JUN 1 0 2026

PRESIDENT PRO TEMPORE CHRIS KARR, CHAIR | SPEAKER JON HANSEN, VICE CHAIR
JOHN MCCULLOUGH, DIRECTOR | JUSTIN GOETZ, CODE COUNSEL
500 EAST CAPITOL AVENUE, PIERRE, SD 57501 | 605-773-3251 | SDLEGISLATURE.GOV

SOUTH DAKOTA
LEGISLATURE
LEGISLATIVE RESEARCH COUNCIL

June 5, 2026

Mr. Tyler Laetsch
South Dakota Board of Pharmacy
4001 West Valhalla Blvd, Suite 106
Sioux Falls, SD 57106

Dear Mr. Laetsch:

The Legislative Research Council (LRC) received proposed rules from the South Dakota Board of Pharmacy on May 22, 2026. In accordance with SDCL 1-26-6.5, the LRC reviewed the proposed rules for form, style, clarity, and legality, and now returns them with recommendations.

Please find enclosed:

- Proposed Rules Review Checklists;
- The proposed rules with recommended form, style, clarity, and minor legality edits;
- Directions for Submitting the Final Draft of the Rules; and
- The Interim Rules Review Committee Rules Presentation Format.

In addition to the recommendations provided in the enclosed packet, LRC identifies the following legality issues:

- The Notice of Public Hearing does not include a reason for adopting the proposed rules. A reason is required by SDCL 1-26-4.1(2).
- **Section 20:51:02:04** (packet pg. 3) establishes a forty-dollar fee to apply for a pharmacy intern certificate. LRC staff could not identify any general authority or law implemented in SDCL chapter 36-11 that provides the basis for the fee. The section cites SDCL 36-11-11(1) (that the board may promulgate rules "[p]ertaining to the practice of pharmacy...") and SDCL 36-11-25 ("Any pharmacy intern issued an intern certificate shall perform the internship pursuant to rules promulgated by the board...") as general authority. Neither section, nor the law implemented citations, mention fees. Only citing these sections effectively allows the board to establish a fee with unlimited or absolute discretion. SDCL 1-26-6.9, on the other hand, implicitly requires licensing board fees to be expressly authorized in statute. The board should either provide express statutory authority that permits this fee or remove this section from the packet and ensure that statute is revised to expressly authorize the fee.
- **Secction 20:51:28:02.01** (pg. 68) authorizes certified pharmacy interns to administer immunizations. Edits to this section were previously submitted by the Board and reverted by the Rules Committee in May 2024. The basis for the reversion was a concern that statute did not authorize interns to administer immunizations. The Committee's informal recommendation at the time was that statute be revised as soon as possible to expressly allow pharmacists to delegate immunization authority to interns. However, nothing appears to have changed in terms of statutory authority associated with interns, so this concern still exists.

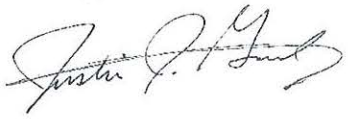
Additionally, regarding the Form 5 - Fiscal Note, the Board asserts that the proposed rules "will have no impact on processes, schedules, or activities of any state . . . government" and "[n]o additional Board of Pharmacy staff or resources will be required to implement the rules." These are purely conclusory statements and facially questionable. The Board's rules are creating a new process to permit waivers of the application of Board rules. This new process requires an application, an initial review process, and annual review of any outstanding waivers, as well as "full review" of a waiver for which the Board

receives "notification of any adverse issue." Similarly, this rulemaking creates a new means of distributing medication--a remote drop site--for which Board approval is required. A review of the application materials is necessary and any changes to the drop site after the site is approved must be reviewed and approved by the Board prior to implementation. These seem to be substantial procedural requirements. Moreover, this rulemaking seeks to revise many of the Board's fees to be expressly "nonrefundable." Please resubmit the Form 5 in a manner that clarifies the impact of these concerns or explains why these concerns will continue to have no fiscal impact.

Under SDCL 1-26-4(4), the Board is required to adopt LRC recommendations, subject to an appeal to the Interim Rules Review Committee for the Committee's final determination. Note, however, that LRC reserves the right to withdraw recommendations if they are resolved via discussion with Board staff.

