

# SOUTH DAKOTA PHARMACISTS



**In This Issue:**

- American Pharmacy Month Highlights
- 2017 Convention Recap

**South Dakota Pharmacists Association**

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"The mission of the South Dakota Pharmacists Association is to promote, serve and protect the pharmacy profession."

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# SDPhA CALENDAR

Please note: If you are not on our mass e-mail system check our website periodically for district meetings and other upcoming events. They will always be posted at: <http://www.sdpha.org>.

## NOVEMBER

22-24 **South Dakota Pharmacy Association Office Closed**

Thanksgiving

## DECEMBER

8 **South Dakota Board of Pharmacy Meeting**

South Dakota Board of Nursing Conference Room, Sioux Falls, SD  
8 a.m. - 1 p.m.

## JANUARY

9 **93rd South Dakota Legislative Session Opens**

State of the State Address, Pierre, SD  
noon

11 **Flu Shot Clinic**

South Dakota State Capitol - Room TBA  
10 a.m. - noon

23 **Legislative Days**

RedRossa Italian Grill and South Dakota State Capitol

23 **Legislative Days - Legislative Update and Dinner**

RedRossa Italian Grill  
6 p.m.

24 **Legislative Days - Health Screening by SDSU Pharmacy Students**

South Dakota State Capitol  
Starting at 7 a.m.

*Cover Photo: New SDPhA Logo Unveiled at SDPhA Annual Convention*

**SOUTH DAKOTA PHARMACIST**

The SD PHARMACIST is published quarterly (Jan, April, July & Oct). Opinions expressed do not necessarily reflect the official positions or views of the South Dakota Pharmacists Association.

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# DIRECTOR'S COMMENTS

Amanda Bacon | Executive Director



## Happy Holidays!

It was so wonderful to meet many of you at convention in September. What a great time of education and comradery. You all made me feel extremely welcome, and I look forward to many similar such gatherings to come!

The office has been abuzz ever since we left Deadwood. We celebrated American Pharmacists month in October highlighted once again by the APhA-ASP chapter's fantastic campaign, and a fun social media campaign which found nice traction and gained steady momentum throughout the month.

Mitchell and Aberdeen held very successful district meetings in October, (and Sioux Falls in November). American Pharmacists Month also found Eric Grocott, SDPhA president, and me, at the National Community Pharmacists Association (NCPA) annual conference in Orlando, FL. In spite of some impressive flight delays and lost luggage, I still managed to make most of the National Alliance of State Pharmacy Association's (NASPA) meetings there, which are held in conjunction with NCPA. It was an invaluable opportunity for me to meet my counterparts from other states, and visit with them about their experiences, and gain some insight on issues they have worked through—some of which are on our horizon as well.

Eric touches on a few of those issues in his article, so I won't detail them all here. But there are many issues on the national and state level we continue to actively monitor on your behalf, and currently engaging in where appropriate.

As we talked about at convention, we do anticipate biosimilar legislation is coming legislative session. We also addressed some of the ballot initiatives for which petitions were circulating. Two of those petitions were submitted to the South Dakota Secretary of State's office by the deadline. Those include: an initiated

measure to legalize marijuana for personal use, and an initiated measure establishing a cap on the price a state agency may pay for a prescription drug. A similar pricing initiative failed just a few weeks ago in Ohio, and proponents met the same fate in California in 2016. Our legal counsel is currently researching all these issues with us, and we will of course keep you updated as things progress.

Sue Schaefer had a very well-established method of communicating with you weekly via email throughout session each year, and you can expect to see that continue. I would also ask that you please make sure you've added our email addresses to your safe sender list to ensure you receive these vital updates in a timely manner. You will also see more updates on events and news through our Facebook page. Please make sure you follow our page for all kinds of news you can use. It's a fast, effective and very cost-efficient way for us to engage with our membership, as well as our patients.

I hope you'll notice the new look on our Facebook page – it's also coming soon to our website (quite possibly as soon as a matter of days!), and has begun to filter throughout our other communications pieces (like the Journal) as well.

I wish you all a blessed holiday season. Should your travels bring you to Pierre, please let me know! I almost always have the coffee on, and I'm always happy to share. Well...unless you're there very early on a Monday morning. Then it's every man for himself. (Just kidding! Mostly...)

From my family, to each of yours, Happy Thanksgiving, Merry Christmas, and may 2018 hold more joy and blessings than you ever imagined!

*Amanda*

# PRESIDENT'S PERSPECTIVE

Eric Grocott | SDPhA President



Happy Fall and Happy Holidays!

It is crazy to think a few months has already passed since we concluded the 131st Annual SDPhA Convention held at The Lodge in Deadwood. Yet again, the convention provided a top-notch continuing education program and brought together a fantastic group of enthusiastic pharmacists, technicians and students for

great discussion and collaboration. If you were unable to attend or have never attended that annual convention, I highly recommend taking the time to attend next years convention scheduled for Sept. 21-22, 2018 at the Ramkota Hotel and Convention Center in Sioux Falls.

We also had the opportunity to recognize several worthy individuals for their accomplishments and contributions to pharmacy during our annual awards ceremony. Congratulations to all of our 2017 award winners:

**Pharmacy Technician of the Year:** Jessie Spotted Tail

**Distinguished Young Pharmacist:** Billie Bartel

**Industry Salesperson of the Year:** Brent Witte

**Bowl of Hygeia:** Rob Loe

**Hustead Award:** David Taffe

I would like to thank Past President Trisha Hadrick for all of her work and dedication to both the association and the profession. I would also like to thank Sue Schaefer for her countless hours and tremendous dedication over the past 13 years with the association. For those of you who are not aware, Sue has moved into a transitional role, assisting our new executive director as she learns the ropes. The board and I had the privilege of hiring Amanda Bacon as our new executive director in June. (No, her husband is not Kevin Bacon. We asked.) Amanda has a background in healthcare, marketing, and journalism, and is a fantastic addition to the association. Welcome Amanda!

Hopefully everyone has had an opportunity to celebrate

American Pharmacists Month in one way or another throughout the month of October. Also, a special thank you to the unsung heroes of pharmacy, our technicians, as we celebrated National Pharmacy Technician Day Oct. 17. Fall also brings about SDPhA District meetings, so please watch for and plan to attend your local district meeting.

While we're talking technicians, make sure you review the information about the recent announcement from SDPhA and SDAPT. SDPhA worked with Pharmacy Technician University (PTU), recognized as the No. 1 leader of online learning, to establish this opportunity. The PTU platform is the first web-based learning and education solution to support the diverse requirements for pharmacy technicians in all 50 states, and is designed to aid in preparation for the national certification exams. The PTU 101 Training Program contains 80-110 hours of high-quality technician training in a variety of learning modalities. Read more on page \_\_\_\_ and contact Amanda in the SDPhA office if you have any questions or would like to enroll.

As the end of the year nears, we will continue to diligently monitor and engage in necessary issues, on both the state and national level, affecting the future of the pharmacy profession. Biosimilars, updates to the practice act and an initiated measure involving prescription drug pricing and potentially another involving medicinal marijuana are just a few of the issues on our radar at association.

If you have any issues or concerns, or would like to assist with legislative efforts, please contact Amanda or any of the board members. The upcoming legislative days social and health fair has been scheduled for Jan. 23-24, 2018 in Pierre. Please plan to join us at the Capitol for a great event with our student pharmacists as well as your legislators.

Finally, I want to thank the fantastic executive board for all of their tireless hours working to protect and improve the profession of pharmacy within South Dakota as well as welcome Dana Darger to the board. I look forward to working with each of you throughout the coming year! If you have any questions or concerns at any time, please reach out to any of the board members and we will do what we can to assist with your needs.

# SOUTH DAKOTA BOARD OF PHARMACY

Kari Shanard-Koenders | Executive Director



## BOARD WELCOMES NEW REGISTERED PHARMACISTS/ PHARMACIES

The following 41 candidates recently met licensure requirements and were registered as pharmacists in South Dakota: Dacey Beck, Taylor Becker, Natalie Beiter, Austin Block, Lori Bommersbach, Martin Cherry, Daniel Cox, Courtney Donnelly, Tyler Fenton,

Tamara Giese, Ali Gieselman, Stephanie Hanson, Kiimberly Hardy, Levi Hattervig, Jenna Heyen, Brianna Jansma, Levi Jensen, Cheryl Jezwinski, Mackenzie Klinkhammer, Lynn Koele, Kerri Larson, Juan Lozano Barroso, William Lukkes, Ciara Eileen Macenas, Evan McAllister, Michael Meier, Emily Murray, Ngochan Ngo, Kristen Nowdomski, Megan Robinson, Shan Siddique, Alex Smith, Joseph Statz, Lea Telkamp, Helena Torres, Samantha Trumm, Travis Van Ede, Stacey Wagner, Zachary Wagner, Crystal Wright, and Kai Zheng. There were two new part time pharmacy licenses issued over the same time period: Sanford Home Health dba Sanford Hospice, Sioux Falls, and Siouxland Surgery Center (#2), Dakota Dunes. The following pharmacies closed during the quarter: Family Thrift Center #254, Rapid City, FTC Express Pharmacy #257, and AlixaRx, Mobridge.

## FLU SEASON AND FLU VACCINATION SEASON IS UPON US

Remember to check the dating of products in immunization emergency kits routinely. Our inspectors have found outdated products in them.

