726-6500 fax  
[www.pharmacy.umn.edu/duluth](http://www.pharmacy.umn.edu/duluth)

Senior Associate Dean Randall Seifert, Ph.D.  
218-726-6032

## MINNESOTA BOARD OF PHARMACY

The Minnesota Board of Pharmacy (BOP) exists to protect the public from adulterated, misbranded, and illicit drugs, and from unethical or unprofessional conduct on the part of pharmacists or other licensees, and to provide a reasonable assurance of professional competency in the practice of pharmacy by enforcing the Pharmacy Practice Act M.S. 151, State Controlled Substances Act M.S. 152 and various other statutes. The board strives to fulfill its mission through a combination of regulatory activity, and technical consultation and support for pharmacy practices through the issuance of advisories on pharmacy practice issues, and through education of pharmacy practitioners.

The Board of Pharmacy consists of seven board members, appointed by the governor; five board members must be pharmacists, and two members must be public members. The board regulates pharmacists, pharmacies, pharmacy technicians, controlled substance researchers, drug wholesalers and drug manufacturers. The board approves licenses or registrations for these individuals or businesses, and also decides when to impose disciplinary action.

Minnesota Board of Pharmacy  
2829 University Ave, SE, Suite 530  
Minneapolis, MN 55414  
651-201-2825  
651-201-2837 fax  
800-627-3529 hearing impaired  
[www.phcybrd.state.mn.us](http://www.phcybrd.state.mn.us)

**Cody C. Wiberg, Executive Director**

## MINNESOTA DEPARTMENT OF HUMAN SERVICES

The Minnesota Department of Human Services (DHS) helps people meet their basic needs by providing or administering health care coverage, economic assistance, and a variety of services for children, people with disabilities and older Minnesotans.

DHS programs include Medical Assistance (MA), MinnesotaCare, Minnesota Family Investment Program (Minnesota's version of the federal Temporary Assistance for Needy Families program), General Assistance (GA), the Prescription Drug Program, child protection, child support enforcement, child welfare services, and services for people who are mentally ill, chemically dependent or have physical or developmental disabilities.

[www.dhs.state.mn.us](http://www.dhs.state.mn.us)

## DRUG UTILIZATION REVIEW BOARD (DUR)

The Drug Utilization Review Board (DUR) selects specific drug entities or therapeutic classes to be targeted for provider and recipient educational interventions, and provides guidelines for their use. The DUR board is comprised of four licensed physicians, at least three licensed pharmacists and one consumer representative, with the remaining members being licensed health care professionals with clinically appropriate knowledge in prescribing, dispensing, and monitoring outpatient drugs. DUR board meetings are held four times a year. Appointing authority: Commissioner of Human Services. Compensation: \$50 per member per meeting plus mileage. (Minnesota Statutes 256B.0625, subd. 13a)

## DRUG FORMULARY COMMITTEE (DFC)

The Drug Formulary Committee (DFC) is charged with reviewing and recommending which drugs require authorization. The DFC also reviews drugs for which coverage is optional under federal and state law. (For possible inclusion in the Medicaid fee-for-service formulary.) The DFC is comprised of four physicians, at least three pharmacists, a consumer representative, and knowledgeable health care professionals. DFC meetings are open to the public and public comments are taken for an additional 30 days following a DFC recommendation to require prior authorization for a drug. The Department of Human Services provides the DFC with information regarding the impact that placing a drug on authorization will have on the quality and cost of patient care. Appointing authority: Commissioner of Human Services. Compensation: None. (Minnesota Statutes 256B.0625, subd. 13)



# 2011 MPhA AWARD CATEGORIES

## RECOGNIZE THOSE MAKING A DIFFERENCE IN THE PROFESSION OF PHARMACY.

The association annually recognizes leaders in the field of pharmacy. Please help us identify pharmacy leaders by submitting a nomination form(s) and letters of support to the MPhA office. More information can be found on the MPhA Web site. Following are descriptions of each award, and past recipients, beginning with the most recent 2010 recipients.

### HAROLD R. POPP AWARD

Sponsored by the Minnesota Pharmacists Association, the Popp Award was established by MPhA in 1969 in honor of the late Senator Harold R. Popp to recognize one pharmacist annually for outstanding services to the profession of pharmacy. This is the highest honor bestowed by the association. This award is presented at the MPhA Annual Meeting.