Please do not hesitate to contact me if you have any questions or to discuss and possibly resolve any of the recommendations before your agency's public hearing on this rulemaking.

Sincerely,



Justin J. Goetz
Code Counsel
Enclosures

CC: Melissa Magstadt, Secretary, Department of Health

From:
Sent: Thursday, May 28, 2026 8:16 AM
To: Laetsch, Tyler
Cc:
Subject: FW: [EXT] Written comment - 20:51:15:18

From: Ian Alverson <Ian.Alverson@MadisonHospital.com>
Sent: Wednesday, May 27, 2026 4:13 PM
To: SD Pharmacy Board <PharmacyBoard@state.sd.us>
Subject: [EXT] Written comment - 20:51:15:18

Good afternoon,

I am going to be unavailable to give in person comments regarding the newly proposed rule changes but did have one that I would like considered. Chapter 20:51:15 section 18. I would like to request a modification or clarification for the last sentence of the first paragraph "The patient's health record must contain documentation including medications that are being stored."

With the current wording, it appears that each individual medication that is being stored in the facility must be documented within the patient's chart. If I am misinterpreting the intent, then I think having the wording changed would be a good modification.

If that was the true intent, this could lead to a very cumbersome process for many facilities. We often have patients arrive in our facility with an entire tote/box/bag/basket of medications, including over the counters, herbals, prescriptions, etc. Would it be possible to only require documentation that medications are being stored in the facility: "The patient's health record must contain documentation including that medications are being stored." Could it be considered or revised so that only prescription medications need to be individually listed in the record? Or maybe even that the only specifically listed medications would be controlled substances and the quantity being stored, which would help with the final sentence in the section as well.

I fail to see the benefit to listing every single product that a patient brings in, without us asking them to do so. We are already documenting in our records that the patient has medications in the facility, so it would be easy to add the controlled substances and a count of those, and I would support that requirement.

Thank you for your time and consideration.

Ian Alverson, PharmD, BCPS
Pharmacy Manager
605-256-8795

Madison Regional Health System
323 SW 10th St.
Madison, SD 57042
605-256-6551

From: Austin Oyen <aoyen@lewisdrug.com>
Sent: Friday, May 29, 2026 10:43 AM
To: SD Pharmacy Board
Subject: [EXT] South Dakota Rules Notice

To whom it may concern,

20:51:05:15.03 Authorized refilling of a prescription

An important note on this section. This section must explicitly clarify that the prescription contains a total quantity that cannot be exceeded, but may be refilled up to that amount. The opening line of this section currently makes a loose assumption that a script cannot be refilled without refills stated.

" A prescription may not be refilled except as designated on the original prescription or as subsequently authorized by the prescriber."

Example: A script written for Qty: 90 taking one dosage unit daily. No refills

I fill a 30DS (Qty: 30) but refills were not designated on the original prescription.... creating a grey area that insurance companies, PBMs, and lawyers will point out and ruin a pharmacy or pharmacist.

Language must be clear to protect the public, but the law should **NOT** put pharmacists and pharmacies at risk.

Secondly, the way the subsequent section (1) is written does not make it clear that the prescription can be treated as a total quantity.

Example: A script written for Qty: 30 taking one dosage unit daily. plus 3 additional fills (3 refills).

If I fill for 90, the same crew (insurance companies, PBMs, and lawyers) will be able to use the ambiguous nature of this section to say we did not fill and refill according to provider's directions.

Language must be clear to protect the public, but the law should **NOT** put pharmacists and pharmacies at risk.

Thirdly,

The phrase " twelve months from original date of issue" **NEEDS** to be changed. This ambiguous timeframe also puts pharmacists and pharmacies at risk.

Example: Prescription written May 29th, 2026 cannot be filled on May 1st, 2027 because that would be the 13th month. (in the eyes of an insurance company, a PBM, or a lawyer)

I believe most, or all, pharmacies in the state follow the board's guidance of best practice of only filling for a 12 month period, so I am questioning why the board feels the need to specify the language to the 12 month period at all.

Solutions!

I will now do my best to rewrite the majority of this section using language that I believe preserves your intent but does NOT put pharmacists and pharmacies at risk.