## USP CHAPTER <800> DELAYS IMPLEMENTATION DATE TO DECEMBER 1, 2019

USP <800> Hazardous Drugs – Handling in Healthcare Setting will be enforceable as of the newly announced date of December 1, 2019 for all Healthcare settings. The thinking is that USP <797> will be finalized by that time so that conflicting areas will then be resolved. It is important to know how to be compliant and continued preparation is important. It is never too early to protect your staff. The attached Q&A should help.

### Q. DOES THIS APPLY ONLY TO COMPOUNDING PHARMACIES?

A. No. USP <800> applies to all healthcare personnel who handle hazardous preparations and entities that transport, store,

prepare or administer hazardous drugs (HDs). For example: pharmacies, hospitals, patient treatment clinics, physicians' offices, and veterinary offices.

### Q. WHO MUST COMPLY?

A. Compliance with all containment strategies and work practices listed are required for ALL healthcare settings utilizing any HD Active Pharmaceutical Ingredients (API) or any antineoplastic HD requiring manipulation. An entity may perform an Assessment of Risk (AoR) for stocked HDs to determine which drugs may be handled with an alternative containment strategy or work practice. If an AoR is not performed, all HDs must be handled with all containment strategies defined in Chapter <800>. Note: An Assessment of Risk (AoR) can only be performed for drugs on the NIOSH hazardous drugs list that are in final dosage forms i.e., compounded HD preparations and conventionally manufactured HD products that do not require further manipulation other than counting or repackaging (unless required by the manufacturer).

### Q. WHO WILL ENFORCE USP <800>?

A. State Boards of Pharmacy, Occupational Safety and Health (OSHA), and possibly the FDA

### Q. WHAT SD RULE REQUIRES COMPLIANCE?

A. See South Dakota Administrative Rule listed below:

ARSD 20:51:16:03. The pharmacist's relation to the public. In relation to the public, the pharmacist:

- (1) Upholds the approved legal standards of the U.S. Pharmacopeia...
- (2) Uses every precaution to safeguard the public when dispensing any drugs or preparations.
- (3) Being legally entrusted with the dispensing and sale of these products, the pharmacist assumes responsibility by upholding and conforming to the laws and regulations governing the distribution of these substances;
- (4) Holds the health and safety of the pharmacist's patrons to be of first consideration...
- (5) Keeps the pharmacy clean, neat, and sanitary...

### Q. WHERE CAN I FIND FURTHER RESOURCES?

A. Email or call the Board and we will send resource links.

## DEA HOSTS SOUTH DAKOTA PDAC!

The DEA hosted a Pharmacy Diversion Awareness Conference (PDAC) on Sunday October 1, 2017. The Sioux Falls PDAC was held at the Sheraton Sioux Falls and Convention Center and

*(continued on page 7)*



# SOUTH DAKOTA BOARD OF PHARMACY

(continued from page 6)

had an excellent turnout. To date, the DEA has hosted 93 such conferences around the country. Representatives from DEA presented many informational items and answered questions. They were very approachable and mentioned several times that they would not take action if a pharmacy or pharmacist was acting in the best interest of the patient. This was very enlightening and informs pharmacists to document everything.

The Board of Pharmacy staff is always willing to assist with questions that may arise in your practice. Please don't hesitate to reach out to us. We can also provide contact information for SD DEA representatives.

## **SBVI PROMOTES PRESCRIPTION ASSISTANCE FOR VISUALLY IMPAIRED**

The South Dakota Department of Human Services Division of Service to the Blind and Visually Impaired (SBVI) promoted access to prescription labels for citizens with vision loss during National Medication Safety Awareness for the Blind Week, Sept. 9-15, 2017. Individuals who cannot read prescription labels or distinguish among different medications must rely on memory, use compensatory strategies or devices, or depend on someone else for help when managing medications. "Our hope is that SBVI staff can be a resource for pharmacists and citizens with vision loss to explore options for accessibility of prescriptions," said SBVI Division Director Gaye Mattke. The Americans with Disabilities Act requires pharmacies to provide aids to effective communication between the pharmacist and patient so long as it does not present a financial burden to the pharmacy. For more information or to request a demonstration from an SBVI staff member, please call 1-800-658-5411. The mission of SBVI is to provide individualized rehabilitation services that result in optimal employment and independent living outcomes for citizens who are blind or visually impaired.

## **PDMP UPDATE**

A recurring theme at conferences attended this summer was the important role prescription drug monitoring programs (PDMPs) play in strategies to address our nation's opioid epidemic. Many states had legislative updates in 2017 to their PDMP's laws and rules, of which mandates are becoming the norm. Mandated registration of prescribers and/or dispensers is now required in 35 states and mandated use, with varying requirements, is now required in 39 states. South Dakota has mandated registration for prescribers only. Data submission frequency is now every 24 hours in 40 states and this is newly effective in South Dakota. PDMPs also shared current topics of interest in their

states including expansion of drugs submitted (i.e. gabapentin, naloxone), focus on data integrity, compliance, and expansion of roles allowed access to PDMP data.

South Dakota Prescription Drug Monitoring Program (SD PDMP) prescriber users are increasing daily in response to the prescriber mandate of South Dakota's Senate Bill 1 effective July 1, 2017. Online prescriber queries have outpaced pharmacist queries each month since December 2016; however, new records for both pharmacist and prescriber queries were made in August 2017 of 6,990 and 7,799 respectively.

Pharmacists in South Dakota have voiced concerns to the Board of Pharmacy regarding the lack of easily accessible drug take-back receptacles for their patients and the public. The National Survey on Drug Use and Health released in September 2016 by SAMHSA (Substance Abuse and Mental Health Services Administration) states that 53.7% of people, age 12 or older, obtained the prescription pain relievers they most recently misused from a friend or relative. The availability of drug take-back receptacles is key in reducing the avenue of diversion created by unused, unwanted, and expired drugs in an individual's medicine cabinet. The South Dakota Board of Pharmacy was awarded a 2016 Harold Rogers PDMP Enhancement Grant with one of the grant projects being establishment of a drug take-back program for retail pharmacies utilizing Assured Waste Solutions' MedDrop receptacles. The board is currently working with two Lewis Family Drug stores on this project and will continue its expansion in stores that wish to participate. This program will provide an option for the safe disposal of an individual's non-prescription and prescription drugs, including controlled substances, and is a key component in South Dakota's strategy to address our state's misuse, abuse, and diversion of controlled prescription drugs.

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# SOUTH DAKOTA STATE UNIVERSITY

## College of Pharmacy and Allied Health Professions



Jane Mort | Acting Dean



Greetings from the College of Pharmacy and Allied Health Professions!

This fall has been a remarkable start to the academic year. On September 16th we celebrated our scholarship recipients by awarding a total of 249,900 dollars. This represents an increase in scholarship dollars of 56 percent over the last two years. We wish

to thank all of the very generous donors who have made this possible. In addition, at our celebration this fall we also recognized Gary Karel as the College of Pharmacy and Allied Health Professions Distinguished Alumnus for 2017.

Another important event on campus is Pharmacy Days which took October 25th and 26th. This event provides an opportunity for employers to interview fourth year pharmacy students for jobs following graduation and first and second year students for internship positions. It's also a great chance for employers to get back on campus to connect with the College and let us know how our graduates are doing in the work place.

Our PharmD class of 2017 has again achieved distinction on the NAPLEX with a first time pass rate of 98.6 percent (72 of 73) compared to 90.2 percent for the nation. Similarly, the Medical Laboratory Science graduates achieved a 94 percent pass rate on the ASCP Board Certification exam. We also celebrated the 10-year anniversary of our PhD in Pharmaceutical Sciences program. Over these 10 years we graduated 25 PhD students who have gone on to work in 13 states and four countries. The

PhD graduates have taken jobs in academics, research, industry and regulatory agencies. We can be very proud of all of the students who graduate from our programs.

In the area of research many exciting advances are underway. I'll share one special celebration we had on campus this fall for Siddharth Kesharwani, a graduate student in our College, and his supervisor Dr. Tummala. Their work on orally bioavailable curcumin formulation was selected as the best poster for the Eudragit Award 2016 in the North America region. This award shines a national light on the quality of work occurring in our College.

The search process is underway for the next Dean for the College. The search committee is headed by Nancy Fahrenwald, Dean of the College of Nursing, and includes representatives from all stakeholder groups. The search timeline is set for completion by the end of the semester and a start date is contingent on the contractual obligations of the new dean. As we create our future through strategic planning, we have a workshop scheduled for January. This will be led by Dr. Russ Melchert, a national expert in pharmacy education. We look forward to utilizing his insight to expand our vision.

The College is well positioned for an exciting future where we will continue to lead our professions to meet the evolving health care challenges in the state, region, and nation. We look forward to working with you as we carry out this work.

Best Regards,  
Jane Mort, Interim Dean  
College of Pharmacy and Allied Health Professions

## Did You Know?

As pharmacists, you can submit immunization information to the South Dakota Department of Health's Immunization Registry?

Contact Tammy LeBeau to get registered! Tammy is the Coordinator for South Dakota's Immunization Information System (SDIIS) and can be reached at her direct extension, 605-773-4783.



# SD SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Jessica Harris, Pharm.D., BCPS | SDSHP President



Hello from the South Dakota Society of Health-System Pharmacists!

## **Gary Van Riper Society Open Golf Classic**

The 16th annual Gary Van Riper Society Open Golf Classic was held at the Central Valley Golf Course in Hartford on July 28, 2017. It was a beautiful day for golfing! We raised \$1,620.32 for pharmacy student scholarships and funding for student

travel to the ASHP Clinical Skills Competition! A special thank you to our Platinum Sponsors: Gary & Sharon Van Riper, Tyler and Kristin Turek, Tom and Jodi Johnson, Glenn and Mary Ann Voss, SDSU College of Pharmacy and Allied Health Professions, and Pharmacists Mutual. Also, thank you to all of the participants and especially to Tyler Turek for planning and coordinating the event!