Marilyn Speedie	David Holmstrom	Lawrence C. Weaver
Randy Seifert	Gary Raines	Lowell J. Anderson
Chris Koentopp	Barb Jones	John H. Nelson
Paul Iverson	Karl Leupold	Frank D. DiGangi
Dale Olson	Gilbert Banker	Neal W. Schwartau
Steven Simenson	Howard Juni	Kendall B. Macho
Marilyn K. Speedie	Doris Calhoun	J. Roger Vadheim
James Armbrustser	Donald P. Gibson	Kitty Alcott
John Stevens	S. Bruce Benson	William Appel
Herbert Whittemore	Gary Schneider	Russel F. King
Michael A. Kelly	Russ Boogren	Charles V. Netz
Marv Dyrstad	Carl Oberg Jr.	Henry M. Moen
Keith Pearson	Barry Krelitz	Arnold D. Delger
Julie K. Johnson	Roland Leuzinger	John E. Quistgard

### BOWL OF HYGEIA

Sponsored by Wyeth Pharmaceuticals, the Bowl of Hygeia recognizes pharmacists who possess outstanding records of civic leadership in their own communities, from which their specific identification as a pharmacist reflects well on the profession. This award is presented at the MPhA Annual Meeting.

Gregory Trumm	Robert Warren	Russell Boogren, Jr.
Patricia Lind	Don Dinndorf	Jack R. Andrews
Gary Raines	Herb Whittemore	Frank E. DiGangi
Vern Peterson	James Alexander	Roger Vadheim
Paul Iverson	John H. Nelson	Russell F. King, Jr.
Brian Isetts	Donald P. Gibson	Burton Magnuson
Steven T. Simenson	Brad Stanius	Andrew G. Sanders
Richard C. Sundberg	Gary Schneider	Bernard H. Trygstad
Terry L. Hartmann	Richard Kienzle	Willard J. Hadley
Sherwood Peterson, Jr.	Harold McMahon	Maynard L. Johnson
Julie K. Johnson	Doris Calhoun	Argyll W. Peterson
Dale Olson	Andrew Johnson	William D. Nelson
John Stevens	Robert W. Foster	Orace Hanson
Mike Hart	Lowell J. Anderson	Paul C. Anderson
Howard Juni	Ronald O. Leuzinger	Arnold M. Grais
Robert Reutzel	Earl A. Schwerman	Ted F. Maier
Robert Setzer	Arnold D. Delger	
Chuck Frost	Carl W. Oberg, Jr.	

### DISTINGUISHED YOUNG PHARMACIST

Sponsored by Pharmacists Mutual Companies, the Distinguished Young Pharmacist Award recognizes a young pharmacist within his/her first ten years of practice who has distinguished himself/herself in the field of pharmacy. This pharmacist is also a participant in national pharmacy associations, professional programs, state association activities and/or community service. This award is presented at the MPhA Annual Meeting.

Dan Rehrauer	Michelle Johnson	Karen Schramm
Julie Fike	Debra Sisson	Scott Benson
Sarah Westberg	Laura Odell	Sherwood Peterson, Jr.
Stephanie Davis	Molly Ekstrand	Nancy Ruhland
Michelle Aytay	Denise Wolff	Mary Hayney
Mark Dewey	Roger McDannold	Jeffrey Shapiro
Terry Hietpas	John Hoeschen	Lucy Johnson
Todd D. Sorensen	Jason Varin	Kathryn Nygren

### INNOVATIVE PHARMACY PRACTICE

The Innovative Pharmacy Practice Award recognizes innovative pharmacy practice resulting in improved patient care. This award is presented at the MPhA Annual Meeting.

Amanda Brummel	Daniel J. Rehrauer	Peters Institute
Shannon Reidt	J.D. Anderson	Laura Miller
Bruce Thompson	Tiffany D. Elton	Tom Jackson
Vyvy Vo	Ronald Hartmann	John Loch
April Hanson	Paul Iverson	Keith Pearson
Jeremy Johnson	Sherwood Peterson Jr.	