20:51:05:15.03. Authorized filling of a prescription.

A prescription may be dispensed up to the total quantity listed on the original prescription. This total quantity includes the original dispensing and any refills authorized on the original prescription or as subsequently authorized by the prescriber. Each refill must be entered on the back of the original prescription or captured electronically and must include the quantity dispensed, the date refilled, and the initials or name of the dispensing pharmacist.

Any prescription renewed by the prescriber constitutes a new and separate prescription, must be assigned a new serial number, and is subject to the restrictions in this section.

A prescription may be filled under the following conditions:

(1) Legend non-controlled drugs may only be dispensed for the total quantity on the prescription order and not filled or refilled after **** from original date of issue.

*** Options include:
1) 16 months or less based on the pharmacist's professional judgement
2) 365 days or less based on the pharmacist's professional judgement
3) 8760 hours or less based on the pharmacist's professional judgement

Regards,
--
Austin Oyen PharmD
Pharmacist

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From: Austin Oyen <aoyen@lewisdrug.com>
Sent: Friday, May 29, 2026 11:46 AM
To: SD Pharmacy Board
Subject: [EXT] South Dakota Rules Notice comments

20:51:05:15.03
(1) .... If the prescriber is unable to be contacted to authorize refills, the pharmacist may fill up to a thirty-day supply of a noncontrolled legend drug, if in the professional judgement of the pharmacist, the drug is necessary to maintain the patient's health.

This sentence must be an entire section in the law. This raises so many questions that it does not accomplish it goal but rather creates many issues that primarily puts pharmacists and pharmacies at risk, but also puts the public at risk.

"If the prescriber is unable to be contacted to authorize refills"
- Is this an ability issue or an actual communication issue? We can often initiate a request electronically, but we may not hear back (is this "unable")?
- Does all available internet, phones, faxes, all have to be down for "unable" to be applied?
- We can often call an on-call provider (but often a different provider) - is this considered "unable" to contact provider?

"may fill"
The language in the rest of the chapter and laws typically refer to "dispensing" not "filling" "to fill" does not have definition in the laws that I can reference. But, "dispensing" does have definitions associated with it. This term, therefore, also creates confusion.

"up to a thirty-day supply"
30-day supply is an issue as some products use discrete dosage units.
Example: A box of insulin (typically cannot be broken down) but may not allow for a 30 day or less dispensing. A sigle discrete dosage unit could theoretically last up to 125 days.

"up to thirty day supply"
An Rx for 2 days of antibiotic or warfarin could potentially be filled for 30 days (assuming professional discretion). This is not realistic, but the public could certainly produce pressure on a pharmacist for these expectations based on the language in this sentence.

Additional questions:
- Who's authority or NPI is associated with said dispensing?
- If pharmacist, then why aren't we included on the list of providers with authority to prescribe?
- If provider's NPI is to be associated with the fill, what are the notification requirements? I am sure that the pharmacy would be expected to inform provider of a dispensing that occured under their NPI without their knowledge. This sentence does not state any notice requirements nor documentation requirements exist.

Solution!

Place pharmacists under the table of prescriptive authority granting ability to prescribe noncontrolled legend drugs and nonlegend drugs. Nowhere in our current laws and rules is it stated who may prescribe OTC items; this should be included in law (but that is a seperate tangent entirely). With pharmacists receiving prescriptive authority, the above concerns and issues are completely accounted for.

Regards,
--

Austin Oyen PharmD
Pharmacist
Lewis Drugs, Inc & Lewis Family Drug, LLC

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Subject: FW: [EXT] South Dakota Rules Comments

From: Austin Oyen <aoyen@lewisdrug.com>
Sent: Friday, May 29, 2026 12:11 PM
To: SD Pharmacy Board <PharmacyBoard@state.sd.us>
Subject: [EXT] South Dakota Rules Comments

To whom it may concern,

I sent a few questions and concerns previously. But, I also want to say some aspects of the proposed rule changes that I love. The addition of the remote drop site into the rules appears well thought out and I am excited about it.