## **Resident Liaison**

We would like to thank Haylee Brodersen, outgoing SDSHP Resident Liaison, for her time and commitment to SDSHP during the past year. Haylee organized the SDSHP Statewide Residency Conference held on July 14, 2017 and will continue to play an active role on the Promotions Committee. We would also like to welcome our new Resident Liaison, Jenna Welu (PGY1 Resident at the Sioux Falls VA, SDSU graduate)! We look forward to working with her during her term.

## **New Website!**

We have upgraded our website! If you are a member of SDSHP, you should have received an email from [info@sdshp.com](mailto:info@sdshp.com) to set up your account on our website. The website address is staying the same: [www.sdshp.com](http://www.sdshp.com). However, we are now using association management software through StarChapter™. New features of this website include easy conference registration, automatic membership renewal, a membership directory, and

so much more! Originally, some of the login emails were not able to reach msn related email addresses. This issue should be resolved now. If you have not received the login email from us, please contact RaeAnn at [sdshp.sd@gmail.com](mailto:sdshp.sd@gmail.com). When you login, please update your contact information and note that you may hide specific fields that you do not want in the membership directory. We are very excited to use this new software to improve the member experience with SDSHP!

## **Strategic Plan**

Our strategic plan was approved in July and will be available soon on the new website.

## **Upcoming Events**

- CE and SPF – Tentative dates have been set for Sioux Falls CE events on January 20th and February 10th. Statewide Pharmacotherapy Forum (SPF) will be hosted by Rapid City Regional Hospital on 10/31/17. Please watch your email for more information.
- Dakota Night Reception at ASHP Midyear Clinical Meeting – Dakota Night will take place on December 4, 2017 from 5:30-7:30 PM at the Hyatt Regency Hotel in Orlando, FL. Pharmacists, technicians, and students are welcome to enjoy refreshments during this evening of networking and socializing.
- 42nd Annual SDSHP Conference – Mark your calendars! Our annual conference will be held March 23-24, 2018 at the Best Western Plus Ramkota Hotel in Sioux Falls, SD.

Please visit SDSHP's website at [www.sdshp.com](http://www.sdshp.com) to learn more about SDSHP and find a list of upcoming events!

Respectfully submitted,

Jessica Harris, PharmD, BCPS  
SDSHP President

# ACADEMY OF STUDENT PHARMACISTS

Analisa Buysse | APhA-ASP SDSU Chapter President



We hope you enjoyed American Pharmacist Month! The fall semester is in full swing here at SDSU. Our chapter of APhA-ASP is just closing our membership drive and our committees have already hosted some events. We have a variety of speakers coming to the upcoming chapter meetings including, Dr. Jim Clem, mentors from the APhA Institute on Alcoholism and Drug Dependencies, and the national

treasurer for ASHP, Dr. Tom Johnson. These speakers will be addressing our chapter theme for the year, Advocacy.

Our chapter headed a coalition among the various pharmacy organizations to build the Hobo Day float for the College of Pharmacy and Allied Health Professions. The theme for Hobo Day this year was "Homeward Bound" so our float incorporates the Avera Health and Science Center as well as the Campanile with a Wizard of Oz take since there is no place like our home, Avera.

To kick off the More Than a Count campaign, we spent a day in the Sponsor tent at the South Dakota State Fair. Throughout the course of the day, we were able to complete 624 patient care screenings! This has inspired us to attempt to break our previous screening record for the year, 1,317. The Executive Board decided to challenge the co-chairs of Operation Heart, Operation Diabetes, and Operation Self-Care to beat this number with the winners getting to pie the losers at the last chapter meeting of the year.

Finally, the More Than a Count social media campaign is well underway! We have been posting videos on our Facebook page on a weekly basis for about a two months now. I encourage all of you to like our Facebook page, "More Than a Count," and share the videos we post! You can also visit our website, [www.morethanacountsd.com](http://www.morethanacountsd.com). In the near future we will be mailing More Than a Count posters to the pharmacies throughout the state to hang for your patients to see so keep an eye out for those! Thank you for all of your support thus far!



# SD ASSOCIATION OF PHARMACY TECHNICIANS

Jerrie Vedvei | President



Happy Harvest from SDAPT!

SDAPT had an awesome turnout for our annual fall conference which was held in Sioux Falls October 7 at the Avera Prairie Center with 87 participants. It has been brought to my attention that a pharmacy in Sioux Falls challenged their Technicians to attend by awarding

them an extra vacation day. Thank you to all of the Pharmacies and Pharmacists who support SDAPT.

The CE's included a Pharmacy Law Update from the SD Board of Pharmacy, Gary Karel & Melissa DeNoon; Laura Martin, Pharm D presented on Diabetes; Jessica Strobl, Pharm D presented on Dietary Supplements & Herbals; Dr. Jeremy Daniel presented on Mental Health & Pregnancy; and DCI Agents Jon Basche & Pat Kneip from Sioux Falls presented on prescription medication fraud & opioids. The agents also seem to have a flair for entertaining with graphic photos of what really happens on the streets and talked about the current "likes" in the non-legal drug sector. This is truly a great day of education and networking for our profession.

SDAPT had 13 applicants for scholarships this year, with two \$150 scholarships being awarded. Each applicant displayed exceptional motivation and interest in our profession. The winners are Jerrica King from Western Dakota Technical Institute in Rapid City and Chelsea Anderson from Southeast Technical Institute in Sioux Falls.

Thank you the following outgoing officers on a job well done: President Sue Dejong, Secretary Diane Feiner, and Treasurer Deb Mensing.

The 2017-2019 elected officers are: President Jerrie Vedvei, President-Elect John Thorns, Secretary Hope Schwalter, and Treasurer Connie Mullett.

SDAPT would also like to say "Thank You" to the SD Pharmacist Association for all of your support to our association and to our profession.

Pharmacists, thank you for remembering your technicians on National Pharmacy Technician Day October 17. We also encourage everyone to review in the information on page 12 about the technician training program opportunity available through SDPhA utilizing Pharmacy Technician University. We're happy to be part of an organization which wholeheartedly recognizes the importance of pharmacy technicians, and actively seeks ways to provide meaningful assistance.

Visit our website: [www.SDAPT.org](http://www.SDAPT.org) or our Facebook page for more information or to contact one of the current officers with any questions or suggestions.

Mark your calendars, the SDAPT 2018 conference will be October 6th.

Harvest Blessing to all!

Sincerely,  
Jerrie Vedvei  
SDAPT President

# PHARMACY TECHNICIAN UNIVERSITY

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Amanda Bacon | Executive Director

## **SDPHA AND SDAPT ANNOUNCE PROGRAM TO ASSIST WITH PHARMACY TECHNICIAN TRAINING**

*South Dakota Pharmacists Association (SDPhA) announces a drastically reduced rate for pharmacy technician training with the No. 1 provider of online learning.*

Pierre, SD – The South Dakota Pharmacists Association (SDPhA) and the South Dakota Association of Pharmacy Technicians (SDAPT) today announced a program designed to assist pharmacy technicians in South Dakota gain vital pharmacy technician training, by helping to shoulder some of cost.

“Training requirements for technicians can change often, and the cost associated with that training can be a major burden, for pharmacy technicians as well as our pharmacies,” said Amanda Bacon, executive director, SDPhA. “Online pharmacy technician training modules can cost thousands of dollars. We’ve been able to step in and front some of the major cost associated with these essential programs, and bring down the fees to just a few hundred dollars per participant.”

SDPhA worked with Pharmacy Technician University (PTU), recognized as the No. 1 leader of online learning, to establish this opportunity. The PTU platform is the first web-based learning and education solution to support the diverse requirements for pharmacy technicians in all 50 states, and is designed to aid in preparation for the national certification exams. The PTU 101 Training Program contains 80-110 hours of high-quality technician training in a variety of learning modalities.

Pharmacists rely on technicians for essential technical functions of the practice of pharmacy, enabling the pharmacist to provide critical pharmaceutical care to the patient.

“The South Dakota Board of Pharmacy is excited about this program and the SDPhA’s support of technicians in our state,” said Kari Shanard-Koenders, executive director, South Dakota Board of Pharmacy. “This training opportunity fills a void for technicians who require targeted training to ultimately become certified, which is a state law. Our pharmacists rely heavily on skilled technicians, and patient safety depends greatly on their solid performance. Highly trained technicians are the backbone of the practice of pharmacy in South Dakota and the Board thanks and applauds the Association for their investment in this partnership.”

“We’re thrilled to have this opportunity available for technicians in our state,” said Jerrie Vedvei, president, SDAPT. “SDPhA absolutely realizes technicians are a vital member of the pharmacy team, and we appreciate their commitment to helping to create more qualified pharmacy technicians.”