### PHARMACY TECHNICIAN AWARD

Presented by MPhA, the Pharmacy Technician Award recognizes a pharmacy technician in any practice setting who demonstrates leadership in their work and in their community. This includes demonstrating professionalism by participation in pharmacy association, professional programs and/or community service, promoting teamwork within the pharmacy, providing leadership and serving as a role model for coworkers, developing or assisting development of efficient safe procedures that support the provision of pharmaceutical care. This award is presented at the annual MPhA/MSHP Technician Conference.

Jennifer VanderPlaats	Sandra Christensen	Heidi Miller
Tina Nathe	Cheryl Blegen	
Jennifer Sandberg	Jamie Jesnowski	

*Please provide a letter of support for each award nominee describing in detail the reasons for the MPhA Awards Committee to consider your nominee. Include specific examples and/or details. Attach your nomination letter and any supporting documents to the form on page 25, including a current CV of nominee if possible. Nominations that do not include adequate information will not be considered until missing information is submitted. Nominators will be notified when nominations are received by the MPhA office and if additional information is required. Please see the MPhA Web site for additional award information and forms: [www.mpha.org](http://www.mpha.org).*

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Fourth page	3.75 x 4.75 vertical	\$335	\$1,065
	4.75 x 3.75 horizontal	\$335	\$1,065
Eighth page	2 x 3.5 vertical	\$200	N/A
	3.5 x 2 horizontal	\$200	N/A
Classified	over 75 words	\$50	N/A
	under 75 words	\$25	N/A

# Federal Credit Card Act of 2009 now includes rules extending to what Pharmacies can do with proliferation of Gift Cards

*Michelle Geddie & Jeffrey Herman, Chase Paymentech Solutions*

On August 1, 2010 our company Chase Paymentech Solutions undertook a huge initiative embarking on national communication campaign aimed at notifying our clients and partners of newly enacted legislation by the Federal Government in the *Credit Card Act of 2009*. The new rules are dynamic and represent a big change in the way retailers can operate a gift card program. As in many instances, the act while ratified in 2009 did not become in full force and effect until August 22 of this year.

Despite the forewarnings there are always a number of pharmacy clients that surprisingly are not fully aware of the new rules.

Given the divergent nature of this legislation (representing a big departure from earlier years) we felt it would be prudent to notify Pharmacies (regardless of processor affiliation) of the new rules impacting in-house gift cards.

## **Federal Law:**

The new Federal Gift Card laws apply to all gift cards regardless of industry. Whether they be internal or in-house cards or cards from different businesses that are resold to the public, all are impacted by the rules.

With regards to those cards, their expiration or dormancy fee parameters could now be potentially out of compliance with the requirements of the Act. This Federal Gift Card Law in 2009 reads (in pertinent part) as follows:

***Effective August 22, 2010, gift card expiration dates, inactivity fees and other gift card fees will be restricted by the Credit CARD Act of 2009 (the "Act"), and rules of the Federal Reserve Board implementing the Act. Merchants who issue or sell gift cards in violation of the Act could be subject to civil and criminal liability, including enforcement action by the Federal Trade Commission.***

In substance Federal Act will prohibit the sale or issuance of gift cards that have either:

1. Dormancy, inactivity or service fees imposed, unless the consumer has not used the gift card for at least twelve consecutive months, and no more than one fee can be charged per month; or
2. An expiration date sooner than five years after the date the card was issued or the last date funds were put on the card.

The Act also requires that any expiration date and any fees must be clearly disclosed on the card itself and also to the customer prior to the issuance of the card.

These new restrictions may not apply to certain types of cards, including gift cards issued at no cost to the cardholder as awards, promotions or in connection with a loyalty program, pre-paid phone cards or "general use" gift cards usable at multiple merchants. However, under this Act, even fees and expiration dates for either gift cards or promotional cards must be clearly disclosed on the card itself and to the customer prior to the issuance of the card.

## **State Law and Preemption:**

State governments can and do enact their own legislation some of which turn out to have even more stringent requirements than the Federal Law. There is a legal doctrine called "Preemption" that calls for deference to a Federal Law over the State law. When there is a conflict in statutes, the Federal Law will prevail. However, there must be a conflict for that to happen and a state statute that does not impede or otherwise contradict a federal law will not be viewed as preemptive in nature.