Thank you,
--
Austin Oyen PharmD
Pharmacist
Lewis Drugs, Inc & Lewis Family Drug, LLC

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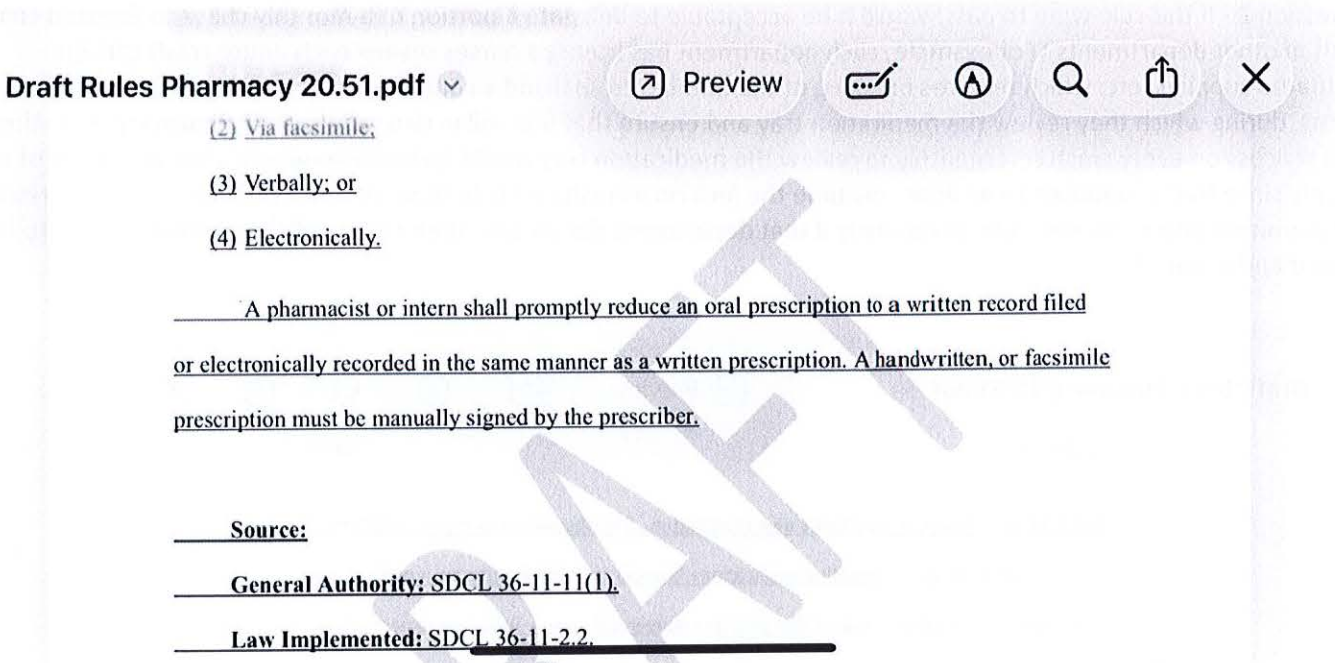
From: John Daniel <John.Daniel@avera.org>
Sent: Thursday, June 4, 2026 9:56 PM
To: SD Pharmacy Board
Subject: [EXT] proposed rules recommendations / clarifications
Attachments: Patient Own Controlled Substance.pdf.pdf

Good evening,

Thank you for sharing the opportunity to comment on the proposed rules that will be reviewed at the hearing this month. I took screen shots of a few of them and have a few questions / clarifications that I would like to respectfully submit for consideration.



Question 1 - In the proposed rule above, would an agent of the prescriber also be a suitable person to sign a handwritten or facsimile prescription?

Draft Rules Pharmacy 20.51.pdf Preview

45 of 92

~~Drugs and medications located in areas of a facility, other than in the pharmacy, must be under the supervision of the pharmacist in charge.~~ The pharmacist-in-charge of every facility shall maintain the following information:

(1) Location of medications;

(2) List of medications at each location;

(3) A record of monthly checks of all storage locations by pharmacy employees; and

(4) What employees of the facility have access to those medications.

Source: SL 1975, ch 16, § 1; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 50 SDR 138, effective June 2, 2024.

General Authority: SDCL 36-11-11(1)(4).