For program details and enrollment information, please contact Amanda Bacon at 605-224-2338 or [amanda@sdpha.org](mailto:amanda@sdpha.org)

*Since our founders first met and assembled our organization in 1886, the South Dakota Pharmacists Association has represented the pharmacy profession through advancing patient care, enhancing the public awareness and serving in the best interest of public health and pharmacy. As one of the longest-standing associations in the state, the SDPhA believes the key to a strong profession is in its members. Association members have opportunities to continue their education, attend the SDPhA annual convention, participate in industry events, get involved in legislative activities and promote the association throughout South Dakota.*

**COMMERCIAL AND LEGISLATIVE (C&L) & DISTRICT DUES  
CONTRIBUTIONS  
2017/ 2018**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Employer/Company \_\_\_\_\_

Work Address \_\_\_\_\_

Work City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_

Email Address \_\_\_\_\_

*Do you wish to receive SDPhA email alerts regarding important pharmacy issues?* ☐ YES ☐ NO

**2017 - 2018 Commercial & Legislative (C&L) Fund**  
(Memberships set by SDPhA C & L Executive Committee, 2007)

**Pharmacy or Business Membership (\$100.00)**  
(Includes One Individual Membership)

Name of Pharmacy/Business \_\_\_\_\_

Name of Individual Included \_\_\_\_\_

**Corporate Membership (\$200.00)**  
(Two or more stores of the same corporation)

Name of Corporation \_\_\_\_\_

Name of Individual Included \_\_\_\_\_

**Individual Membership**

☐ \$50 Level

☐ \$75 Level

☐ Other \$ \_\_\_\_\_

**District Dues**  
(Circle your District)

**Aberdeen-\$10.00**

**Black Hills-\$20.00**

**Huron-\$10.00**

**Mitchell-\$10.00**

**Mobridge-\$10.00**

**Rosebud-\$10.00**

**Sioux Falls-\$20.00**

**Watertown-\$20.00**

**Yankton-\$15.00**

**TOTAL ENCLOSED**

\$ \_\_\_\_\_

*Mail to SD Pharmacists Association ♦ Box 518 ♦ Pierre, SD 57501-0518 ♦ FAX: 605-224-1280*



# 2017 ANNUAL CONVENTION

Amanda Bacon | Executive Director

## SDPHA INSTALLS NEW OFFICERS, PRESENTS ANNUAL AWARDS

*Pharmacists and pharmacy technicians gather just ahead of American Pharmacists Month to at the recent South Dakota Pharmacists Association Annual Convention held in Deadwood, SD.*

*Pierre, SD – The South Dakota Pharmacists Association (SDPhA) recently held its annual meeting, highlighted by a wide variety of continuing education opportunities, installing new officers and honoring colleagues with awards for excellence and community service.*

*Now past president Trisha Hadrick, Faulkton, S.D. installed the following into their positions for the 2017-2018 year:*

*President – Eric Grocott, Montrose, S.D.*

*President-Elect – Erica Bukovich, Sioux Falls, S.D.*

*Vice President – Lori Ollerich, Sioux Falls, S.D.*

*Secretary/Treasurer – Dana Darger, Rapid City, S.D.*

*At Large Member – Bernie Hendricks, Brookings, S.D.*

*At Large Member – Jan Lowe, Rapid City, S.D.*

*The SDPhA also honored pharmacists, technicians and friends of pharmacy for outstanding contributions to the profession. All award winners are nominated by their peers and chosen by the SDPhA executive board. This year's winners are featured below.*

### Pharmacy Technician of the Year

**Jessie Spotted Tail, Mission Community Pharmacy, Mission, S.D.**



Jessie Spotted Tail is this year's 2017 SDPhA Technician of the Year. Spotted Tail is well-known in her hometown of Mission, SD

as an inspiration and role model to the people she works with, as well as others through the community.

When Spotted Tail first moved back to her small hometown, she found there were no pharmacy technician openings. But that wasn't about to stop her - so instead volunteered at a pharmacy until a position opened in her community. Those at that pharmacy now call her the establishment's greatest asset - highlighting her intelligence, keen sense of when to seek pharmacist or physician intervention, efficiency and exactness. What's more, her humor and personality endear her to all who meet her. Telepharmacies rely on great technicians, and this technician is widely agreed to be the cornerstone of hers.

We are proud to have Jessie Spotted Tail as the 2017 Technician of the Year! Thank you, Jessie, for going above and beyond for your pharmacy teammates!

### Distinguished Young Pharmacist of the Year –

**Billie Bartel, Sanford Aberdeen Medical Center, Aberdeen, S.D.**



Billie Bartel, Pharm. D. is the 2017 Distinguished Young Pharmacist award winner. Bartel (right) is pictured with SDPhA Past President Trisha Hadrick (left).

Bartel has given multiple presentations at local, state, national and international venues. She is a member of, and volunteer committee member or officer in multiple pharmacy organizations, and has worked extensively with students in and out of the classroom.

Her nominator describes her as constantly striving for continuous improvement in her own skills as well as the departments and institutions where she works – obtaining board certification in Critical Care Pharmacy in 2015, leading Sanford Aberdeen

# 2017 ANNUAL CONVENTION

Medical Center's antimicrobial stewardship program, implementing a pharmacist-managed anticoagulation clinic, and developing a critical care pharmacy training series for nursing staff. She is leaned on by providers, nursing and pharmacy staff for information, education and consultation.

Congratulations, Billie, and thank you for all you do for your patients and the profession!

The prestigious award is presented by Pharmacists Mutual Companies.

## **The Hustead Award – SDPhA Pharmacist of the Year – David Taffe, Aberdeen Medical Center Pharmacy, Inc., Aberdeen, SD**



David Taffe, Pharm D. is the 2017 SDPhA Pharmacist of the year. The Hustead Award recognizes contributions or service during a career, or significant accomplishments during a short period of time that impact the profession in a positive manner. The award stresses both the individual's professional career and the impact they have made on the profession, as well as their community service and personal activities – demonstrating the dedication, resourcefulness, service and caring that has made pharmacy one of the most respected professions in our country.

Taffe is the owner of three retail pharmacies in Aberdeen, including a compounding pharmacy and a closed pharmacy for nursing home residents. He participates in weekly and monthly medication reviews for nursing home patients and members of the community with disabilities.

The person who nominated this pharmacist actually decided to pursue a career in pharmacy after witnessing Taffe's impact on the wellbeing of his patients, and his long-lasting, trusted relationships with many members of the community, medical profession and his staff.

Our Hustead Award winner has long served a preceptor for retail and long-term care rotations, setting high expectations for his students, but also opening his own home for students in need of a place to stay from other towns and states. He also serves as an Aspire Foundation Board member.

Congratulations, David, and thank you for being a strong patient advocate, and a very valued member of the Aberdeen community making significant contributions to our profession and the medical community!

## **2017 Award Winners not Pictured:**

Salesperson of the Year – Brent Witte, Janssen - Sioux Falls, S.D.  
Bowl of Hygeia – Rob Loe, Dakotamart, Pierre, S.D.

## **50 Year Pharmacists**

Each year at our Annual Convention we honor pharmacists who have been licensed for 50 years. We're so grateful for the wisdom and knowledge these pharmacists continue to pass along to those following in their footsteps.

This year's honorees include Ronald and Marilyn Schwans of Belle Fourche, SD and Vernon Peterson of Mountain Lake, MN, who are all pictured here. The rest of this year's exclusive club includes Ralph Gosch (Huron); Timothy Pearson (Sisseton); Raymond Winsel (Rapid City) and Dennis Wollman (Freeman).



# SOUTH DAKOTA BOARD OF PHARMACY

(continued from page 7)

August Most Prescribed Drugs	RX's	Quantity	Days Supply	Quant/Rx
HYDROCODONE BITARTRATE/ACETAMINOPHEN	22,918	1,434,294	286,093	63
TRAMADOL HCL	15,000	1,120,418	274,832	75
ZOLPIDEM TARTRATE	8,840	305,347	304,392	35
LORAZEPAM	8,787	431,769	209,083	49
CLONAZEPAM	8,279	517,696	264,249	63
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF	8,046	442,615	288,738	55
METHYLPHENIDATE HCL	6,366	337,106	225,701	53
ALPRAZOLAM	6,351	375,810	175,547	59
OXYCODONE HCL	4,834	397,498	91,237	82
LISDEXAMFETAMINE DIMESYLATE	4,260	151,483	147,795	36

Lisdexamfetamine dimesylate (Vyvanse®) returned to the number 10 spot in August 2017 after being displaced by oxycodone/acetaminophen in June and July 2017. Each of these drugs has been in the number 10 spot four times in the first 8 months of 2017.

## BOARD MEETING DATES

Please check our website for the time, location and agenda for future Board meetings

## BOARD OF PHARMACY DIRECTORY

Office Phone: 605-362-2737

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Board of Pharmacy Website  
www.pharmacy.sd.gov

PDMP Data Access Website  
<https://southdakota.pmpaware.net/login>

PDMP Data Submitters Website  
<https://pmpclearinghouse.net/>

National Association of Boards of Pharmacy  
www.NABP.pharmacy





# LEGISLATIVE DAYS

## January 23-24, 2018

### Legislative Update and Dinner

January 23, 2018, 6:00 p.m. at RedRossa Italian Grill

### Health Screening

January 24, 2018, beginning at 7 a.m.  
by SDSU College of Pharmacy Students  
at the Capitol Building



PO BOX 518 PIERRE, SD 57501  
(605) 224-2338  
WWW.SDPHA.ORG  
SDPHA@SDPHA.ORG

### What does SDPhA do for you?

- SDPhA provides you with legislative and regulatory representation on the state and national level;
- Protects and supports pharmacists in every practice setting;
- Liaison with national pharmacy organizations and state healthcare professional associations/societies;
- Provides media relations support and patient education opportunities for pharmacists;
- Liaison with SDSU's College of Pharmacy faculty and students;
- Provides pharmacists with critical information in a timely manner through the *SD Pharmacist* journal, email and fax blasts.