For example, if a State Law required that an expiration date occur more than 5 years from the date that the gift card is sold, that statute may still be considered valid. In this instance the State law would be not considered in contravention of the federal stature because it is not circumventing the 5-year rule but merely adding force to it especially if the purpose of the federal law is to benefit consumers.

A pharmacy is well advised to keep an eye on both the Federal Law and the companion law of their State. It's not easy to do, but a good rule of thumb is to err on the side of caution. Where one law appears more stringent than the other, it always good to play it safe by observing the law that would have the more stringent requirement.

**U.S. States Surveyed:**

There are always unique circumstances surrounding what states have done in the area of gift cards. Some are more stringent than others. A few even hold onto the vestiges of the escheat ramification. Here are a few examples of states with varying points of view:

**Illinois:**

In Illinois, businesses cannot sell a gift certificate that is subject to an expiration date earlier than five years after the date of issuance nor can they apply dormancy or inactivity fees. (Ill. Rev. Stat. Ch. 815, §505/2SS(b)).

Illinois State escheat laws only apply to gift certificates (or gift cards) that expire or that have dormancy or other fees. Escheat laws do not apply to certificates that have an expiration date, but the issuer has a written and posted policy of honoring expired certificates. After property is abandoned for five years, it reverts to the state. (Ill. Rev. Stat. Ch. 765, §1025/10.6).

**Minnesota:**

In Minnesota it's unlawful for any person or entity to sell a gift certificate (defined to generally include gift cards at Minn. Stat. §325G.53) that is subject to an expiration date or a service fee of any kind including, but not limited to a service fee for dormancy. (Minn. Stat. §325G.53).

The good news is that unlike Illinois, gift certificates and cards are exempted from definition of intangible property subject to escheat. (Minn. Stat. §345.39).

**California:**

California has one of the more difficult statutes to navigate and its complexity (font size and all) can cause problems for some retailers.

It's Civil Codes §1749 and §1520 in tandem make it illegal for any person or entity to sell a gift certificate or card to a purchaser containing an expiration date, or any other fee. There is a limited exception to this rule and it generally relates to a \$1 maximum dormancy per month for re-loadable gift cards with a balance of less than \$5 and where there has been no activity for at least 24 consecutive months. In those instances a full statement has to be printed on the card in at least 10-point font.

The gift certificate or card certificate having a balance of less than \$10 must be made redeemable in cash.

Finally gift certificates or cards purchased after 1997 are not subject to escheat, except that any gift certificate that has an expiration date and that is given in exchange for money or any other thing of value will be subject to escheatment.

**Seek Legal Opinion and Processor Assistance**

As always, any actual determination relating to compliance should be made by each merchant individually, with the aid of their processor and/or legal counsel based on the facts and circumstances of the specific business and card program.

Your next move will matter. If you feel that your current gift card program will be adversely impacted by the new regulation, we strongly urge that you reach out to your local processing sales representative immediately for resolution. If this local processing representative is incapable or unable to provide assistance, then we recommend that you contact the department for the processor that manages the gift card program you have today.

While not every sales representative is capable of keeping abreast of the legislative and regulatory requirements, their employers can offer possible adjustments such as altering the parameters of the program moving forward and/or changing fees or expirations for cards already issued to keep you in compliance.

As processing representatives for Chase Paymentech in the pharmacy industry, we are available to answer any question regarding Federal Statutes or in providing pharmacies with specific guidance to the governing statute in their state. Our respective contact information is below.

**-About the Authors-**



**Michelle Geddie**  
**Chase Paymentech**

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Michelle Geddie has over a decade of experience in the processing industry. Since 2007, Michelle has maintained a specialized practice in the Pharmacy sector advising both pharmacy clients on matters concerning IAS compliance and pharmacy software firms in their IAS and PCI certification efforts to Chase's networks.



**Jeffrey Herman**  
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Jeffrey Herman earned a J.D. in 1990 and joined Chase Paymentech in 2004. Jeff maintains a specialization in the Petroleum and Pharmacy sectors. He's the endorsed processing provider for statewide associations (including Pharmacy) providing support and industry related seminars to the membership base.

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