Question 2 - If this rule were to pass, would it be acceptable to delegate a portion of a monthly check to licensed clinical staff in other departments? For example, each department has licensed nurses review each entire crash cart for outdated supplies, etc, which requires breaking of the numbered seal and a complete inventory of all non-medication items, during which they review the medication tray and ensure that it is still in date and sealed. Pharmacy repeating this process on every crash cart monthly to review the medication tray would technically require a full inventory of every supply since that's supposed to be done any time the lock on a crash cart is broken. Would a process to what I descried be permitted under the new rule, particularly if that department documents their review of the medication tray to be sealed and in date?

Draft Rules Pharmacy 20.51.pdf Preview

PHARMACISTS 20:51

20:51:15:18. Storage of a patient's own medication. The pharmacist-in-charge shall have a policy and procedure in place regarding medications brought into the facility by a patient. The medications must be stored in a manner that prevents unintended access, including patient access, harm, theft, or diversion. The patient's health record must contain documentation including medications that are being stored.

For any of a patient's own medications that are controlled substances, an inventory must be taken and include a physical count of each controlled medication.

Source:

Question 3 - Would there be any consideration for allowing the recordkeeping for storage of a patient's own med to be maintained by pharmacy in a readily retrievable format for a certain amount of time as an alternate to documentation in the patient's health record? For example - see the attached form that we use to track patients' own controlled substances currently which is maintained in pharmacy (we keep for 2 years on hand and electronically indefinitely since it's for controlled substances). From my perspective I think a form like this would meet the goal of proving that the medication is being stored in a manner that prevents unintended access, harm, theft, or diversion, and if a health record document is the only suitable way to document this storage it would be an easy step to forget after using the form.

20:51:29:16. Training and utilization of pharmacy technicians. The pharmacist-in-charge of a pharmacy shall ensure that a registered pharmacy technician receives adequate training in the tasks performed by technicians working at that pharmacy. A licensed pharmacy employing a registered pharmacy technician shall develop, implement, and periodically review written policies and procedures for training and utilizing technicians appropriate to the practice of pharmacy at that pharmacy. Each pharmacy shall specify the frequency of review in its policies. Each pharmacy shall document and maintain each registered pharmacy technician's training for the duration of employment. The pharmacy shall make its policies and procedures and documentation of ~~registerd~~ registered pharmacy technician training available for inspection by the board.

Question 4 - I would like to clarify that I understand correctly the addition of the word "licensed" to mean pharmacists only since technicians are "registered" and pharmacists are "licensed." I'm wondering if it would be acceptable under this rule for a pharmacy technician to be the primary owner of a policy as long as it's approval by a licensed pharmacist is documented? For example, there are Pharmacy Technician Coordinators at Avera that specialize in areas such as pharmacy technology (Pyxis) and controlled substance handling that due to their job being fully focused in that area would likely create a superior policy to a pharmacy leader whose attention isn't focused as intensely in those topics. Having a Technician Coordinator / specialist be the "owner" of a policy that goes through an approval process where it's officially approved by a pharmacist who understands state law seems as though it would be the best case scenario to me, so I was hoping to clarify that such a process would be permitted under this rule.

I appreciate the thought and care that the Board puts into partnering with the pharmacies across the state to provide the best care to our patients that we can. Please let me know if I can further clarify my questions and suggestions.

John Daniel, PharmD | Pharmacy Director

Avera Heart Hospital
4500 W 69th St | Sioux Falls, SD 57108
Direct: 605-977-7307 | Fax: 605-977-7284

Avera

3900 W. Avera Drive
Sioux Falls, SD 57108-5721
(605) 322-4700
Fax: (605) 322-4799

www.avera.org

June 5, 2026

Tyler Laetsch, PharmD, Executive Director
South Dakota Board of Pharmacy
4001 W. Valhalla Blvd., Suite 106
Sioux Falls, SD 57106

Dear Dr. Laetsch:

On behalf of Avera McKennan Hospital & University Health Center, we appreciate the Board's thoughtful consideration of the proposed operational waiver framework contained within ARSD 20:51:14:05 through 20:51:14:07 as well as the new rules proposed for remote drop sites.

We fully support the proposed rules for remote drop sites. Remote drop sites are secure non-pharmacy locations where patients can pick up their prescription medications. These sites improve patient access to prescription medications by reducing barriers related to distance and limited pharmacy hours.