## SAVE THE DATE!



**FEBRUARY 16-18, 2018**  
*Holiday Inn Des Moines-Airport  
& Conference Center*

### Highlights (so far) for the 2018 Midwest Pharmacy Expo include:

**High Quality Live CE:** Up to 16.5 hrs for pharmacists and 10 hrs for pharmacy technicians

**Clinically Intensive Program:** Friday, Feb. 16, will feature high-level clinical programming designed for those who have or are seeking advanced certification

### Keynote by Jacques Turgeon, BPharm, PhD:

Dr. Turgeon is the chief scientific officer at Tabula Rasa HealthCare and will give the Saturday keynote on precision medicine.

**...And More!**

*Agenda & Registration Coming in November!*

**www.MidwestPharmacyExpo.com**

# FINANCIAL FORUM

*This series, Financial Forum, is presented by PRISM Wealth Advisors, LLC and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.*

## Could you Improve your Personal Finances Today?

*Simple decisions & new habits might lead you toward a better financial future*

You may have heard that people spend less once they are retired. Statistically, that is true. The question is whether a retiree has enough income to meet his or her expenses. Ideally, retirees should be able to live comfortably on 70-85% of their end salaries and draw their retirement fund down no more than 4-5% per year during a 30-year retirement. Are these two objectives realistic for the average retiree household?<sup>1,2</sup> According to the most recently published Bureau of Labor Statistics data, a household maintained by someone 65 or older had a mean income of \$46,627 in 2015 and a disposable income of \$42,959 after taxes. That average retiree household spent an average of \$44,664 in 2015. So, on average, seniors spent more than they had on hand.<sup>2,3</sup> Basic math tells us that 46,627 is roughly 70% of 66,500 and roughly 85% of 55,000. So, a retirement income of \$46,627 would correspond to about 70-85% of a typical middle-class salary in 2015. In other words, it appears all too easy for the middle-class worker to transform into the financially challenged retiree.

**Why is the average retiree household spending more than its net income?** Three possible reasons come to mind. One, the cost of living may be rising faster for retirees than some assume. Social Security bases its cost-of-living adjustments to retiree benefits on changes in the CPI-W (Consumer Price Index for Urban Wage Earners and Clerical Workers). Some economists think Social Security should use a different yardstick. Two, annual health care costs may suddenly jump for some seniors. Three, it is not unusual for new retirees to spend more than they anticipate as they travel and enjoy life.<sup>4</sup>

**How do average retiree expenses break down?** Housing costs accounted for \$15,529 of that aforementioned \$44,664 in 2015 household expenses. Transportation costs took another \$6,846. Health care costs made up \$5,756 of the total (\$3,900 of that went to health insurance, \$672 for medicines). Another \$1,298 went for mortgage costs.<sup>2,3</sup>

When you spend more than you make in retirement, you dip into your savings. That fact takes us straight toward a larger problem.

Most baby boomers are approaching retirement with a savings shortfall. The 2016 Employee Financial Wellness Survey from PwC (PriceWaterhouseCoopers) found that 50% of baby boomers had less than \$100,000 in a workplace retirement plan. So, drawing down that amount by 4% a year would bring them less than \$4,000 in annual retirement income. Of course, some of these employees will be able to tap IRAs, brokerage accounts, or income streams from other sources – but when your workplace retirement plan savings are that scant after age 50, other sources must compensate mightily. For many retirees, Social Security will not take up the slack. The average projected monthly Social Security benefit for 2017 is just \$1,360.<sup>2</sup> From the numbers in this article, you can glean that the average American retiree faces more than a little financial pressure. If you are a baby boomer who has saved and invested for decades and wants to work longer to give your invested assets a few more years of growth and compounding, you may have above-average prospects for a comfortable retirement.

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1 - [cbsnews.com/news/how-much-retirement-income-do-you-really-need/](http://cbsnews.com/news/how-much-retirement-income-do-you-really-need/) [3/3/16]

2 - [fool.com/retirement/2016/12/18/how-much-money-does-the-average-baby-boomer-need-i.aspx](http://fool.com/retirement/2016/12/18/how-much-money-does-the-average-baby-boomer-need-i.aspx) [12/18/16]

3 - [bls.gov/cex/2015/combined/sage.pdf](http://bls.gov/cex/2015/combined/sage.pdf) [8/16]

4 - [fool.com/retirement/2016/09/24/heres-why-your-social-security-check-is-hardly-goi.aspx](http://fool.com/retirement/2016/09/24/heres-why-your-social-security-check-is-hardly-goi.aspx) [9/24/16]

Pat Reding and Bo Schnurr may be reached at 800-288-6669 or [pbh@berthelrep.com](mailto:pbh@berthelrep.com). Registered Representative of and securities and investment advisory services offered through Berthel Fisher & Company Financial Services, Inc. Member FINRA/SIPC. PRISM Wealth Advisors LLC is independent of Berthel Fisher & Company Financial Services Inc.

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*(continued on page 19)*



# Financial Forum

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(continued from page 18)

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# AND THE LAW<sub>by Don R. McGuire Jr., R.Ph., J.D.</sub>

*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.*

## Insurance Coverage for New Advances

An earlier article in this series talked about preparing to enter the exciting period of change that is occurring in the pharmacy profession. Recent changes in a number of states have broadened the clinical and patient care activities that can be undertaken by pharmacists. These changes take many different forms. Ohio passed a bill that authorizes pharmacists to provide a large number of patient care activities, including ordering and analyzing the results of blood and urine tests, ordering up to a 30 day supply of life saving medication when a physician is unavailable, and modifying drug therapy (including ordering new drugs). Many other states also allow pharmacists to order and interpret laboratory tests. Most states allow pharmacists to participate in Collaborative Practice Agreements (CPA). The activities allowed under a CPA vary tremendously from state to state. These can include initiation of drug therapy, modification of drug therapy and/or discontinuation of drug therapy. Another development is the use of statewide protocols to allow pharmacists to prescribe certain medications. The leaders in this area are New Mexico, Idaho, California, and Oregon, but other states are beginning to follow their lead. Among the medications that pharmacists are allowed to prescribe are emergency contraception, smoking cessation, oral hormonal contraceptives, and preventative prescription medications recommended by the CDC for people traveling outside the US.

A question that should come to mind for every pharmacist involved is whether they are covered by their insurance policy for these activities. This is a very important and challenging question because the coverage provided by each insurance company is different. You cannot just assume that new practices are covered. Each insurance company can determine what they do and do not want to cover in a policy, regardless of what constitutes your state's scope of practice. For example, there are policies available in the marketplace that exclude damages resulting from patient counseling – whether or not the counseling is required by law. Whether the services you provide are required or optional, you will want to be sure you are adequately protected. It is never safe to assume that you have coverage for something that you cannot find in your policy without first asking and validating it with your insurance company.

So how do you go about examining your insurance coverage? Remember that under the law, insurance is a contract. The terms of

that contract or agreement are spelled out in the insurance policy. While every provision is important, three parts of the policy are key to our question. They are the definitions, the insuring agreement, and exclusions. Make sure that the activity in question is included in the definitions and/or the insuring agreement of the policy and that it is not included in the exclusions.

In a situation like we have in these states, new activities recently authorized likely will not be found in the policy yet. There is a time lag due to the requirement that insurance policies be approved by the Department of Insurance in each state. Because of this lag, coverage will depend on the insurance company's interpretation of its existing policy language. Some policies carry a broad definition of what activities are covered. For example, the policy may say that you are covered for your acts as a pharmacist or for your acts within the profession of pharmacy. For cutting edge advances, you may not know how your insurance company will interpret what acts they are intending to cover. Another insurance company includes the phrase, "and other services of a professional nature legally performed by "you"". This phrase picks up newly authorized activities until policies can be rewritten to specifically include them in the policy language. It is important to note that the phrase also includes the words "legally performed". The pharmacist would need to complete any required training program or certifications prior to providing these services for the coverage to apply. It is also important to comply with all procedures and recordkeeping required by the law.

Pharmacists will need to verify what activities they are legally allowed to provide in their state. Once they have chosen the activities that they wish to add to their practice, pharmacists need to verify coverage with their insurance company because every insurance company is different.

© Don R. McGuire Jr., R.Ph., J.D., is General Counsel, Senior Vice President, Risk Management & Compliance 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 policies and procedures of their employers and insurance companies, and act accordingly.*



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# Continuing Education for Pharmacists

## “FDA: Vaccine Adverse Event Reporting System (VAERS) - Questions and Answers 2017”

*(Knowledge-based CPE)*

### Course development:

The following public report was published by the U.S. Food and Drug Administration (FDA).

### Course Sponsorship:

This course is sponsored by the South Dakota State University College of Pharmacy and Allied Health Professions, Brookings, SD

Permission has been granted by the U.S. Food and Drug Administration (FDA) for use of this material in the development of CPE activities for pharmacists.

**Goal:** To provide pharmacists with actionable information on the Vaccine Adverse Event Reporting System (VAERS).

### **Pharmacist Learning Objectives**

1. Review the history of the VAERS, and explain its goal in post-marketing safety surveillance;
2. Explain the most common factors known to complicate and potentially limit VAERS data;
3. Explain the factors which must be considered in relation to vaccine lots in VAERS data analysis;
4. Review The National Childhood Vaccine Injury Act (NCVIA) mandates for health care providers;
5. Access the VAERS 2.0 reporting system.

US FOOD AND DRUG  
ADMINISTRATION - 2017  
[Vaccines, Blood & Biologics](#)

### **VAERS Overview**

The Vaccine Adverse Event Reporting System (VAERS) is a valuable tool for post-marketing safety surveillance (monitoring after a product has been approved and is on the market).