Regarding the proposed waiver rules - we support the Board's efforts to create a regulatory pathway that promotes innovation, improves access to pharmacy services, and allows pharmacy practice to continue evolving alongside advancements in healthcare delivery, automation, technology, and workforce development. Health systems and hospital pharmacies across the country continue to face increasing operational complexity, workforce shortages, and growing demands for clinical pharmacy services. In this environment, innovative pharmacy practice models are essential to ensuring pharmacists can practice at the top of their license while maintaining safe, efficient, and patient-centered medication use systems.

The proposed waiver framework represents an important opportunity to support innovative care models, including technology assisted workflows, centralized operations, and technician-supported practice models such as Tech-Check-Tech (TCT), where appropriate safeguards, competency validation, and quality assurance measures are in place. Importantly, we believe innovation in pharmacy practice should remain grounded in patient safety, quality outcomes, and alignment with Board oversight. We are particularly supportive of the Board establishing a mechanism that allows emerging and evolving pharmacy practice models to be evaluated through a structured review process rather than requiring rules change for every operational advancement. This approach creates needed flexibility while maintaining Board oversight and accountability.

At the same time, we respectfully offer a few questions and considerations that we believe would help strengthen implementation clarity, consistency, and long-term success for both the Board and regulated entities.

1. **Evidence Standards**

The proposed language requires that:

> *"The practices under the waiver are equivalent or superior to those prescribed by the ruling being waived."*

We respectfully request additional clarification regarding the types of evidence, quality metrics, or operational safeguards the Board anticipates relying upon when evaluating whether a proposed practice model meets this standard. Additional guidance regarding acceptable evidence sources — published literature, internal quality metrics, audits, competency assessments, or accreditation-based standards — would help organizations develop waiver requests that align with Board expectations while promoting consistency across applicants.

2. **Suspension Process**

We appreciate the Board's commitment to maintaining oversight for approved waivers. At the same time, we respectfully request additional clarification regarding the process surrounding waiver suspension in the event of operational concerns or adverse issues.

Specifically, the proposed rule mentions:

> *"Upon notification of any adverse issues resulting from a waiver, the board shall notify the licensee or pharmacist-in-charge, in writing, that a waiver is suspended pending full review by the board at the next available regularly scheduled meeting."*

We request clarification regarding:

- what constitutes an "adverse issue"
- whether scope/scale thresholds or patient harm considerations will apply
- whether corrective action pathways may be permitted prior to immediate suspension in the absence of imminent patient safety risk

For hospital and health-system environments operating complex medication use systems, abrupt operational reversals may create unintended patient care and staffing challenges. A collaborative corrective action pathway may help support both safety and continuity of care.

3. **Annual Review Requirements**

We also respectfully request additional clarification regarding ongoing reporting expectations associated with annual waiver review. Specifically, additional guidance would help ensure organizations develop appropriate monitoring and quality assurance programs that support Board oversight. This would include expected reporting frequency, quality metrics, and any adverse event reporting thresholds. Establishing consistent reporting expectations may also help facilitate meaningful evaluation of innovative practice models and support data-driven regulatory decision-making over time.

Overall, we believe the proposed operational waiver framework represents a positive step forward for pharmacy practice in South Dakota. The ability to thoughtfully evaluate innovative operational models through a structured oversight process creates opportunities to improve medication use systems and advance the profession of pharmacy while maintaining patient safety as the highest priority. We appreciate the Board's leadership and willingness to consider regulatory approaches that allow pharmacy practice to continue evolving in response to changing healthcare needs.

Thank you for your consideration and ongoing commitment to safe and effective pharmacy practice in South Dakota.

Respectfully,

Ryan A. Waybright, PharmD, BCCCP
Assistant Vice-President – Pharmacy
Avera McKennan Hospital & University Health Center

From: Van Klompenburg, Emily <Emily.VanKlompenburg@sdstate.edu>
Sent: Tuesday, June 9, 2026 2:55 PM
To: SD Pharmacy Board
Subject: [EXT] Comments on Draft Rules

Hello,

Please see below for my comments on the proposed rules.