Although extensive studies are required for licensure of new vaccines, post-marketing research and surveillance are necessary to identify safety issues that may only be detected following vaccination of a much larger and more diverse population. Rare events may not come to light before licensure. Sometimes an event is noted, but the evidence may not be adequate to conclude that a noted event is due to the vaccine.

VAERS is a program created as an outgrowth of the National Childhood Vaccine Injury Act of 1986 (NCVIA) and is administered by the Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC). VAERS accepts reports of adverse events that may be associated with U.S. licensed vaccines from health care providers, manufacturers, and the public. The FDA continually monitors VAERS reports for any unexpected patterns or changes in rates of adverse events.

The report of an adverse event to VAERS is not proof that a vaccine caused the event. More than ten million vaccinations per year are given to children less than one year old, usually between 2 months and 6 months of age. At this stage of

development infants are at risk for a variety of medical events and serious childhood illnesses.

These naturally occurring events include fevers, seizures, sudden infant death syndrome (SIDS), cancer, congenital heart disease, asthma, and other conditions. Some infants coincidentally experience an adverse event shortly after a vaccination. In such situations an infection, congenital abnormality, injury, or some other provocation may cause the event.

Because of such coincidences, it is usually not possible from VAERS data alone to determine whether a particular adverse event resulted from a concurrent condition or from a vaccination - even when the event occurs soon after vaccination. Doctors and other vaccine providers are encouraged to report adverse events, whether or not they believe that the vaccination was the cause. If the VAERS data suggest a possible link between an adverse event and vaccination, the relationship may be further studied in a controlled fashion.

Analyzing VAERS reports is a complex task. Children are often administered more than one vaccine at a time, making it difficult to know which vaccine, if any, may have contributed to any subsequent adverse events. While about 85% of adverse events reported to VAERS are minor (such as mild fevers or redness and swelling at the injection site), the remaining 15% describe more serious events. The more serious events include hospitalizations, life-threatening events, and deaths.

As part of the VAERS program, FDA reviews the deaths and serious reports weekly, and conducts follow up. In some cases, certain vaccines and potentially associated symptoms will receive more intense follow up.

In addition to analyzing individual VAERS reports, the FDA also analyzes patterns of

reporting associated with vaccine lots. Many complex factors must be considered in comparing reports between different vaccine lots.

More reports may be received for a large lot than for a small one simply because more doses of vaccine from the large lot will be given to more children. Some lots contain as many as 700,000 doses, while others as few as 20,000 doses. Similarly, more reports will be received for a lot that has been in use for a long time than for a lot that has been in use for a short time. Even among lots of similar size and time in use, some lots will receive more reports than others will simply due to chance.

The FDA continually looks for lots that have received more death reports than would be expected on the basis of such factors as time in use and chance variation as well as any unusual patterns in other serious reports within a lot. If such a lot is detected, further review is conducted to determine if the lot continues to be safe for use, or if additional FDA actions are needed.

### **#1 Active learning question:**

About \_\_\_\_\_ % of adverse events reported to VAERS are considered minor.

### [Vaccine Adverse Event Reporting System \(VAERS\) Questions and Answers](#)

#### **Defining VAERS - What is VAERS?**

VAERS is a national vaccine safety surveillance program created as an outgrowth of the National Childhood Vaccine Injury Act of 1986 (NCVIA) and is administered by the Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC). VAERS collects and analyzes data from reports of adverse events following vaccination.

Since 1990, VAERS has received over 123,000 reports, most of which describe mild side effects such as fever. Very rarely, people experience serious adverse events following immunization.



By monitoring such events, VAERS helps to identify any important new safety concerns that otherwise may not come to light before licensure.

## **Questions about Reporting to VAERS**

### **Who can report to VAERS?**

Anyone can report to VAERS. VAERS reports are usually submitted by health care providers, vaccine manufacturers, vaccine recipients (or their parents/guardians) and state immunization programs. Patients, parents, and guardians are encouraged to seek the help of a health-care professional in reporting to VAERS.

### **Why should I report to VAERS?**

VAERS is a valuable tool for post-marketing safety surveillance. Each report provides valuable information that is added to the VAERS database. Complete reporting of post-vaccination events supplies public health professionals with the information they need to ensure the safest strategies of vaccine administration.

### **What events should be reported to VAERS?**

VAERS encourages the reporting of any significant adverse event occurring after the administration of any vaccine licensed in the United States. You should report any significant adverse event even if you are unsure whether a vaccine caused the event.

The National Childhood Vaccine Injury Act (NCVIA) requires health care providers to report:

- Any event listed by the vaccine manufacturer as a contraindication to subsequent doses of the vaccine.
- Any event listed in the Reportable Events Table that occurs within the specified time period after vaccination.

The Reportable Events Table specifically

outlines the reportable post-vaccination events and the time frames in which they must occur in order to qualify as being reportable. To obtain a copy of the Reportable Events Table, call 1-800-822-7967 or go to <http://www.vaers.hhs.gov/reportable.htm>.

## **Possible Outcomes of Reporting to VAERS**

### **How are VAERS reports analyzed?**

Both the CDC and the FDA review data reported to VAERS. The FDA reviews reports to assess whether a reported event is adequately reflected in product labeling, and closely monitors reporting trends for individual vaccine lots. Approximately 85% of the reports describe mild events such as fever, local reactions, episodes of crying or mild irritability, and other less serious experiences. The remaining 15% of the reports reflect serious adverse events involving life-threatening conditions, hospitalization, permanent disability, or death, which may or may not have been truly caused by an immunization.

### **Can information reported to VAERS cause a recall of a vaccine?**

The FDA has the authority to recall a vaccine from use in the United States if they feel it represents a risk to the American public. VAERS reports may signal that there is the potential for a safety risk, which would prompt a wider evaluation of the safety of the vaccine lot. If the evaluation confirms a risk, the batch can be recalled.

### **Are all events reported to VAERS caused by vaccinations?**

No. Because VAERS accepts all reports of adverse events following vaccination, not all events reported to VAERS are caused by vaccines. Some events may occur coincidentally after the administration of a vaccine while others may in fact be caused by a vaccine. Studies help determine if there is more than a temporal (time) association between immunization and adverse events. An occurrence of an adverse event following the administration of a vaccine is not conclusive evidence that the event was caused by the vaccine.

Various factors (e.g., medical history, other medications given near the time of the vaccination) must be examined to determine if they could have caused the adverse event. Many adverse events reported to VAERS may not be caused by vaccines.

**What if I can't tell if a reaction was caused by a vaccine or another medication?**

We encourage you to report any reaction following vaccination to VAERS, even if you cannot tell if the vaccine or another product caused it. Reports sent to the VAERS program that also make reference to non-vaccine pharmaceutical products are shared with MedWatch, the FDA's drug safety surveillance system.

**For More Information about VAERS  
Where Can I find out more information about electronic reporting to VAERS?**

Information concerning regulatory submissions in electronic format for biologics products can be found at: <http://www.fda.gov/BiologicsBloodVaccines/DevelopmentApprovalProcess/ucm163685.htm>.

**How do I find out if a vaccine adverse event has been reported to VAERS?**

The Freedom of Information Office can be contacted to obtain specific data from VAERS. The requester will be billed for the cost of retrieving and copying the data. You can request information about adverse events reported to VAERS by faxing requests to (301) 443-1726, or by sending requests to:

Food and Drug Administration  
Freedom of Information Staff (HFI-35)  
5600 Fishers Lane  
Rockville, MD 20857  
(301) 827-6500

**Is VAERS involved in the Vaccine Injury Compensation Program?**

No. The National Childhood Vaccine Injury Act created the Vaccine Injury Compensation Program (VICP) to compensate individuals whose injuries may have been caused by vaccines recommended by the CDC for routine use. VICP is separate from the VAERS program. Reporting an event to VAERS does not file a claim for compensation to the VICP. A petition must be filed with VICP to start a claim for compensation. For more information call (800) 338-2382, or go to <http://www.hrsa.gov/vaccinecompensation/index.html>.

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**CDC Centers for Disease Control and Prevention**  
*Morbidity and Mortality Weekly – Announcement*  
*July 14, 2017*

[Implementation of the Vaccine Adverse Event Reporting System 2.0 - Reporting Form](#)

The Vaccine Adverse Event Reporting System (VAERS), co-managed by CDC and the Food and Drug Administration (FDA), is the national post-marketing safety monitoring system that accepts reports about adverse events that occur after administration of U.S.-licensed vaccines (1,2).

On June 30, 2017, CDC and FDA implemented a revised reporting form and a new process for submitting reports to VAERS. Persons reporting adverse events are now able to use the VAERS 2.0 online reporting tool to submit reports directly online; alternatively, they may download and complete the writable and savable VAERS 2.0 form and submit it using an electronic document upload feature.

Transition to the VAERS 2.0 form is expected to be completed by the end of December 2017. Accommodations will be made for persons unable to submit reports electronically. The revised VAERS reporting form and system is intended for health care professionals, patients, parents, guardians, caregivers and other nonmanufacturers.

Vaccine manufacturers will submit reports to VAERS by a separate process through the FDA Electronic Submissions Gateway (3). Instructions for reporting to VAERS are available at <https://vaers.hhs.gov/reportevent.html>. Additional assistance is available via email at [info@vaers.org](mailto:info@vaers.org) or by telephone at: 1-800-822-7967.