Overall, I appreciate the streamlining of the 20:51:05 section - it removes the ambiguity between non-controlled and controlled prescriptions (thus making easier to teach 😊)

- 20:51:02:04 - (2) and (4) - should both statements read "a pharmacist licensure applicant"?
- 20:51:05:15 - The prescription must contain: (4) The prescriber's signature and the date of issuance
    - What about telephoned in prescriptions? I acknowledge that this may be covered in 20:51:05:15.02 (handwritten or facsimile prescriptions must be manually signed).
- 20:51:06:01 and 20:51:06:02 - both sections seem like the verbiage could be cleaned up/made more clear
    - 20:51:06:02 - "on a form prescribed by the board" - could this be changed to "on a form provided by the board" to be the same as other sections?
- 20:51:13:06 (6) - Should this be a Pharmacy Staff or Pharmacist? Also, should inspections be at least every 90 days or every quarter?
    - 20:51:13:05.02 - This section states "quarterly visits"
    - I guess I'm just asking for consistency in language in our rule.
- 20:51:14:06 - "A licensee or pharmacist-in-charge..." 20:51:14:05 states that the waiver has to be submitted by PIC
- 20:51:05:20 - This section is being repealed and most the information is being transcribed to different/new sections, however, I can't find where the prescriptions must be filed and retained for two years from the last dispensing date? The rule calls out how long to retain records in many other places, so don't want to miss this.

Thanks!

Emily

Emily Van Klompenburg, PharmD, BCACP
Assistant Professor of Pharmacy Practice
College of Pharmacy and Allied Health Professions
Avera Health & Science, Box 2202C
Brookings, SD 57007
(605) 688-4827

From: Amanda Bacon <amanda@sdpha.org>
Sent: Friday, June 12, 2026 5:19 PM
To: SD Pharmacy Board
Cc: Laetsch, Tyler; Jeremy Daniel; chelsea conway (cconway@monument.health)
Subject: [EXT] Written Comments for Rules Hearing
Attachments: BOP Rules Written Comment 06112026.pdf

Good Evening -

Thank you for the opportunity to submit comments. You will find the written comments from SDPhA attached. I plan to participate in the hearing via Zoom, and Jeremy Daniel will attend in person. Please let us know if there's anything else you would like from us prior.

Hopefully you're not even seeing this until Monday, but in the event you see it before, have a wonderful weekend!

Amanda Bacon
Executive Director, SDPhA
P.O. Box 518 | Pierre, SD 57501
ph. 605.224.2338
Book time to meet with me

Upcoming OOO | June 19, 29, July 3, 6-8
SDPhA 140th Annual Convention | Sept. 10-12

EST. 1886
SOUTH DAKOTA
PHARMACISTS
ASSOCIATION
320 E Capitol Ave · Pierre SD 57501 · 605-224-2338 · sdpha.org

June 11, 2026

South Dakota Board of Pharmacy
4001 W. Valhalla Blvd., Suite 106
Sioux Falls, SD 57106

RE: Written Comments on Proposed Rules Revisions

Dear Members of the Board:

On behalf of the South Dakota Pharmacists Association (SDPhA), thank you for the opportunity to provide comments on the adoption and amendment of proposed Administrative Rules in South Dakota numbered 20:51:02, 20:51:05, 20:51:06, 20:51:13, 20:51:14, 20:51:15, 20:51:17, 20:51:19, 20:51:20, 20:51:21, 20:51:22, 20:51:27, 20:51:28, 20:51:29, 20:51:30, and 20:51:34. SDPhA appreciates the Board's ongoing work to modernize pharmacy regulations, improve clarity, and support the safe delivery of pharmacy services across South Dakota.

The Association generally supports the direction of the proposed rules package and respectfully offers the following comments for consideration.

1. Prescriber Registration Number Requirement - ARSD 20:51:05:15

The last sentence of the proposed rule states that controlled substance prescriptions must include the prescriber's federal registration number.

SDPhA requests clarification regarding this provision to avoid confusion concerning which identifier is required. Specifically identifying the DEA registration number for controlled substance prescriptions would help ensure consistent interpretation and implementation by pharmacists, prescribers, and healthcare organizations.

2. Remote Drop Site Employee Lists - ARSD 20:51:13:05.02(1)

The proposed rule would require pharmacies to maintain a list of all staff at a remote drop site who have been trained and have access to prescription packages.