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### Report an Adverse Event

Online reporting is strongly encouraged. Please report clinically important adverse events that occur after vaccination of adults and children, even if you are not sure whether the vaccine caused the adverse event.

The Vaccine Adverse Event Reporting System (VAERS) accepts all reports, including reports of vaccination errors. [Guidance on reporting vaccination errors](#) is available if you have additional questions.

**Knowingly filing a false VAERS report is a violation of Federal law (18 U.S. Code § 1001) punishable by fine and imprisonment.**

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### Two Ways to Submit an Online Report to VAERS

#### Option 1 - Report Online to VAERS (Preferred)

Submit a VAERS report online. The report must be completed online and submitted in one sitting and cannot be saved and returned to at a later time. Your information will be erased if you are inactive for 20 minutes; you will receive a warning after 15 minutes.

#### Option 2 - Report using a Writable PDF Form

Download the Writable PDF Form to a computer. Complete the VAERS report offline if you do not have time to complete it all at once. Return to this page to upload the completed Writable PDF form by clicking here.

### References

1. Shimabukuro TT, Nguyen M, Martin D, DeStefano F. Safety monitoring in the Vaccine Adverse Event Reporting System (VAERS). *Vaccine* 2015;33:4398–405. [CrossRef PubMed](#)
  2. US Department of Health and Human Services. Vaccine Adverse Event Reporting System. Washington, DC: US Department of Health and Human Services, CDC, Food and Drug Administration; 2017. <https://vaers.hhs.gov/index.html>
  3. Food and Drug Administration. Electronic Submissions Gateway. Silver Spring, MD: US Department of Health and Human Services, Food and Drug Administration; 2017. <https://www.fda.gov/ForIndustry/ElectronicSubmissionsGateway/>
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### *Additional reading:*

#### **To report medication or vaccine errors to ISMP:**

Visit [www.ismp.org/MERP](http://www.ismp.org/MERP) to report a medication error  
Visit [www.ismp.org/VERP](http://www.ismp.org/VERP) to report a vaccine error  
Call 1-800-FAIL-SAF(E)

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***Learning Assessment:*** Active learning quiz questions and Learning Assessment test questions for this course were developed by the South Dakota State University College of Pharmacy and Allied Health Professions.

***Financial Disclosure:*** The developer of this course has no financial relationships to declare.

## “FDA: Vaccine Adverse Event Reporting System - Questions and Answers 2017”

Learning Assessment - Post-test Select correct answer(s) for each question.

1. VAERS accepts reports of adverse events that may be associated with U.S. licensed vaccines from:
  - A. the public
  - B. manufacturers
  - C. health care providers
  - D. all of the above
  
2. The FDA continually monitors VAERS reports for any unexpected patterns or changes in rates of adverse events.
  - A. True
  - B. False
  
3. While about \_\_\_\_% of adverse events reported to VAERS are minor (such as mild fevers or redness and swelling at the injection site), the remaining \_\_\_\_% describe more serious events.
  - A. 95 / 5
  - B. 85 / 15
  - C. 70 / 30
  - D. 60 / 40
  
4. Factors which complicate and limit VAERS data arise from the fact that \_\_\_\_\_.
  - A. Over 10 million childhood vaccinations occur each year
  - B. Coincidental, naturally occurring events like fevers, seizures, SIDS, and other conditions will occur among this population group, regardless of vaccination event
  - C. Children may be receiving multiple vaccinations at once
  - D. All of the above
  
5. Doctors and other vaccine providers are **not** encouraged to report adverse events, unless they convinced that the vaccination was the cause.
  - A. True
  - B. False
  
6. Large vaccine lots along with those given over a longer period of time would be expected to receive more adverse event reports compared with much smaller lots and those given over a shorter period of time. Yet, even among lots of similar size and time in use, some lots will receive more reports than others will simply due to chance.
  - A. True
  - B. False

*(continued on next page)*

***Continued*** - Learning Assessment - Post-test

**Directions:** Select the correct answer(s) for each question, and complete answer sheet and evaluation questions on following page.

7. Since 1990, VAERS has received over \_\_\_\_\_ reports, most of which describe mild side effects such as fever.

- A. 12,300
- B. 123,000
- C. 1.23 million
- D. 12.3 million

8. Vaccine manufacturers will submit reports to VAERS by a separate process through the FDA *Electronic Submissions Gateway*.

- A. True
- B. False

9. The National Childhood Vaccine Injury Act (NCVIA) **does** mandate additional reporting responsibilities for health care providers.

- A. True
- B. False

10. An occurrence of an adverse event following the administration of a vaccine **is generally considered to be** conclusive evidence that the event was caused by the vaccine.

- A. True
- B. False

11. Reporting an event to VAERS also files an automatic claim for compensation to the *Vaccine Injury Compensation Program (VICP)*..

- A. True
- B. False

12. Knowingly filing a false VAERS report is a violation of federal law.

- A. True
- B. False



# “FDA: Vaccine Adverse Event Reporting System (VAERS) - Questions and Answers 2017”

(Knowledge-based CPE)

To receive 1.5 contact hours (0.15 CEUs) of continuing education credit, preview and study the attached article and answer the 12-question post-test by circling the appropriate letter on the answer form below and completing the evaluation. A test score of at least 75% is required to earn credit for this course. If a score of 75% (9 / 12) is not achieved on the first attempt, another answer sheet will be sent for one retest at no additional charge.

Participants should verify credit upload to their NABP accounts within two weeks of submission of this answer sheet to insure appropriate credit award.



The South Dakota State University College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. The Universal Program Identification number for this program is: #0063-0000-17-061-H06-P.

**Learning Objectives - Pharmacists:** 1. Review the history of the VAERS, and explain its goal in post-marketing safety surveillance; 2. Explain the most common factors known to complicate and potentially limit VAERS data; 3. Explain the factors which must be considered in relation to vaccine lots in VAERS data analysis; 4. Review The National Childhood Vaccine Injury Act (NCVIA) mandates for health care providers; 5. Access the VAERS 2.0 reporting system.

Circle the correct answer:

1. A B C D

5. A B

9. A B

2. A B

6. A B

10. A B

3. A B C D

7. A B C D

11. A B

4. A B C D

8. A B

12. A B

**Course Evaluation** – must be completed for credit.

**Disagree**

**Agree**

Material was effectively organized for learning:

1 2 3 4 5 6 7

Content was applicable for re-licensing / recertification:

1 2 3 4 5 6 7

Each of the stated learning objectives was satisfied:

1 2 3 4 5 6 7

List any learning objectives above not met in this course: \_\_\_\_\_

List any important points that you believe remain unanswered: \_\_\_\_\_

Course material was evidence-based, balanced, noncommercial:

1 2 3 4 5 6 7

List any details relevant to commercialism: \_\_\_\_\_

Learning assessment questions appropriately measured comprehension

1 2 3 4 5 6 7

Length of time to complete course was reasonable for credit assigned

1 2 3 4 5 6 7

(Approximate amount of time to preview, study, complete and review this 1.5 hour CE course: \_\_\_\_\_)

Comments:

List any future CE topics of interest (and related skill needs):

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Email address: \_\_\_\_\_ Ph: \_\_\_\_\_ Interest in additional CE courses? Y / N

e-Profile ID number (ePID): \_\_\_\_\_ Date of Birth (MMDD): \_\_\_\_\_

Course release date: Sep 18, 2017 / Expiration date: Sep 18, 2020 / Target audience: Pharmacists

Please mail this **completed answer sheet** with your check of \$8.50 to: **SDSU College of Pharmacy – C.E. Coord.**  
Office Ph: 605-688-4242 / **Bernie.Hendricks@sdstate.edu** **Box 2202C, Brookings, SD 57007**

# IN MEMORIAM

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## Grant Stahl

Grant Alan Stahl was born in Aberdeen, SD on September 22, 1971 and adopted by Marvin and Judy (Ohlensehlen) Stahl, Freeman, SD, at the age of six weeks. Surrounded by several devoted members of his fan club, Team Grant, he was completely healed of his cancer as he entered Heaven to be with Jesus Christ, his Lord and Savior, on Tuesday, May 9, 2017 at 11:20 pm.

Grant grew up on the family farm, the oldest of four siblings, all of whom were also adopted. He enjoyed a wonderful Christian-upbringing while learning the impressive work ethic of farmers (although he detested walking beans!) Grant was baptized in the Bethany Mennonite Church and attended elementary and high school in Freeman. His activities included playing piano (which he also disliked) and percussion instruments, baseball and basketball. He went on to earn his Bachelors of Science Degree from SDSU College of Pharmacy in Brookings, graduating in 1995. His career as a pharmacist spanned 22 years, beginning as a staff pharmacist at ShopKo in Sioux Falls, with five of those years filling in at Cigna Tel-Drug part-time. In 2002, he transitioned to a full-time position at Cigna where he diligently practiced, rarely missing work, until his mediastinal germ cell tumor diagnosis in April 2016 forced him to do so.

Grant was united in marriage to his love, Frankie Chen, on December 29, 2009. Together, they made beautiful memories with his daughter Morgan Stahl and Frankie's daughters Sydney and Blaire Torgreide,

and their three dogs, Mocha (his favorite), Duke (his second favorite) and Max (his least favorite). Together they shared numerous experiences including countless short trips for gymnastics meets, mini vacations, food and football games. Go Pack Go!

Although his career was in pharmacy, his true calling became evident in the later years of his life. Nothing surpassed his passion for spreading the Good News, taking advantage of every opportunity to remind others of our Lord and Savior's love, grace and perfect plans. He encouraged us all to be salt and light as he himself set an example as such.