SDPhA supports the Board's goal of ensuring accountability and security at remote drop sites. However, in many settings, employee changes may occur frequently, making it difficult for a pharmacy to maintain an accurate and continuously updated list of individual employees.

We respectfully recommend modifying the rule to allow documentation of authorized positions, job classifications, or designated site personnel maintained by the host organization rather than requiring pharmacies to maintain a current roster of individual employees. This approach would preserve accountability while creating a more practical compliance framework.

President – Chelsea Conway | President Elect – Scout Forbes-Hurd | Vice President – Jeremy Daniel | Treasurer – Sarah Andersen |
Board Member At Large – Eric Grocott | Board Member At Large – Coutney Kjerstad | Past President – Andy Tonneson | Executive Director -- Amanda Bacon

3. Storage of Drugs Located Outside the Pharmacy - ARSD 20:51:15:12

The proposed rule requires maintenance of records related to medications stored outside the pharmacy, including monthly checks of all storage locations and documentation regarding employee access.

SDPhA supports appropriate oversight of medications stored outside the pharmacy department. However, in larger hospitals, healthcare systems, and long-term care settings, medications may be stored in numerous approved locations. Monthly inspection requirements and maintenance of employee-specific access lists may create significant administrative burdens without necessarily improving patient safety.

We recommend consideration of a more flexible approach that allows facilities to document access by authorized role, department, or job classification rather than by individual employee name. This would better align with existing healthcare operational practices while maintaining appropriate accountability.

3. Automated Mechanical Distribution Devices - ARSD 20:51:17:01.02

The proposed rule requires pharmacist review of a prescription drug order before the first dose may be removed from an automated mechanical distribution device, while allowing limited exceptions for emergency situations.

SDPhA supports pharmacist review as an important patient safety measure. However, there are circumstances in hospitals and procedural settings where immediate medication administration is necessary and a licensed prescriber is physically present directing patient care. In these situations, delays associated with obtaining pharmacist review may adversely affect patient care.

SDPhA recommends the Board consider expanding the exception to include circumstances in which immediate administration is necessary, delay could adversely affect patient care, and a licensed prescriber is present and directing the care of the patient.

This recommendation would preserve the important role of pharmacist review while recognizing real-world clinical workflows and ensuring timely access to medications when patient care requires immediate intervention.

SDPhA appreciates the Board's thoughtful consideration of these comments and its continued commitment to protecting public health while supporting patient access to pharmacy services throughout South Dakota. We look forward to continued collaboration and would be pleased to discuss any of these recommendations further.

Respectfully submitted,

Amanda Bacon

Amanda Bacon
Executive Director, South Dakota Pharmacists Association

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From: Austin Block <austinrblock@gmail.com>
Sent: Monday, June 15, 2026 12:43 PM
To: SD Pharmacy Board
Subject: [EXT] Written Comments to Proposed Rule Changes

Good morning-

For your consideration:

Page 11. 20:51:05:15

Change the prescription must contain: (1) The full legal name to just FULL NAME as before. In many instances full legal name is not used, this would be hard to police/enforce, but insurances might use as a reason to claw back.

Page 14.**20:51:05:15.03.** Under A prescription may be filled under the following conditions:
Legend non-controlled drugs may only be refilled for the total quantity on the prescription order and not filled or refilled after twelve months from original date of issue. If the prescriber is unable to be contacted to authorize refills, **the pharmacist may fill up to a thirty-day supply of a noncontrolled legend drug, if in the professional judgement of the pharmacist, the drug is necessary to maintain the patient's health.**
This is great, but what is the process for this? What documentation is needed? Is it ok to run under that same doc ....It would be helpful to know what the process is.

Page 14 **20:51:05:15.03.**
Under same section
(2)Schedule III and IV controlled substances may only be refilled as authorized on the prescription up to five times within six months after the date of issue. **The partial dispensing of refills may not exceed the total amount authorized on the prescription.**

To clarify....could this read:

The partial dispensing of refills may not exceed the total QUANTITY authorized on the prescription. The wording before sounds like can't exceed number of refills.

Thank you,
Austin R. Block

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