Eternally blessed to have shared Grant's life are his mother, Judy Stahl of Freeman, SD, daughter Morgan Stahl, wife Frankie Chen and her daughters Sydney and Blaire Torgreide, all of Sioux Falls, brothers Corey (Kristi) Stahl and children Brandon and Blake of Freeman and Joshua Stahl and children Hailey and Carson of Tea, and sister Carmen (Jason) Kippes and children Tanner, Taylor and Austin of Sioux Falls as well as numerous beloved uncles, aunts and cousins.

He was preceded in death by father Marvin Stahl, paternal grandparents Mike and Katherine Stahl and maternal grandparents Vernon and Sylvia Ohlensehlen.

In lieu of flowers memorials may be directed to the Sioux Falls Humane Society; or Ravi Zacharias International Ministries, rzim.com; or the Samaritans Purse, Samaritanspurse.org.

## Harold Stevens Bailey Jr.

Harold Stevens Bailey, Jr., was born April 18, 1922, in Springfield, Massachusetts, the son of Harold Sr., a tool and die maker and Grace Evelyn (Anderson) Bailey, a math teacher. He passed to the Lord peacefully Wednesday, November 8, 2017, surrounded by his loving family.

Dr. Bailey received his early schooling in the Springfield school system, graduating from Classical High School in June 1940. In his early years he was introduced to the piano and music became an important part of his life. Although he never wanted to be a professional, he enjoyed accompanying local soloists on many occasions and was pianist for the Kiwanis Club in Brookings for over 40 years. In his late fifties, he undertook to study organ under M. K. Huggins, and used this talent on many occasions in worship services in the Brookings First United Methodist Church.

Following high school graduation, interest from his maternal grandfather, followed by active participation in a drugstore, preceded a decision to enroll in the Mass. College of Pharmacy and Health Sciences (MCP) where he received the B.S. degree in Pharmacy, in 1944. He entered the Army Medical Corps, July 12, 1944 and served in both the European and Pacific theaters of operation. He was promoted to Chief Pharmacist of the 500 bed 118th Station Hospital in Fukuoka, Japan. Following military service, he married Barbara Ann Dewey in Springfield, September 8, 1946, and then went on to graduate study at MCP. He was awarded the M.S. in Pharmaceutical

Chemistry degree in 1948 and Ph.D. from Purdue University, in August, 1951, majoring in Pharmaceutical Chemistry, with minors in Pharmacology and Bio-chemistry. He also held a position as Instructor in Pharmacy, from 1950-51.

Harold was always proud of his New England heritage, tracing his paternal roots back to James Bailey (1612-1677 of York, England who settled at Rowley, Mass. in 1648 and maternal (Anderson) family roots to a William Anderson from Dumfurline, Scotland who settled in Deerfield, Mass. in 1758. In addition, he proudly traced Barbara's paternal (Dewey) ancestry to the Dewey family of Sandwich, Kent, England and maternal (Dow) of Edinburgh, Scotland.

However, on September 1, 1951, Harold, Barbara and two daughters, Cynthia and Lynda, left New England for Brookings, South Dakota. He began teaching and conducting research in the Health Sciences in the South Dakota State College Division of Pharmacy, first as an Assistant Professor of Pharmacology, followed by promotions to Professor of Pharmaceutical Chemistry and head of the Department. With a background in Radiation Techniques, he established a Radiation Laboratory at the College in 1959. During the period 1951 to 1961 Dr. Bailey conducted major research under the sponsorship of the Atomic Energy Commission and the National Institute of Dental Research in the areas of bio-pharmacology, radiation biology, and dental pharmacy, with particular emphasis on the effects of high-level radiation on blood components and the effect of protein

# IN MEMORIAM, continued

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## Harold Stevens Bailey Jr. cont.

anabolic agents on dental tissues. He published in national research publications and was Editor of the South Dakota Journal of Medicine and Pharmacy, Pharmaceutical Section from 1953 to 1961, following reorganization of the faculty by President Hilton Briggs in 1961, Dr. Bailey was given the position of Chief Academic Officer, serving in that position for 24 years, as Dean of Academic Affairs, from 1961 to 1973, and Vice President from 1973 to 1985. He also served as Dean of the Graduate School from 1965 to 1976.

During his tenure as chief academic officer he was responsible for accomplishing many major academic changes. The first started on November 18, 1961 when the Regents decided that all colleges should change from a quarter to a semester system of instruction. During this process, a total of 1661 college courses were examined, and revised, a new B.S. degree core content approved, and a new course numbering system developed. Next came the change of state college to university status, in 1964. He had responsibility for directing re-accreditation of the college and university in 1964, 1974 and 1984, and the first accreditation of the Ph.D. program. As chief academic officer, he was responsible for obtaining Regent's approval for revision of the academic program, including new degree programs, new course opportunities and creation of, or changes in academic departments. He was also involved in planning the construction of several major academic buildings, including Shepard Hall and the building later re-named the Harold Bailey Rotunda Classrooms.

Following retirement, he decided that the experiences involved in the many changes from the small agricultural college in 1951, to the foundations of a major teaching and research university in 1985, should be preserved for the archives and interested others. Therefore, he authored a history of the Hilton Briggs and Sherwood "Woody" Berg Presidencies under the title, "A Quest for Excellence, On Creating a University from a Small State College."

Dr. Bailey also held statewide and national higher education positions, including, Secretary of the South Dakota Regents of Education Committee for Educational Coordination (1963-74), and the Regents Academic Advisory Committee from 1971 to 1985. In 1965, he was appointed by the Regents to assist the South Dakota Legislative Council, as Project Director, in a study of academic building space use in public higher education institutions (1965) and a space study of the University Of South Dakota School Of Medicine (1966). For many years, the state-wide space study was one basis for legislative action on academic building requests. From 1979 to 1985, he was appointed by both the South and North Dakota Boards of Regents and supported by the American Council of Education, to be Director of the Departmental Leadership Institutes for training Deans and Department Heads in administrative techniques.

He was involved in a number of community activities, including Assistant Scoutmaster of Boy Scout, Troop #1. He was a 50-year member of Kiwanis, and held memberships in the Masonic Orders. He was a President of the American Red Cross, Brookings Chapter, Board of Trustees, and a member of the Brookings Hospital/ Brookview Manor Board of Trustees from 1989 to 2002, serving as President from 1991-2001. In 1997, he received the Brookings Bar Associations Liberty Bell Award for voluntary community service. He was Vice President of the Friends of the Arts, Inc. for over 20 years and he and Barbara were co-chairs of the 10th Annual Evening for the Arts in 1989. He was an AARP Tax Preparer for the Elderly for 20 years after retirement. Harold and Barbara were avid supporters of the SDSU "Jackrabbits" and enjoyed over 50 years of monthly bridge playing with friends.

Harold was proud of his family and accomplishments of his children. He and Barbara could be seen at many of their school functions, as they performed in arts, dramatic, musical, athletic or scouting activities.

Harold and Barbara were persons of faith, serving the Lord in many ways, particularly through their relations and generosity with those in need. Following retirement, for a number of years he was a member of the American Red Cross Disaster Response Team. In particular, he could be seen assisting the unfortunate at house fires and other disasters in Brookings and the area, until age prevented that activity. He was active in the Brookings First United Methodist Church and many will remember that he was the "radio voice" of the church, broadcasting services for over 11 years. In addition, he was comfortable in the pulpit and preached on many occasions in Brookings area churches.

His academic memberships included the American Pharmaceutical Assoc.; American Chemical Soc.; Sigma Xi research Society; Fellow of the American Assoc. for the Advancement of Science; and Kappa Psi Pharmaceutical Fraternity. He is listed in many national honorary biographies and was a member of these honor societies: Phi Kappa Phi, Phi Lambda Upsilon Chemical Honorary and Rho Chi Pharmacy Honorary. His dental-pharmacy research resulted in election as an honorary member of the South Dakota Dental Association. For his service to higher education in South Dakota, the Board of Regents and university dedicated the Harold S. Bailey Residence Hall in 1994 and later the university rotunda classrooms were renamed the Harold S. Bailey Rotunda. He was recognized as a Distinguished Alumnus by the Purdue University, School of Health Sciences in 1998. On retirement in 1985, the South Dakota Board of Regents honored him with the rank of Vice President for Academic Affairs, emeritus and Distinguished Professor of Higher Education.

# IN MEMORIAM, continued

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## **Harold Stevens Bailey Jr. cont.**

Grateful for having shared his life are his sister, Barbara Chiapetta of Belchertown, Mass; four daughters, Cynthia (Bob) Kodis, Des Moines, IA; Lynda Bailey, Liberty, MO; The Rev. Gwen (Rod) Mader, Mesa, AZ; and Pamela (David) Berg, Baldwin, WI; one son, Harold S. Bailey, III (Sandra), of Rapid City, SD; 12 grandchildren: Michelle (Michael) Miyazaki, The Rev. Jeffery (Anna) Kodis, Deborah (Joel) Phipps, Tami (Michael) Quinn, Melanie (Keith) Kraynak, Michael (Amanda), Stacia, Johnathan, Matthew and Heather Berg, Harold IV and Austin Bailey and 16 great-grandchildren, many nieces, nephews and cousins and a special friend, Geneva Hogue. His parents, his brother, Richard, and his wife Barbara preceded him in death.

Suggested memorial contributions may be made to the Brookings First United Methodist Church Foundation, Harold and Barbara Bailey Endowment or the SDSU Foundation, Harold and Barbara Bailey Endowment, in support of Academic Leadership.

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